

# 14

## Having Children



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Throughout the world women are having fewer children than they were just twenty five years ago. Changing patterns of fertility have important implications both for the way in which families function, for the roles of men and women and for the wider society. There are now debates concerning the desirability of these changing patterns of fertility, the reasons for the changes and their meaning. These debates concern both the ecological, economic and social implications of the emerging patterns of low fertility. Policy makers are increasingly being confronted with the economic implications of declining fertility, the impact on the tax base and the capacity of governments to sustain current levels of expenditure.

In addition to changing levels of fertility, there have been widespread changes in the context in which children are born. More children are being born to unmarried parents, to older parents and are being born into smaller households than in the past. This chapter explores the dimensions of these social changes.

### How far has fertility fallen?

This worldwide fall in total fertility rates<sup>1</sup> has resulted in many developed countries now having fertility levels well below replacement levels<sup>2</sup>. That is, women in many countries are now having so few children that, over time, there will not be sufficient births to make up for those that die. While some commentators argue that migration can make up for the population shortfall caused by low fertility, this seems unlikely to be a long term solution especially if fertility rates continue to fall. McDonald and Kippen (2000) have argued that if the fertility levels decline below 1.5, the levels of migration required to maintain a stable population may be either unachievable or be politically unacceptable as to make the required levels of migration an unlikely means of sustaining population levels (see also United Nations 2001b). As a result, populations in the future will decline. While such a population decline is widely viewed as ecologically desirable, rapid decline can have major economic and social implications. Declining fertility is a major contributor to population ageing (p. 11-13) and means that under current arrangements, meeting future labour supply needs may be difficult. Population ageing also means a shrinking taxation base required to sustain current levels of income support, health expenditure and other social expenditures.

Demographers calculate that, at present, Australian women need to have 2.1 children in order to

maintain a stable population size over the longer term. Without migration, fertility levels below this rate will lead longer term population decline<sup>3</sup>. In 2002, Australia's fertility rate<sup>4</sup> was 1.75 which is well below replacement level.

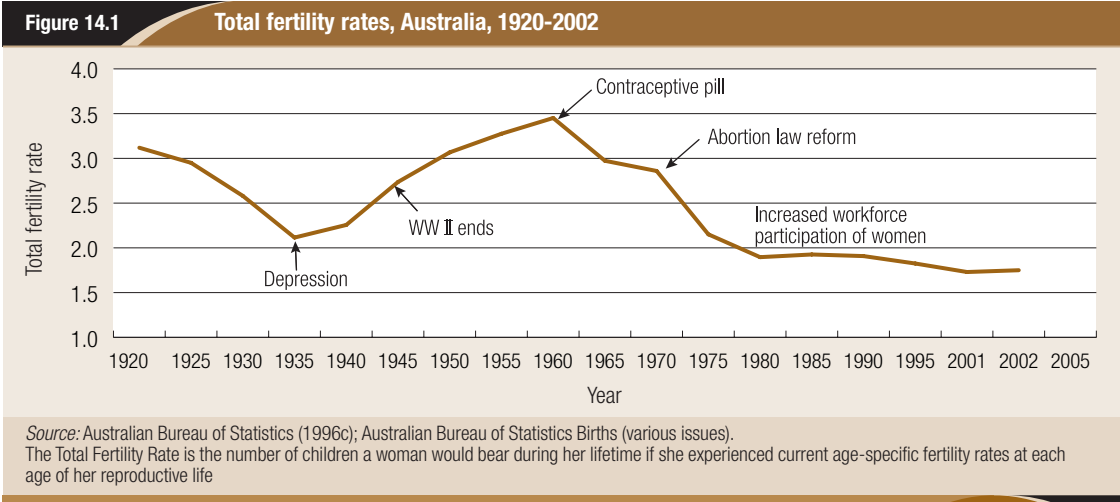
Australia's current fertility rate reflects a decline that began in the early 1960s when oral contraception became readily available. The decline in the fertility rate accelerated in the early 1970s as acceptance of the pill grew and it was made available at a subsidised rate under the Pharmaceutical Benefits Scheme; abortion law reform made abortion more readily available; and female participation in higher education and the labour force grew (Figure 14.1). In 1976 the fertility rate fell below replacement levels for the first time in the 20th century and continued to decline thereafter. The rate of fertility decline slowed after 1976 but has nevertheless continued to decline.

While the current rate of fertility in Australia is the lowest on record, birth rates have nevertheless fluctuated over the last eighty years. Figure 14.1 shows that during the economic disaster of the 1930s depression, fertility dropped to replacement levels. The economic boom following the disruption of World War II was accompanied by the post-war baby boom where fertility rates peaked at 3.5 in 1961. The recession of the early 1960s and better access to contraception saw the beginning of a long term fertility decline.

### How does Australia compare internationally?

The below replacement fertility levels experienced in Australia have occurred in most developed nations. Figure 14.2 shows that, with the exception of the United States of America, all OECD countries plus Hong Kong and Singapore have projected replacement fertility rates in 2000-05 that are below replacement level. Italy and Spain had the lowest fertility levels followed by Greece, Hong Kong, Austria and Germany, Japan and Singapore. While Australia's fertility rate is well below replacement levels it nonetheless has one of the higher levels among the OECD nations.

The fertility decline in Australia has also occurred in most countries throughout the world. All the countries listed in Table 14.1 have experienced fertility decline since the 1960s. This table records the fertility rates in a range of countries in 1955-60, 1975-80 and 2000-05<sup>5</sup>. Virtually all countries are projected to have a fertility rate in 2000-05 that was at least 30 per cent lower than that in 1955-60.



There is evidence that the fertility rates of countries are converging over time. The projected inter-country differences in fertility rates are certainly less in 2000-05 than the actual differences were in 1955-60. With some exceptions (for example, Papua & New Guinea, Canada, Austria, Spain and Italy) those countries with the highest fertility rates in 1955-60 tended to experience the sharpest percentage decline in fertility while those with the lowest fertility rates in 1955-60 experienced the lowest percentage decline in fertility over the same period.

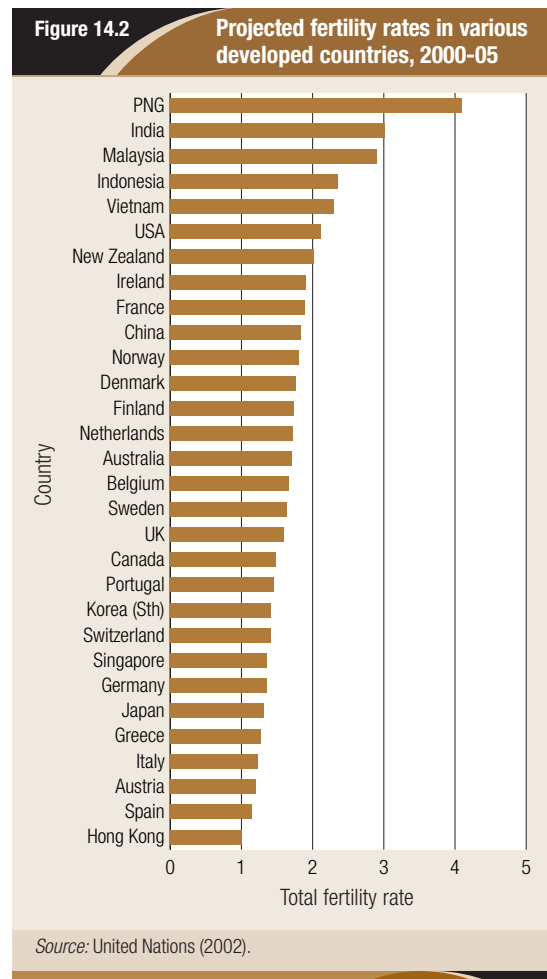
The pattern of declining fertility from 1955-60 to 2000-05 varied across countries. Four main patterns of change can be discerned. Countries in Table 14.1 are grouped according to their pattern of change. The first pattern is that of sharp decline from 1955-60 to 1975-80 followed by a much slower rate of decline from 1975-80 to 2000-05. Australia exemplifies this pattern. Between 1955-60 to 1975-80 Australia's fertility rate declined by 38.7 per cent but this was followed by a decline of just 18.7 per cent from 1975-80 to 2000-05. This pattern of rapid and then slowing decline is mainly found in developed economies including Canada, New Zealand, United Kingdom, France, Germany, Switzerland, Belgium and Sweden.

The second group of countries experienced their greatest decline in fertility from 1955-60 to 1975-80 but have since experienced some increase in fertility rates. The fertility recovery has been greatest in the United States where it has increased from 1.79 in 1975-80 to 2.11 in 2000-05 (an 18 per cent increase). Denmark, Finland and the Netherlands have also experienced a small increase in fertility rates between 1975-80 and 2000-05. The increase in fertility is at least partly attributable to changes in the composition of the population (increase in Hispanics) in the United States and to policy changes in the Scandinavian countries.

The third group of countries are those in which the greatest decline in fertility has come later than those in the developed western countries. This

group of countries experienced relatively small fertility decline from 1955-60 to 1975-80 but since then have experienced much larger percentage falls in fertility rates. This group includes Greece, Japan, Papua and New Guinea, Ireland, India, Portugal, Spain and Indonesia.

The final group of countries display a more or less steady decline in fertility across both the 1955-60 to 1975-80 and 1975-80 to 2000-05 periods. This



group includes Korea, China, Hong Kong, Vietnam and Italy.

### Who has the babies?

As well as varying between countries fertility rates also differ between different groups within the one country. This section examines fertility differences according to the country of birth and race of mothers, where they live, level of social advantage and disadvantage and education, their occupation and their age.

### Shrinking families – how strong is the trend?

The standard way of assessing whether women are having fewer children is to look at the family size of women who have *completed* having children. To examine the family size of women still in their childbearing years risks confusing delays in

childbearing, with having smaller families. If women who have completed childbearing more recently have smaller families than those who completed many years ago, we can conclude that family size is declining.

Table 14.2 shows that the actual completed family size is declining for women. The more recently women reached the end of their childbearing period the smaller their completed family size. For example, of women aged 60-64, 55 per cent had three or more children while just 34 per cent of women aged in their forties had three or more children. In contrast, more women in their forties than in their late fifties or sixties had had just two, one or no children. The most substantial change is that far fewer of the younger women (those in their forties) have had larger families compared to those in their sixties.

**Table 14.1** Fertility trends in various countries, 1960-2005

	Total Fertility Rate			Per cent change		
	1955-60	1975-80	2000-05	1955-60 to 1975-80	1975-80 to 2000-05	1955-60 to 2000-05
<b>Pattern 1: Sharp then gradual decline</b>						
Australia	3.41	2.09	1.70	-38.7	-18.7	-50.1
Belgium	2.51	1.70	1.66	-32.3	-2.4	-33.9
Canada	3.90	1.74	1.48	-55.4	-14.9	-62.1
France	2.71	1.86	1.89	-31.4	1.6	-30.3
Germany	2.30	1.52	1.36	-33.9	-10.5	-40.9
New Zealand	4.07	2.18	2.01	-46.4	-7.8	-50.6
Norway	2.84	1.81	1.80	-36.3	-0.6	-36.6
Singapore	5.99	1.87	1.36	-68.8	-27.3	-77.3
Sweden	2.23	1.66	1.64	-25.6	-1.2	-26.5
Switzerland	2.34	1.53	1.41	-34.6	-7.8	-39.7
United Kingdom	2.49	1.72	1.60	-30.9	-7.0	-35.7
<b>Pattern 2: Sharp decline then increase</b>						
Denmark	2.54	1.68	1.77	-33.9	5.4	-30.3
Finland	2.78	1.64	1.73	-41.0	5.5	-37.8
Netherlands	3.10	1.60	1.72	-48.4	7.5	-44.5
USA	3.71	1.79	2.11	-51.8	17.9	-43.1
<b>Pattern 3: Slow decline followed by sharp decline</b>						
Austria	2.52	2.02	1.20	-19.8	-40.6	-52.4
Greece	2.27	2.32	1.27	2.2	-45.3	-44.1
India	5.92	4.83	3.01	-18.4	-37.7	-49.2
Indonesia	5.67	4.73	2.35	-16.6	-50.3	-58.6
Ireland	3.68	3.48	1.90	-5.4	-45.4	-48.4
Japan	2.08	1.81	1.32	-13.0	-27.1	-36.5
Papua & New Guinea	6.26	5.87	4.09	-6.2	-30.3	-34.7
Portugal	3.03	2.41	1.45	-20.5	-39.8	-52.1
Spain	2.75	2.57	1.15	-6.5	-55.3	-58.2
<b>Pattern 4: Steady sharp decline</b>						
China	5.59	3.32	1.83	-40.6	-44.9	-67.3
Hong Kong	4.72	2.32	1.00	-50.8	-56.9	-78.8
Italy	2.35	1.89	1.23	-19.6	-34.9	-47.7
Malaysia	6.94	4.16	2.90	-40.1	-30.3	-58.2
South Korea	6.33	2.92	1.41	-53.9	-51.7	-77.7
Vietnam	6.55	4.50	2.30	-31.3	-48.9	-64.9

Source: United Nations (2002).

One difference in the Australian fertility patterns and those in Europe is that more Australian women have three or more children (McDonald, 1998). In 2001, 34.7 per cent of women aged 40-44 had three or more children (National Health Survey, 2001). This percentage has been dropping (see Table 14.2) and is projected to decline to 27 per cent. McDonald (1998) has projected that these younger women who have three or more children will account for half the children who are born in the future. If these women reduced their fertility to two children like their European counterparts the total fertility rate would drop to 1.4 births.

**How many babies do highly educated and professional women have?**

Education is linked with the number of children women have (Table 14.3). The more highly educated a women is:

- The more likely she is to remain childless.
- The less likely it is that she will have three or more children.

Of women in their forties with a degree, more than a quarter had no children. This compares with 15 per cent of women with a diploma and just 6.7 per cent of women with no post-school qualifications who were childless. Furthermore, those with low education were much more likely than those with qualifications to have three or more children (Table 14.3). For example, of women who left school before the age of 15, 51 per cent had three or more children while just a quarter of those with a degree had three or more children. This pattern of higher fertility among women with lower education is likely to reflect the poorer range of choices for these women. It also probably reflects the fact that having children at a younger age makes it more difficult to complete or continue with one's education.

The link between education level and average family size is partly reflected in the link between occupation and family size. On the whole, women in higher status white collar occupations had higher levels of childlessness than those in blue collar or sales jobs (Table 14.3) For example, 23.6 per cent per cent of the professional women in their forties were childless as were 18.3 per cent of those in management/administrative positions. By contrast, 11.7 per cent of women in the elementary clerical and sales jobs or in labouring jobs were childless.

**Do low income earning women have more babies?**

Income is linked to the number of children women have, but this link is difficult to interpret (Table 14.4). When focusing on the individual income of women it is clear that women with the lowest individual income have the most children. The top 20 per cent of female income earners had fewer children than other women. This link may partly be due to the effect of income and education levels on

decisions to have children but it may also reflect the impact of the number of children on a woman's income earning capacity. For example, 28 per cent of the highest income earning women in their forties had no children. The absence of children would clearly help these women achieve higher incomes since, at the very least, they would be more easily able to work full time and to have an uninterrupted career.

However, there appears to be no such link between family income and the number of children women have (Table 14.4). Women in the top 20 per cent of family incomes do not stand out as having fewer children than those from lower income families.

**Table 14.2** Number of children ever born by age of woman (ages 40-64), 2001

	None %	One %	Two %	Three or more %
40 - 44	15.3	10.7	39.3	34.7
45 - 49	12.8	12.8	40.9	33.6
50 - 54	13.6	8.6	38.5	39.2
55 - 59	11.1	9.4	36.1	43.5
60 - 64	11.5	7.3	26.5	54.8

*Source:* 2001 National Health Survey (Australian Bureau of Statistics 2001h).  
*Note:* women in older age groups have been excluded as survival factors increasingly complicate the interpretation of figures for older age groups

**Table 14.3** Number of children ever born to women aged 40-49<sup>a</sup> by mother's education and occupation, 2001

	None %	One child %	3 or more %
<b>Age left school</b>			
Less than 15	6.7	12.4	50.5
15-17	14.0	11.0	34.9
18 or older	17.2	14.3	25.6
<b>Qualifications</b>			
No qualifications	10.1	11.1	37.4
Vocational	11.9	12.1	36.9
Diploma	14.5	13.6	33.3
Degree+	26.4	12.3	23.2
<b>Occupation</b>			
Managers & Administrators	18.3	9.9	39.4
Professionals	23.6	11.2	36.8
Associate Professionals	11.9	11.3	42.1
Trades	9.7	12.9	45.2
Advanced clerical & service	20.0	8.6	42.9
Intermediate clerical, sales and service	10.7	12.1	42.6
Intermediate production & transport	13.5	18.9	43.2
Elementary clerical, sales & service	11.7	12.6	47.7
Labourers	8.2	12.7	44.5

*Source:* 2001 National Health Survey (Australian Bureau of Statistics 2001h).  
<sup>a</sup>The 40-49 age range has been used rather than the 45-49 range when the Census data are available. The wider range is used for the 2001 National Health Survey to ensure that sufficient sample size is available for reliable analysis

**Table 14.4** Number of children ever born to women aged 40-49 by income, 2001

Income level	None %	One child %	3 or more %
<b>Individual income (approximate quintiles)</b>			
Lowest income quintile	11.7	11.3	41.2
Second	7.1	14.2	43.7
Third	5.1	10.5	41.8
Fourth	13.2	12.5	30.1
Highest quintile	28.4	11.9	20.3
<b>Family income (approximate quintiles)</b>			
Lowest quintile	17.1	18.4	33.8
Second	9.4	12.6	38.6
Third	18.2	12.0	33.5
Fourth	14.6	11.1	28.6
Highest quintile	10.7	8.3	37.2

Source: 2001 National Health Survey (Australian Bureau of Statistics 2001h).

**Table 14.5** Total Fertility Rates of Australian resident women born in selected overseas countries, 2002

Country of birth	TFR
Lebanon	3.7
Egypt	2.6
Turkey	2.4
Philippines	2.0
China (excluding Hong Kong)	2.0
USA	2.0
Laos	1.9
Vietnam	1.8
Indonesia	1.8
India	1.8
New Zealand	1.8
United Kingdom	1.6
Greece	1.4
Italy	1.4
Malaysia	1.3
Korea	1.3
Hong Kong	0.8

Source: Australian Bureau of Statistics (2003c).

Consistent with these trends, fertility is higher in areas of greatest social and economic disadvantage. The ABS classifies areas throughout Australia according to a range of measures of social and economic disadvantage of people living in each area. These areas can be grouped into ten groups called “deciles”. These decile groups are ranked from the 10 per cent of regions that are the most disadvantaged through to those that are the least disadvantaged. Figure 14.3 shows the level of fertility in each of these groups of regions.

This Figure shows that the least disadvantaged areas have a total fertility rate of under 1.6. The fertility rate steadily increases as the region becomes more socially and economically disadvantaged. The Total Fertility Rate (TFR) in the second most disadvantaged regions (9<sup>th</sup> decile group) is over 2. The TFR declines a little for the most disadvantaged regions but is still high relative to the more advantaged areas.

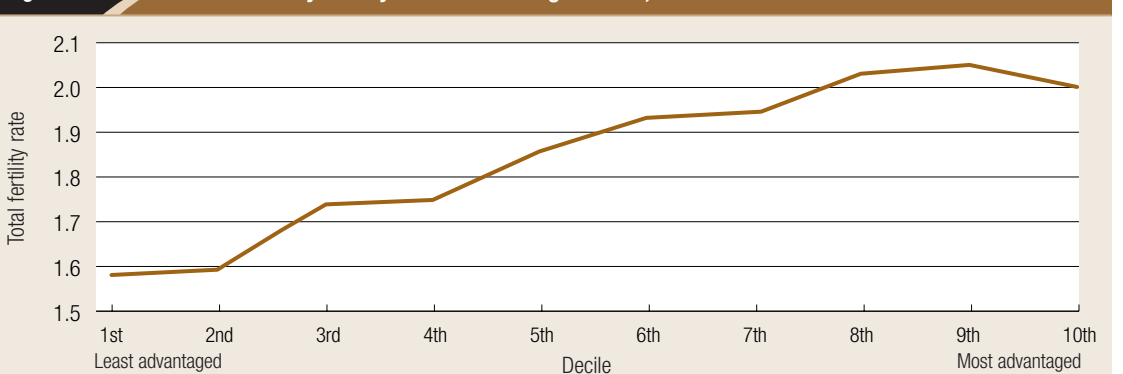
The different TFR in the more disadvantaged regions should not simply be attributed to the higher levels of social disadvantage. Areas have different population profiles, and a different ethnic mix and these factors, as well as levels of social and economic disadvantage will contribute to the higher fertility levels in the most disadvantaged regions.

**Which ethnic groups have the most children?**

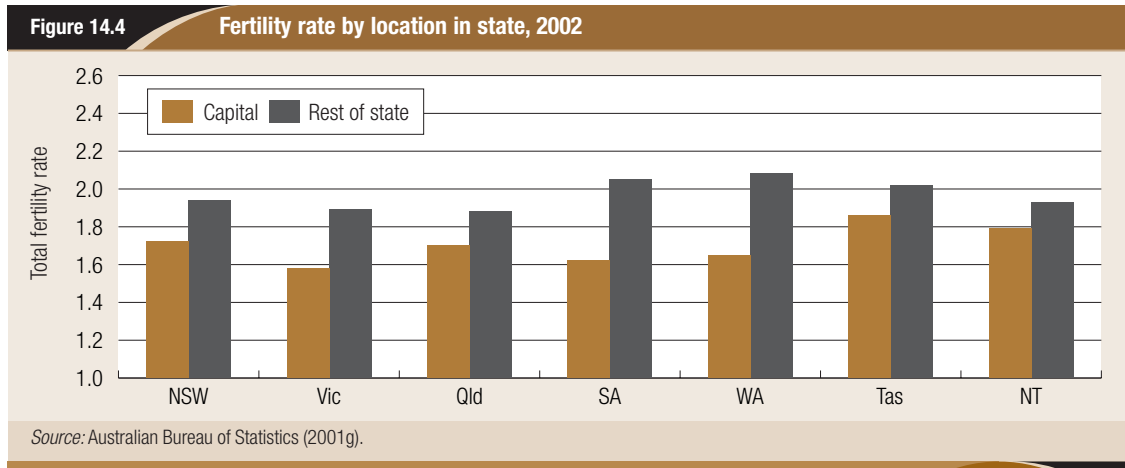
Ethnic and racial background are also associated with family size. Table 14.5 reports TFR for women living in Australia who were born in selected overseas countries. Women born in the Middle East and North Africa had the highest fertility rates. Women born in developing countries of Asia had higher fertility rates than the Australian norm of 1.75, while women from developed Asian countries had lower fertility rates than the Australian norm. Women born in USA, UK, Greece and Italy all had fertility levels approximating the levels in the countries where they were born.

In 2002, Indigenous women were estimated to have a fertility rate of 2.19 babies per woman compared to

**Figure 14.3** Total fertility rate by level of advantage of area, 1999



Source: Australian Bureau of Statistics (2000g).



1.75 for all women (ABS 2003c). In 1996, 36 per cent of Indigenous women aged 45-49, had had four or more children compared to just 14 per cent of non Indigenous women. Women born in the Middle East or North Africa and those born in Vietnam were more likely than those born elsewhere to have four or more children (28.1 per cent and 25.9 per cent respectively). The Middle Eastern propensity to have larger families is influenced by the prevalence of the Islamic faith in these countries and the disproportionate number of Islamic women having four or more children (26.9 per cent). Women from the more fundamentalist Protestant religions were the next most likely to have families of this size (23 per cent). Catholic women had a relatively high incidence of large families with 17 per cent having four or more children (Table 14.6). Women associated with Orthodox religious groups were the least likely to have large families (8.6 per cent) followed by those with no religious affiliation (12.2 per cent).

**Do rural dwelling people have larger families?**

Capital cities have a lower fertility rate than the rest of each state (Figure 14.4).

These differences between the capital city and other areas of each state will be due to a variety of

factors including a different population mix in different regions. Different levels of education, the movement of the more highly educated residents (who have fewer children) to the cities, workforce opportunities, housing costs and differences in values will all affect fertility levels.

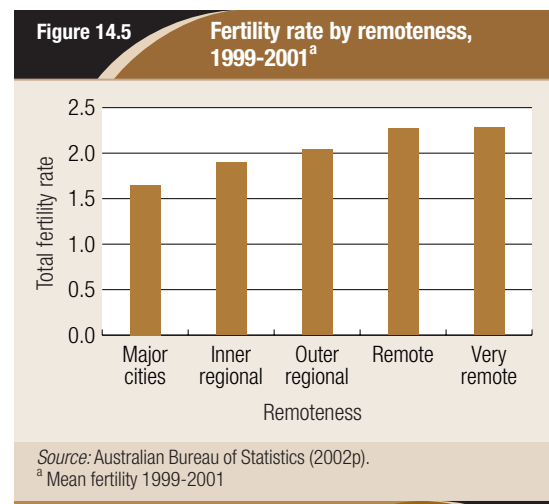
The regional differences in fertility partly reflect differences in fertility due to remoteness of people from major population centres (Figure 14.5). The ABS has designated regions according to their remoteness. Figure 14.5 shows that fertility rates increase as the remoteness of the region increases. Women who live closer to population centres where a range of services, educational institutions and employment are available have lower fertility rates.

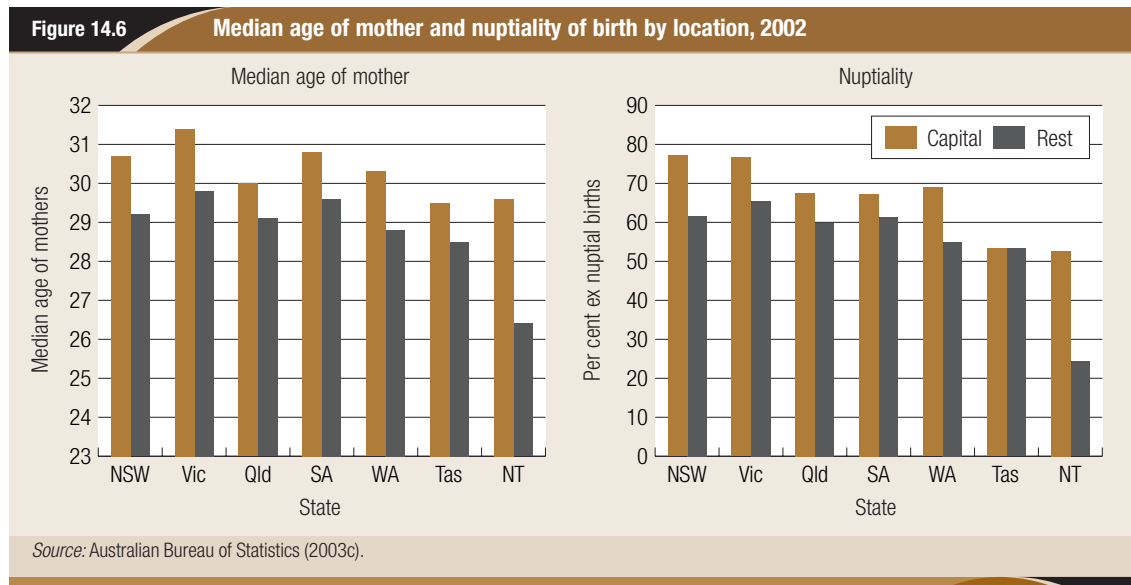
Women living in the capital cities show different fertility behaviour to those living outside these cities in ways other than just having a lower fertility level. Figure 14.6 shows that women in the capital cities are typically older than women living elsewhere when they have children. For example, the median age of mothers in Sydney in 2002 was 30.7 years compared to 29.2 years among those who lived outside the capital. In most states, mothers in the capitals were on average at least a year older than their country coun-

**Table 14.6 Number of children ever born to women aged 45-49 by mother's religion, 1996**

Mother's religion	Mean	None %	One child %	4 or more %	N
Islamic	2.7	7.7	7.7	26.9	52
Other Christian	2.5	11.8	9.8	23.0	287
Catholic	2.4	9.0	9.7	17.0	1701
Other Protestant	2.4	9.0	7.9	13.6	1047
Anglican	2.3	9.6	10.4	11.8	1563
Orthodox	2.3	3.1	11.7	8.6	163
Buddhist	2.1	17.5	12.3	15.8	57
None	2.1	13.9	13.4	12.2	820

Source: Australian Bureau of Statistics (1996a). Those recorded in one per cent sample file as having 4 or more children are treated as on average having had 4.5 children



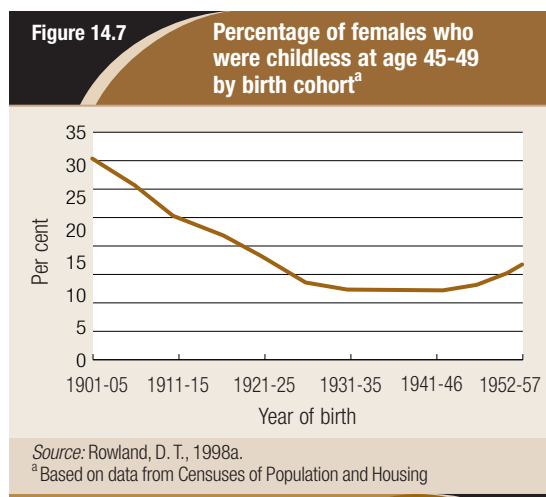


terparts. In the Northern Territory the gap between urban and rural fertility rates is even greater – no doubt due to the smaller Indigenous population in Darwin than elsewhere in the Northern Territory, and the lower average age of Indigenous mothers compared with non Indigenous mothers.

Women in the capital cities also differ from their non urban counterparts in that they are more likely to be married when they have children. This pattern holds in each state except Tasmania. For example, in 2002, 77.2 per cent of births in Sydney were to married mothers compared to 61.6 per cent in the rest of the State. (Figure 14.6)

**Is childlessness really becoming more common?**

Childlessness may be due to voluntary or involuntary factors although the line between these two routes to childlessness can be rather blurred. Although it is difficult to know whether childlessness is voluntary or involuntary it is estimated that approximately 7 per cent of couples are infertile. Of course, the rate of infertility increases with age.



Estimates of the levels of childlessness are calculated in different ways. One way is to base the levels just on those women who have completed their childbearing. This approach can give misleading estimates of future levels of childlessness given that younger women, whose rate of future childlessness may differ from that of older women, are excluded. Demographers therefore also estimate probable levels of childlessness for women who are not yet out of their childbearing years.

The first method of estimating levels of childlessness (based on women aged 45-49) shows that in 2001, 12.8 per cent of women in this age group were childless (National Health Survey, 2001). The second approach includes estimates of likely patterns for younger women based on year 2000 patterns. These estimates indicate that if current age-related childlessness rates of 2000 apply in the future for women who are in their early childbearing years in 2000, then 24 per cent of women will remain childless (Rowland, 1998). The Midwives Collection (AIHW 2003a) estimates that 28 per cent of women will remain childless if today's levels continue. The Australian Bureau of Statistics estimates that about a third of women in Victoria and ACT will remain childless (ABS 2000f).

Remaining childless is not always intentional. Circumstances other than fertility, can prevent women who want to have children from doing so. The Australian Temperament Project which has tracked a large sample of children from birth, found that at 18 years of age only 5 per cent of women and 3 per cent of men indicated that they did not want to have children (Smart 2002). Despite these intentions, Bryson et al (1999) estimate from the Longitudinal Study of Women's Health that about 20 per cent of women aged 18-23 who intend to have children will end up childless.

Rowland (1998a) has calculated levels of childlessness for most of the 20th century. Figure 14.7 reports the levels of childlessness among women aged 45-49 who were born between 1901 and 1957<sup>6</sup>. This shows high levels of childlessness (31 per cent) among women born at the beginning of the century. These rates declined steadily so that, of women born between 1910-20, about 20 per cent remained childless and among the cohort of women born between 1930 to 1945, childlessness reached its lowest level when less than 10 per cent of women remained childless. Rates of childlessness among women born since World War II have gradually increased and, as indicated earlier, are projected to increase yet further. If these projections are correct, the rates of childlessness will return to those evident among women born a century earlier.<sup>7</sup>

**How many married women have no children?**

Divorced, separated and widowed women aged 45-49 have a higher rate of childlessness than married women of the same age. About 5.5 per cent of married women in this age group were childless compared to about 9 per cent of those that are no longer married and 19.7 per cent of those in de facto relationships.

**Are large families a thing of the past?**

Other things being equal, definitions of what constitutes a large family change as the typical family size changes. While a family size of four children might now be considered large it would have been more normal among mothers earlier in the 20th century. Figure 14.8 reports for the period 1932-2001, the percentage of births that were fifth or higher order births. These are births where the mother had already had at least four previous children. The graph shows that in 1934, 17.5 per cent of births were fifth or higher order births. With the exception of a “blip” in 1961 (where the fertility peaked) this declined steadily until 1981 after which less than 2.5 per cent of births were fifth or higher order births.

**How common are one-child families?**

Some women have just one child for a range of reasons. These reasons include: deciding to have one child to achieve a balance between their desire to have a family and a job; delayed partnering; relationship breakdown and difficulties with conception. While just 1.6 per cent of women indicate that one child is their ideal (World Values Survey, Australia, 1995-97) 10.7 per cent of women aged 45-49 had had just one child.

**Who were the women who have just one child?**

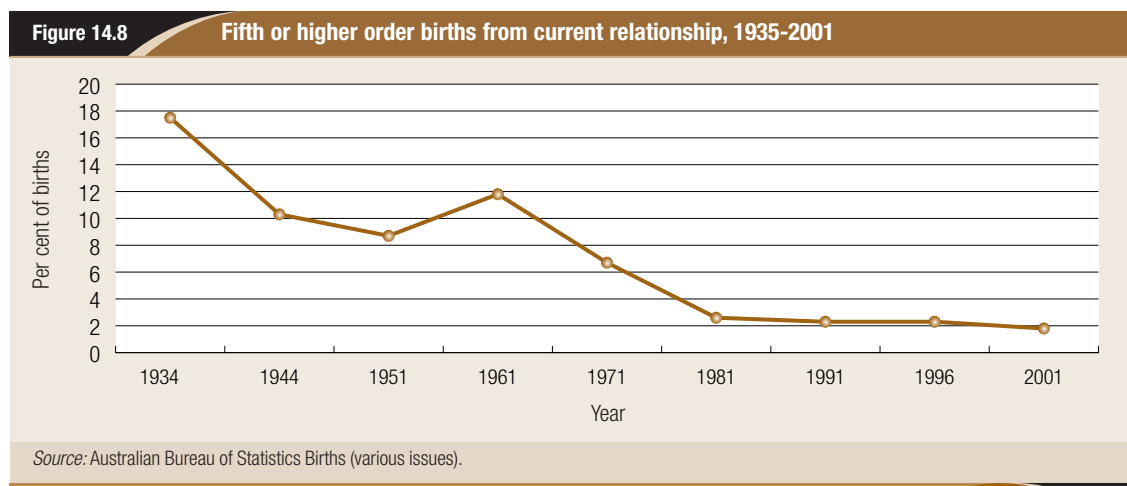
According to the 1996 Census women aged 45-49 with just one child were more likely than other women to be:

- Divorced than married.
- Born in Asia or Western Europe (18.3 per cent and 20.5 per cent) than in Australia, Southern Europe or the Middle East/North Africa (about 9 per cent).
- Non Indigenous than Indigenous (10.4 per cent compared with 4 per cent).
- In poor than wealthy families (18.4 per cent compared with 8.3 per cent).

**Do women have as many children as they want?**

While it may once have been the case that many women ended up having more children than they wanted, the ready availability of contraception should mean that more men and women are now able to have the number of children they want. Alternatively, the competing demands of work and children, relationship breakdown and disagreement among partners may mean that some men and women do not have as many children as they ideally want.

The World Values Survey of 1995-97 asked Australian men and women how many children they had and how many they had wanted. Table 14.7 reports the match between the ideal number and



**Table 14.7** Match between desired and actual number of children for men and women aged 45 and over, Australia, 1995-97

	Men				Women			
	45-54 %	55-64 %	65+ %	All %	45-54 %	55-64 %	65+ %	All %
Have more than wanted	13.8	23.4	22.2	19.7	10.8	27.5	28.2	21.8
Have desired number	61.2	56.4	48.1	54.8	66.2	45.1	39.7	50.7
Have fewer than wanted	25.0	20.2	29.6	25.5	23.1	27.5	32.1	27.5
<i>N</i>	116	94	135	345	130	102	131	363

Source: World Values Survey combined file, using 1995-97 wave.

the actual number of children among men and women aged over 45.

The patterns for men and women are remarkably similar.

- Just on 50 per cent of those aged over 45 had their desired number of children.
- Overall, one quarter of men and women of this age group had smaller families than they wanted.
- Younger men and women (that is, those aged 45-54) were the most likely to have their desired number of children. Two thirds of women in this age group had their desired number of children compared to just on 40 per cent of women aged 65 or over.
- The older women (the over 65s) were more likely than the younger women (aged 45-54) to have had more children than they wanted.
- Almost a quarter of men and women aged 45-54 had fewer children than they ideally wanted.
- Only 11 per cent of women and 14 per cent of men aged 45-54 had more children than they wanted.
- Further analysis, not detailed above, indicated that having fewer children than they wanted applied to women aged 45-54 regardless of their level of education and social class.

### *How important do we think children are?*

In a context of declining fertility it is relevant to ask whether this has anything to do with many people no longer thinking that having children is an important or valuable part of life. Weston and Parker (2002) have highlighted the diminishing importance given to motherhood. Using three surveys conducted in 1971, 1982 and 1991 they show the declining percentage of women aged under 35 who agreed that “whatever career a woman may have, her most important role in life is still that of a mother”. In 1971, 78 per cent of these younger women agreed with this statement. By 1982, this figure had declined to 46 per cent and by 1991 just 26 per cent of younger women agreed.

Nevertheless, relatively recent survey data still indicate that children are valued (Table 14.8). According to the 1995-97 World Values Survey, 80 per cent of the 1900 respondents indicated that they thought that a woman has to have children in order to be fulfilled. The Negotiating the Life Course Survey – a national survey of 20-55 year olds found that 70 per cent of adults agreed that “life without children is not fully complete”. Men in this survey were a little more likely than women (74 per cent compared to 66 per cent) to feel this way and the older age groups were more inclined to emphasise the importance of children. The positive valuing of children was even more evident in relation to a question which asked whether respondents agreed that “watching children

**Table 14.8** Attitudes about children, 1996

	Life without children is not fully complete (AGREE) %	Watching children grow up life's great joys (AGREE) %	Children have too great an impact on freedom of mother (AGREE) %	Children have too great an impact on freedom of father (AGREE) %	Base N
All	69.7	87.5	43.4	24.0	2224
Male	74.1	87.7	45.8	29.5	982
Female	66.2	87.3	41.5	19.7	1242
20-29	64.7	89.1	40.2	23.9	508
30-39	68.1	88.3	47.3	27.5	764
40-49	71.7	85.3	42.5	21.0	630
50-54	80.0	85.7	38.8	18.0	240

Source: Negotiating the Life Course Survey, wave 1, 1996.

grow up is one of life's great joys". Close to 90 per cent (88 per cent) agreed with this statement. Both men and women held to this view and both younger and older people were equally supportive of the view that watching children grow is one of life's great pleasures (Table 14.8).

However, there is certainly some concern about the impact of children on the life of parents – especially the mother (Table 14.8). Over 40 per cent of adults (43.4 per cent) felt that children had too great an impact on the freedom of a mother – almost twice as many as those who felt that children had too much impact on the freedom of a father. Men were more likely than women to feel that children had an impact on the freedom of parents. Of men, 46 per cent, compared to 42 per cent of women, said children had too much impact on the freedom of mothers and 30 per cent of men compared with 20 per cent of women said the same thing in relation to fathers. Younger people were considerably more likely than older people to point to the effect of children on the freedom of parents.

### How do people try to manage their fertility?

To a large extent the rapid fertility decline is due to improvements in women's ability to control their fertility. Delays in having families has, however, led to a greater difficulty for some women in conceiving at all. However, developments in reproductive technology have played some part in assisting the fertility of these women.

### What types of contraception are used?

The contraceptive pill has been the most significant development that has enhanced women's ability to control their fertility. In 2001, 45 per cent of women aged 18 and 19 were using the pill and half of those in their early and late twenties were doing so (Table 14.9). Thereafter, the usage rates of the pill declines for reasons that include: more women planning to become pregnant; loss of a partner and failure to repartner; medical reasons

**Table 14.9** Use of contraceptive pill, 1977-2001<sup>a</sup>

Age group	1977 %	1983 %	1989 %	1995 %	2001 %
18-19	21.2	29.0	39.4	33.0	45.2
20-24	35.4	45.6	52.2	46.7	50.9
25-29	29.1	34.1	43.3	38.2	44.9
30-34	19.8	22.2	28.5	28.1	32.1
35-39	11.8	11.8	18.5	22.4	23.6
40-44	8.0	6.6	6.8	12.1	17.0
45-49	6.1	3.2	4.2	6.8	8.5
Total	20.4	23.6	28.1	26.7	28.8

Source: Australian Bureau of Statistics (1998b) using data from Australian National health surveys in various years; 2001 from 2001 National Health Survey (Australian Bureau of Statistics 2001h).

<sup>a</sup> Refers to usage of the pill within the previous two days

such as hysterectomies; and because other methods of contraception become more popular among older women.

Although the pill was first available in 1961 its use has become increasingly widespread among all age groups of women until 1989 (Table 14.9). Part of the reason for the increasing use of the pill, especially by younger women, was the changing levels of sexual activity and changing attitudes of doctors towards prescribing the pill – especially for unmarried women. The use of the pill grew steadily until 1989. Since then the growth in the rates of pill usage has been confined mainly to women aged over 30.

Table 14.10 shows that the contraceptive pill is the single most common form of contraception used by women. As noted above, it is much more widely used by younger women than older women. Similarly, condom usage, the second most common form of contraception overall, is much more common among partners of younger than older women.

As the use of the pill and condoms declines as women become older, sterilisation becomes a more common form of birth control<sup>8</sup>. From the age of 30 onwards the percentage of men and women who are sterilised increases steadily so that among

**Table 14.10** Contraception used by women (and men) aged 18-49, 2001

Contraceptive method	Age of users							Total %
	18-19 %	20-24 %	25-29 %	30-34 %	35-39 %	40-44 %	45-49 %	
Contraceptive pill	45.2	50.9	44.9	32.1	23.6	17.0	8.5	28.8
Condom	40.1	37.7	32.1	25.6	19.7	14.6	9.2	22.8
IUD	0.4	0.6	0.6	1.3	1.9	1.8	1.3	1.3
Periodic abstinence	0.4	1.9	2.9	4.2	4.1	3.2	2.5	3.2
Contraceptive injection	2.2	3.6	3.5	3.3	1.9	1.8	0.7	2.4
Morning after pill	5.2	4.9	2.1	1.0	0.5	0.3	0.7	1.5
Female sterilisation (tubal ligation)		0.5	1.8	5.6	10.1	15.1	20.5	9.1
Hysterectomy (and thus sterilisation)			0.3	1.3	3.9	8.1	15.3	4.9
Male sterilisation		0.8	2.6	6.4	16.9	21.0	18.5	11.5

Source: 2001 National Health Survey (Australian Bureau of Statistics 2001h).

women aged 45-49 over half (54.3 per cent) the women or their partner has had a surgical procedure that prevents fertility.

The use of sterilisation to control fertility has increased over the years but appears to have declined among women in more recent times. For example, Santow (1991) reports rates of sterilisation for women aged 35-39 as increasing from 16 per cent in 1971 to 38 per cent by 1986. However, the 2001 National Health Survey data report rates of 14 per cent for the same age group by 2001 (down from 21.2 per cent in 1995). Medicare data reported by Siedlecky (1996) support this recent downward trend. She reports that in 1984 the sterilisation rate for women aged 15-44 was 8.9 per 1000 but that by 1995 the rate had declined to 2.4 per 1000. At the same time the rate of male sterilisation has remained steady at 8.1 per 1000 males aged 25-49. It appears therefore that an increasing proportion of sterilisations are now being performed on males and that older males are taking more responsibility for birth control than they once may have.

**How common is induced abortion?**

Abortion has become increasingly available to women since the early 1970s. The Australian Bureau of Statistics reports that in 1996 there were approximately 95,200 abortions recorded by Medicare and public patient hospital records. This represents about 27 per cent of known pregnancies ending in an abortion during that period (ABS 1998b).

Unfortunately, accurate information on the rate of abortions and the characteristics of those who have an abortion is difficult to obtain. The most readily available reliable data are limited to abortions in South Australia (Chan et al 1999). These data probably reflect general patterns throughout Australia.

Figure 14.9 shows an increase in the abortion rate in South Australia from 1970 onwards. In 1970, six out of every 1000 women aged 15-44 had an abortion. This increased sharply in 1971 to 9.6 per 1000 and then continued to rise until 1977 after which the

rate was fairly stable at about 13 per 1000 women until the early 1990s, when the rates began to increase again. By 1999, 17.8 per 1000 women in South Australia aged 15-44 had an abortion in 1999.

In 1999, over 70 per cent of abortions in South Australia were to women aged between 15-29. Furthermore, in 1999, for every 1000 women aged:

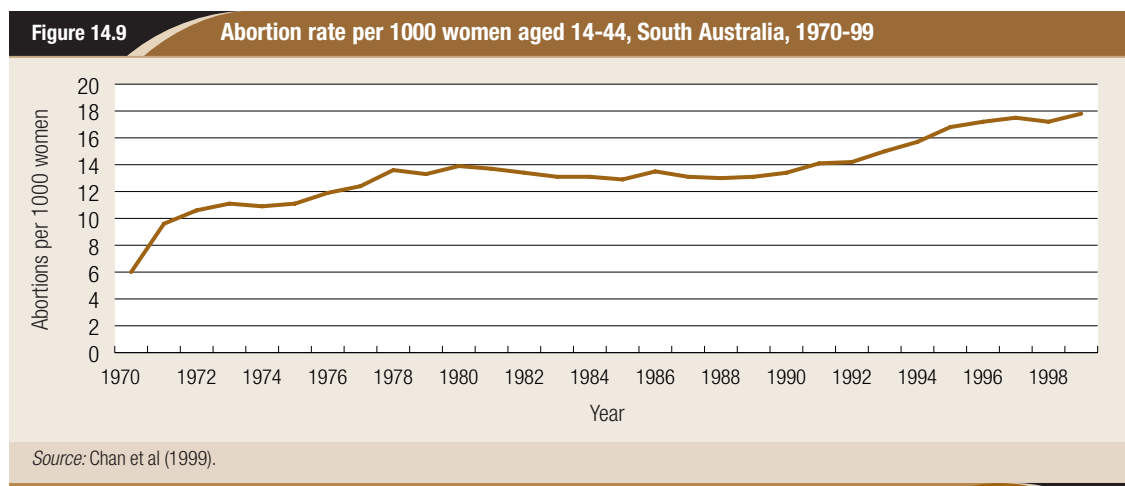
- 15-19, 24 had an abortion.
- 20-24, 34 had an abortion.
- 25-29, 23 had an abortion.

Of course, the number of abortions is affected by how many women become pregnant in the first place. Chan et al (1999) report the percentage of all pregnancies in an age group that end in an induced abortion.

This figure indicates that in South Australia in 1999:

- 53 per cent of pregnancies to women aged 15-19 were aborted.
- 36 per cent of pregnancies to women aged 20-24 were aborted.
- 17 per cent of pregnancies to women aged 25-29 were aborted.
- 13 per cent of pregnancies to women aged 30-34 were aborted.
- 20 per cent of pregnancies to women aged 35-39 were aborted.
- 33 per cent of pregnancies to women aged 40-44 were aborted.
- 75 per cent of pregnancies to women aged over 45 were aborted.

Abortions were predominantly to women who were not married at the time. In South Australia 25 per cent of abortions were given to married women, 47 per cent were to women who had never married, 12 per cent to cohabiting women and 13 per cent to (not cohabiting) divorced or separated women.



**What do Australians think about abortion?**

Abortion has been a contentious and divisive issue in Australia and many other countries. It was a particularly lively issue during in the 1970s but even the effective legalisation of abortion-on-demand has not meant that there is agreement about whether women should be able to obtain an abortion should they want to do so. Nor is there agreement regarding the conditions under which people believe that an abortion is acceptable.

There appears to have been some changes in attitudes towards abortion since the late 1980s. The regular Australian Election Surveys routinely ask about whether women ought to be able to obtain an abortion on request. Table 14.11 reports the percentage of people who think that a woman ought to be able to obtain an abortion readily.

These results indicate that:

- In 2001, the majority (58 per cent) believed that a woman should be able to get an abortion readily. Only 4 per cent thought that abortion was always wrong.
- Between 1987 and 2001 the percentage of people approving of ready access to abortion has increased substantially from 39 per cent to 58 per cent.
- This increase has been equally evident among both men and women.
- Men and women are equally likely to support a woman’s right to obtain ready access to an abortion.
- The increased approval of ready abortion has occurred across all age groups.
- In general, younger age groups are more supportive of a woman having ready access to abortion.

While there is majority support for ready access to abortion there is evidence that some support is conditional on the reason for the abortion. In the 2001 Australian Election Survey a further 33 per cent supported abortion under certain conditions.

The International Social Science Survey in Australia tapped abortion attitudes in 1998 and found that support varied depending on the reason for which the woman wanted the abortion. Almost 70 per cent supported abortion if there was a serious defect in the baby but only 42 per cent supported abortion in the case of a woman wanting the abortion because of the low income of her family (International Social Science Survey, Australia 1998).

**How many people use IVF and related methods?**

Medical developments have led to improvements in assisting otherwise infertile couples to have children. The three main forms of assisted techniques

are in-vitro fertilisation (IVF); sperm injection; and gamete intrafallopian transfer (GIFT). In 2000, there were 4285 viable pregnancies<sup>9</sup> (that is, 20 weeks) from assisted conception methods which resulted in 5,223 live births. These births represented almost 2 per cent of all births (Dean and Sullivan 2003).

Australian Institute of Health and Welfare statistics indicate that:

- The viable pregnancy rate (20 weeks) from all forms of assisted conception has increased from 13 per cent in 1992 to 20.6 in 2001.
- The success rate of assisted conception methods decreases as women get older. Of assisted *conceptions* to women aged over 40 (that is, in those cases where the woman actually became pregnant), 60 per cent resulted in a live birth. This compares with live births of over 80 per cent for assisted conceptions for women aged 25-34.

Assisted pregnancies were much more common among women in their thirties than in any other age group. In 2000, only 16.5 per cent of women achieving a pregnancy through assisted conception methods were aged under 30 and only 11.2 per cent were aged 40 or over. Over 72 per cent of women achieving such pregnancies were in their thirties – 37.8 per cent were aged 30 to 34 and a further 34.5 per cent were aged 35 to 39.

**Are women giving birth at later ages?**

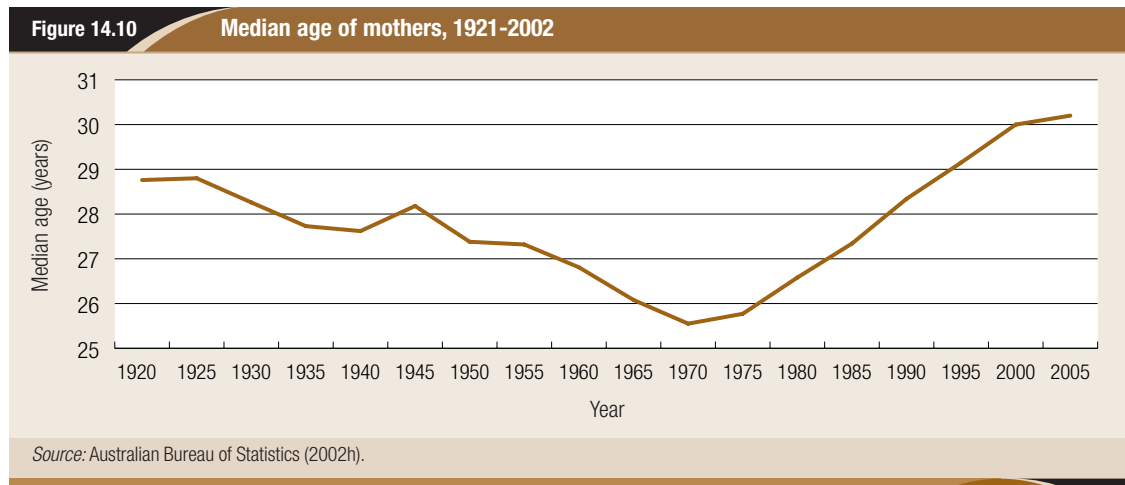
**How old are mothers when they give birth?**

The trend for the average age of mothers when they give birth has matched trends in the age of marriage. Both the age of marriage and the age at which women gave birth fell after World War II and then increased from the early 1970s until 2002, when the median age at which women gave

**Table 14.11** Per cent who say that a woman should be able to obtain an abortion readily by gender and age, 1987-2001

	Year of survey	
	1987 %	2001 %
All	38.6	57.6
<b>Gender</b>		
Male	39.3	56.7
Female	37.9	58.5
<b>Age</b>		
16-29	42.1	57.0
30-39	41.9	66.5
40-49	37.3	64.7
50-59	37.1	57.0
60-69	35.1	48.5
70+	30.6	46.7

*Source:* Australian Election Surveys, 1987, 2001.



birth was 30.2 years (Figure 14.10). This means that half of all mothers were aged 30.2 years or older when they had a child. The median age of mothers is now higher than at any time in the 20th century. The median age for fathers (where known) was 32.4 years (ABS 2003c).

Of course, being summary measures, medians do not tell the whole story. Figure 14.11 reports recent trends in the percentage of births to teenagers and to women over 35 years of age. This Figure shows a gradual decline in the proportion of all births that are to teenagers from 7.2 per cent of births in 1982 to 4.6 per cent in 2002. At the same time, the proportion of births to women aged 35 and over has increased sharply from 7.1 per cent in 1984 to 18.5 per cent in 2002.

**When do women first become mothers?**

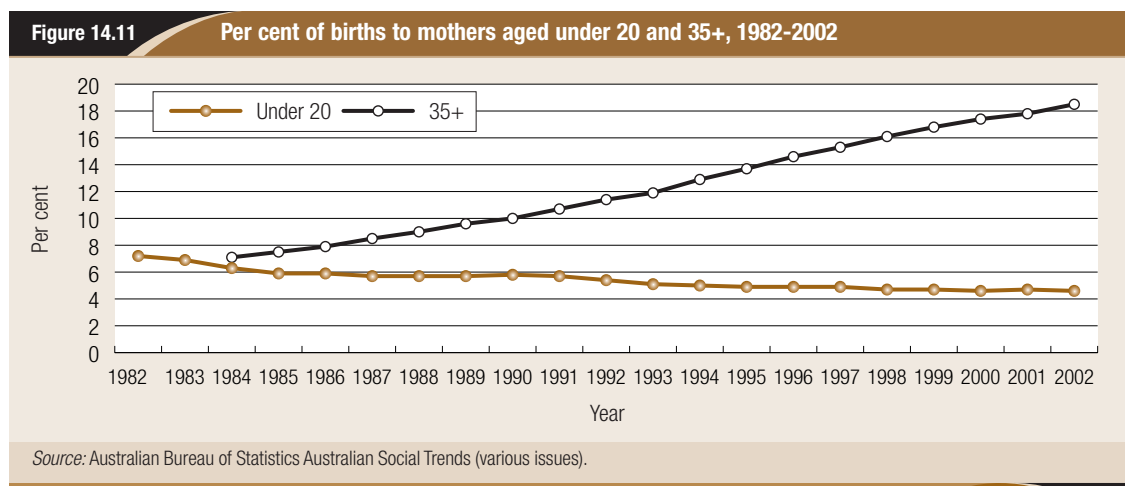
Women are having their first child at a later age than in earlier years. Unfortunately, statistical collections are not well suited to tracking changes in the age at which women have their first child. The main information that is available indicates the average age at which women have their first birth within marriage. But as more and more first births are to unmarried mothers, it is increas-

ingly misleading to rely on data about the age of mothers at their first nuptial birth to indicate the age at which women first become mothers.

However, some data are available from for all first births between 1993 and 2000. These figures show the increasing age at which women have their first child – regardless of whether they were married at the time. Information from the Perinatal Statistics Unit of the Australian Institute of Health and Welfare (AIHW 2003a) show that in 2000:

- 30.5 per cent of all first births were to women aged 15-24 (down from 37.3 per cent in 1993).
- 34.2 per cent of all first births were to women aged 25-29 (35.2 per cent in 1993).
- 25 per cent of all first births were to women aged 30-34 (up from 20.8 per cent in 1993).
- 10.3 per cent of all first births were to women aged 35 and over (up from 6.8 per cent in 1993).
- 1.4 per cent of all first births were to women aged 40 and over.

Further evidence of delaying having a child (combined with permanent childlessness) is available by comparing the percentage of younger women in 1986



with the percentage in 2001 who had had no children (see ABS 2001f, and the 2001 National Health Survey).

- Of women aged 20-24, two thirds (67 per cent) had not had a child in 1986. By 2001, over three quarters (73 per cent) of women in their early twenties had not had a child.
- Of women in their late twenties (25-29) 40 per cent had not had a child in 1986. By 2001, this percentage had increased to 56 per cent.

While the percentage of births to women aged 35 or over has increased in recent years, an increasing proportion of these births to older women are first time births. Figure 14.12 shows that in 2000, a quarter of all births to these older women were first births. This represents an increase from just on 20 per cent in 1992 which were first births. In 2000 one in ten (10.2 per cent) mothers were having their first baby at age 35 years or older (AIHW 2003a).

A similar pattern holds among mothers aged 40 and over. In 1991, 16.7 per cent of babies born to these mothers were first born babies. This percentage increased throughout the 1990s so that by 2000, 22.5 per cent of births to women aged 40 or over were their first babies. This pattern reflects both the extent

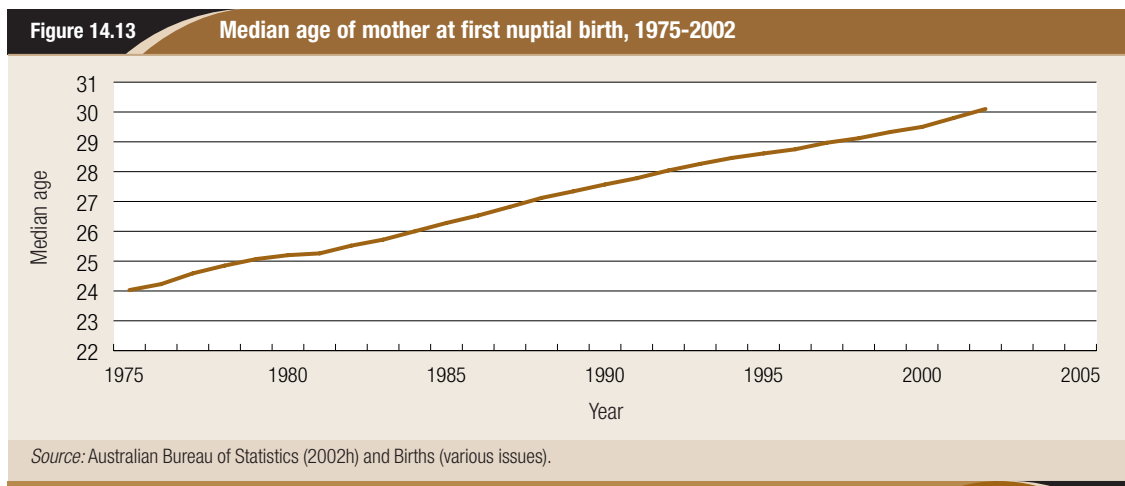
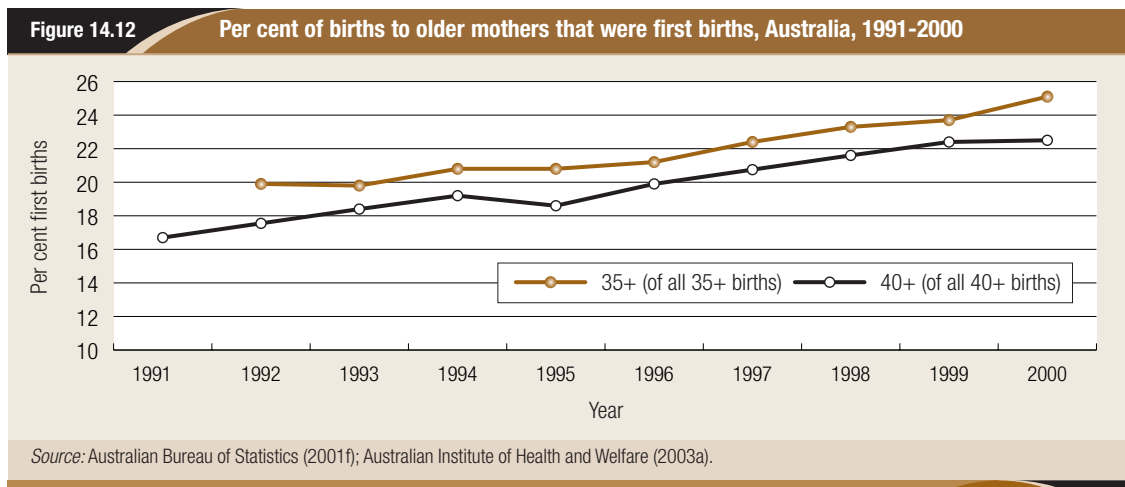
to which some women are delaying having their first child and the effect of new reproductive technologies in assisting older women to have babies.

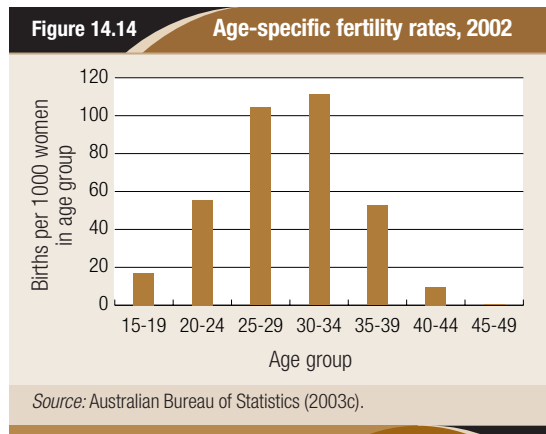
**How old are women when they have their first marital birth?**

Since the age at which women marry is increasing it is hardly surprising that the age at which women have their first child within a marriage is increasing. Figure 14.13 shows that over a period of just 27 years, the average age of women having their first child within a marriage increased by 6.1 years – from a median of 24 years in 1974 to 30.1 years in 2002.

This increase in the age of the first nuptial child must be seen in the context of the increasing rate of cohabitation, delayed marriage and the increased rate at which women have been having children outside of marriage. Since mothers of ex-nuptial children are younger than mothers of nuptial children, and since the rate of ex-nuptial births has been increasing steadily, concentrating on the average of mothers having their first child within marriage will overstate the average age of first time mothers overall.

In 2000, the median age of mothers giving birth for the first time, regardless of whether they were





married or not was 27.3 years (AIHW 2003a). In the same year the Australian Bureau of Statistics indicates that the median age of women at their first nuptial birth was 29.5 (ABS 2001g). This means that, although women are delaying their first child, the extent of this delay is exaggerated if we only examine the age at which women have their first nuptial birth.

**How likely are women to have children at various ages?**

Age-specific fertility rates indicate the number of women per 1000 women in a specific age group who give birth in a given year. Age-specific fertility rates provide a useful snapshot of the ages at which women are most likely to have children.

In 2002, the main ages at which women had children were between 25 and 34. For every 1000 women aged 25-29, 104.2 children were born while 111.2 were born for every 1000 women aged 30-34. Fertility rates at the age extremes of 15-19 or over 40 were low. For every 1000 females aged 15-19 there were just 17.1 babies born. For every 1000 women aged 40-44, just 9.7 babies were born (Figure 14.14).

An inspection of changes in age-specific fertility rates over time provides a sense of changes in the age-related patterns at which women are most

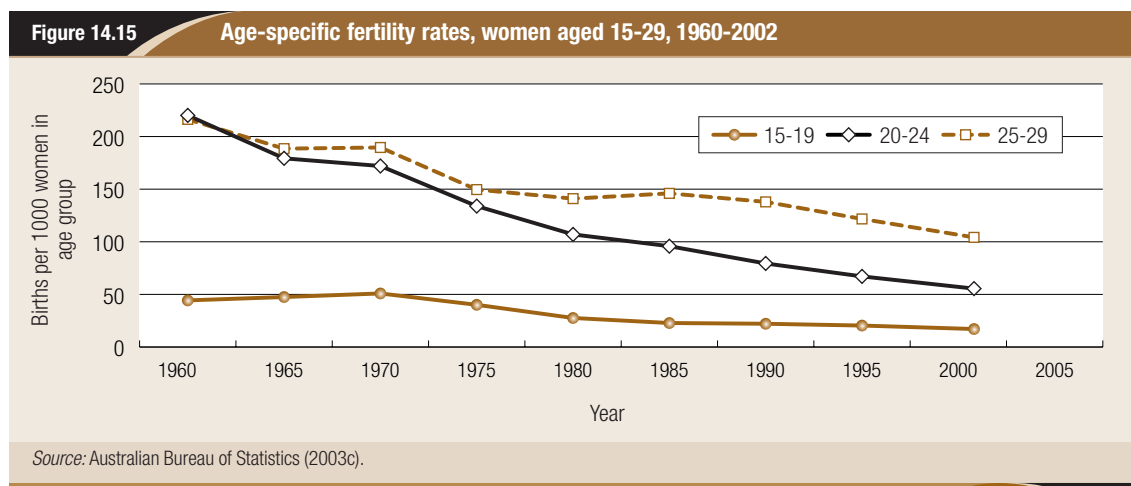
likely to give birth. The over-time patterns show a clear shift towards having children later in life.

Figure 14.15 shows the age-specific fertility rates for the three younger age groups – those aged 15-19, 20-24 and 25-29. In all three age groups the fertility rate has declined since 1960. The sharpest fertility declines were among those in their early twenties. In 1960, 220 per 1000 women aged 20-24 had a child. By 2002 this rate had fallen to a quarter of the 1960 level with just 55.5 women per 1000 in this age group having a baby. The decline among women in their late twenties was also sharp but not as dramatic as for those in their early twenties. In 1960, 216 per 1000 women in their late twenties had a baby. By 2002, this had halved to 104 births per 1000 women.

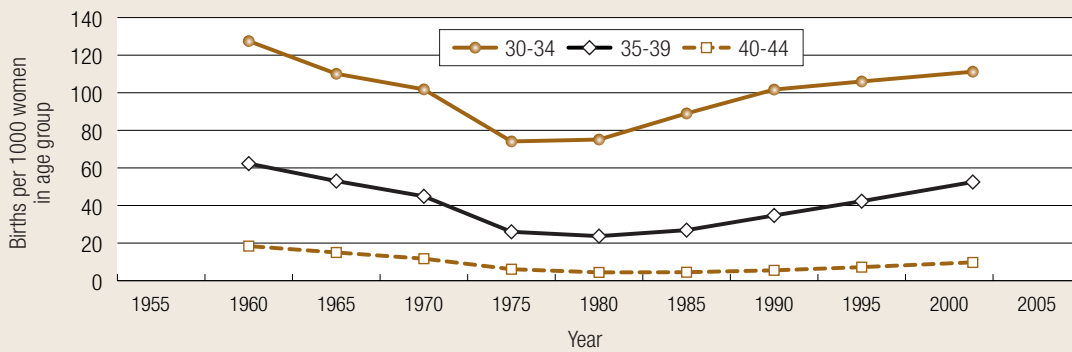
Figure 14.16 shows the fertility rates for the three older groups of mothers – those in their thirties and early forties. All three age groups show an increase in fertility from about 1980 onwards. Of women in their early thirties, 75 of every 1000 had a baby in 1980. By 2002 this had increased by almost a half to 111.2 per 1000. Of women in their late thirties the 1980 rate of 23.7 per 1000 had more than doubled to 52.5 per 1000.

While the fertility rate of the three younger groups of women is downwards from 1960, the older groups have a different fertility profile over this period. Initially, the fertility of the older age groups of women declined from 1960 to 1980 before picking up after 1980. This was especially so for women in their thirties. This pattern of fertility decline and then the post 1980s increase among the older women in part reflects the delay in childbearing of the younger women. Although the fertility of all age groups declined in the 1960s and 1970s, the fertility of the older age groups increased somewhat after 1980 as the younger women who had previously deferred having children, then had children later in life.

The changing age profile of mothers can be seen by the most popular ages for having children in 1960 and 2002. In 1960, women in their early twenties



**Figure 14.16** Age-specific fertility rates, women aged 30-44, 1960-2002



Source: Australian Bureau of Statistics (2000g; 2003c).

had the highest fertility rate of all women followed by those in their late twenties and then by those in their early thirties (Table 14.12). By 2002, this ranking had reversed. Women in their early thirties had the highest fertility rates, followed by those in their late twenties with those in their early twenties having much lower fertility levels.

The other striking feature in Table 14.12 is that in every age group the fertility rate of women has declined between 1960 (the peak of the baby boom) and 2002. The decline in fertility of younger age groups was not fully compensated for by an increase in fertility rates among the older age groups. Although some of the fertility decline in the younger age groups was made up by increased fertility among the older groups after 1980, this partial recovery of fertility among women in their thirties was nowhere near sufficient to make up for the general fertility decline.

**Do many teenagers still have babies?**

One aspect of age-related fertility that has received considerable attention in some overseas countries, especially the United States, has been the rate at which teenagers have babies. The particular focus of this attention has been the rate of unmarried teenagers having babies. This has been an area of

concern because some have considered that such births are undesirable. This is not just because of the age and marital status of the mothers, but because relationship breakdown among teenage parents is high (p. 213-14) and having babies at this age can prevent young women from completing their education, thereby compromising later opportunities to obtain paid work.

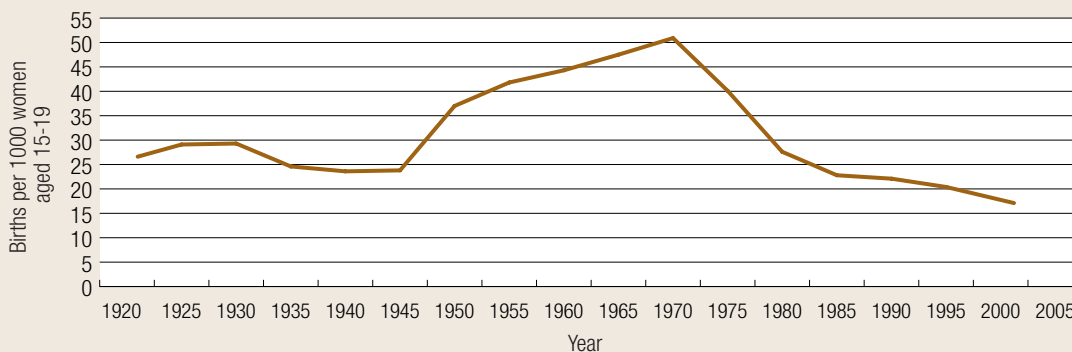
The clearest observation that can be made regarding teenage parents in Australia is that very few babies are now born to teenage mothers. The current low level of births to teenage women represents a decline from higher past levels. Figure 14.17 shows the changes in the teenage female fertility rate since 1921. This graph shows

**Table 14.12** Age-specific fertility rates, 1960-2002

Age group	1960	1980	2002
15-19	44.3	27.6	17.1
20-24	220.0	107.0	55.5
25-29	216.0	141.0	104.2
30-34	127.0	75.1	111.2
35-39	62.0	23.7	52.5
40-44	18.0	4.4	9.7

Source: Australian Bureau of Statistics (2000g; 2003c).

**Figure 14.17** Teenage fertility rate, 1921-2002



Source: Australian Bureau of Statistics (2003c).

**Table 14.13** Births to teenage mothers by marital status, 1971-2002

Year	Married (number)	Not married (number)	% to not married (number)
1971	20281	9951	32.9
1976	12871	8712	40.4
1981	7736	10076	56.6
1986	4050	10180	71.5
1991	2593	12048	82.3
1994	1555	11298	87.9
1998	1125	10642	90.0
2002	930	10493	91.9
% change	-95.4%	+5.4%	

Source: Australian Bureau of Statistics Births (various years).

that teenage fertility rates peaked in 1971 when they reached 55.5 per 1000 women aged 15-19. Since then these rates have declined rapidly and sharply so that by 2002 the rate was just 17.1 per 1000.

While the current teenage fertility rates are the lowest since 1921, low teenage fertility rates were the norm in the 1930s and 1940s when the rate averaged about 24 over these decades. However, the reasons for lower teenage fertility in 2002 are different from those in the 1930s and 1940s. Low current rates are due much more to better access to birth control and abortion than to greater abstinence (p. 194). The lower birth rates in the 1930s and 1940s reflect different patterns of teenage sexual behaviour in that period.

**How many teenage mothers are married?**

Apart from the declining fertility rate among teenagers, the other notable change has been the sharp turnaround in the marital status of teenage mothers (Table 14.13). In 1971, about a third of all births to teenage mothers were to unmarried mothers. This percentage has increased steadily

**Table 14.14** Teenage fertility rates in various countries (females aged 15-19)

Country	Year	Rate (per 1000)
Australia	1999	18.1
Canada	1997	20.1
France	1993	7.9
Greece	1995	13.0
Hong Kong	1996	5.8
Italy	1995	6.8
Japan	1996	3.9
South Korea	1995	3.3
Malaysia	1996	14.4
Netherlands	1996	4.1
New Zealand	1998	29.8
Singapore	1997	7.0
Sweden	1996	7.8
United Kingdom	1996	29.7
USA	1998	51.1

Source: Australian Bureau of Statistics (2000g).

each year so that by 2002, most (91.9 per cent) births to unmarried teenage mothers were to unmarried mothers. However, while the *percentage* of births that were to teenage mothers increased dramatically over this period the actual *number* of such births only increased by 5 per cent.

Not all unmarried teenage mothers, of course, are lone mothers. The high rate of cohabitation among younger people means that many births to unmarried teenage mothers will be to a couple. In 1999, of all confinements of teenage mothers, 44.6 per cent were to mothers who were either married or cohabiting. Fifty four per cent of teenage confinements were to teenage mothers who were not living with a partner (Nassar and Sullivan, 2001).<sup>10</sup>

**How does Australia compare internationally?**

Australia's teenage fertility rate (18.1 in 1999) was lower than comparable English speaking countries such as New Zealand (29.8), Canada (20.1), United Kingdom (29.7) and USA (51.1) (Table 14.14). However, compared to a number of European countries such as France (7.9), Greece (13.0), Italy (6.8), Netherlands (4.1) and Sweden (7.8), Australia has relatively high teenage fertility levels. Australia also has considerably higher teenage fertility levels than the developed Asian counties such as Japan (3.9), South Korea (3.3), Hong Kong (5.8) and Singapore (7.0).

The reasons for different patterns are complex. The relative position of Australia in terms of teenage fertility levels is due to a mixture of the following factors:

- Differential access to contraception and abortion.
- Different cultural values (and the associated ethnic and racial profiles) and the acceptability of ex-nuptial births and age of marriage.
- Educational levels.

**Do teenage mothers come from particular ethnic and racial groups?**

Within Australia, rates of teenage fertility differ across ethnic and racial groups as indicated by the mother's country of birth (Table 14.15). Indigenous women have the highest teenage fertility rate (76.0) followed by teenagers born in Lebanon (75.8) and Turkey (47.5). These teenage fertility rates are far higher than the 2002 rate of 17.1 for all Australian teenage women aged 15-19. These high rates reflect cultural differences in the age of marriage in the case of women born in Turkey and Lebanon and the high rate of cohabiting relationships among Indigenous teenage women.

The fertility rates for Australian born teenagers are higher than those for teenagers living in Australia but born in other English speaking countries such as Canada (4.8) and the United Kingdom (13.2). The Australian rates however, are substantially lower than those of New Zealand born teenage women (31.3).

Teenage fertility rates are very low among teenage women from developed Asian countries such as Hong Kong, Japan and Malaysia (in the order of one or two per 1000), but among women from the less developed Asian countries, the teenage fertility rates are closer to those of Australian born teenagers (for example, 20.7 in Cambodia, 18.9 in Vietnam and 21.9 in Thailand) (Table 14.15).

**What are the other characteristics of teenage mothers?**

The 1996 Census<sup>11</sup> shows that among the teenage mothers:

- Indigenous teenagers were over represented. 11.6 per cent of teenage mothers were Indigenous women compared with just 2.1 per cent of women aged 15-19 who were non Indigenous.
- Women who left school early were over represented. 13.5 per cent of teenage mothers had left school aged 14 or younger compared to just 2.1 per cent of this age group as a whole. Overall, 62 per cent of teenage mothers had left school aged 16 or younger compared to just 18.6 per cent of women in this age group as a whole.
- Those with no religion were over represented. 29.3 per cent of teenage mothers had no religious affiliation compared to 19.3 per cent of all females in this age group. Thus, Catholics were under represented. While 29.6 per cent of teenage women were Catholics just 19.7 per cent of the teenage mothers were Catholics.
- Australian born teenagers were slightly under represented. While 85 per cent of teenage women in this age group were Australian born, only 80.3 per cent of teenage mothers were Australian born.

**What proportion of babies are born to married couples?**

Since the mid 1970s there has been a steady rise in the proportion of children who are born to unmarried parents. Some of this rise is due to more single women giving birth and some is due to the increase in cohabiting relationships. Nevertheless, over two thirds (69 per cent) of babies are born to married couples.

Figure 14.18 indicates a steady increase in births to unmarried mothers (ex-nuptial births). Just after World War II approximately 4 per cent of births were ex-nuptial. This rate began to rise in the 1960s and then rose sharply from the mid 1970s. By 1981, 13.9 per cent of births were ex-nuptial. This increased to 23 per cent just 10 years later in 1991. By 2002 this had risen by a further 8 per cent to reach a peak of 31.3 per cent.

An even larger proportion of first births are ex-nuptial. In 2000, of all first births, 37 per cent were to parents who were not married (ABS 2001g).

**Table 14.15** Teenage fertility rate of women living in Australia by country of birth, (females aged 15-19), 2002

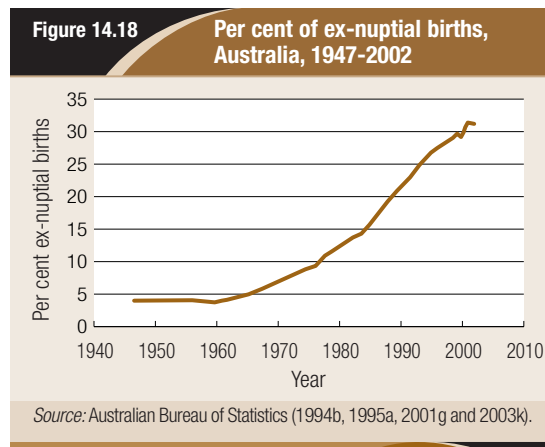
Country of birth	Rate per 1000
Australia	17.1
Indigenous Australian	76.0
Canada	4.8
Cambodia	20.7
Former Yugoslavia	7.4
Germany	5.4
Greece	4.5
Hong Kong	1.1
India	4.3
Ireland	3.2
Italy	2.2
Japan	2.7
Laos	26.1
Lebanon	75.8
Malaysia	2.5
New Zealand	30.3
Philippines	16.5
Singapore	1.3
Thailand	21.9
Turkey	47.5
United Kingdom	13.2
USA	28.1
Vietnam	18.9

Source: Australian Bureau of Statistics (2003c).

On average, unmarried mothers having a child are younger than are married mothers. In 2002, the median age of married mothers at confinement was 31.2<sup>12</sup> years. In the same year the median age of unmarried mothers at confinement was 26.7 years where paternity was acknowledged and 24.8 where paternity was not acknowledged<sup>13</sup> (ABS 2003c).

**Are most births to unmarried mothers, to couples or to lone women?**

The ABS statistics regarding ex-nuptial births only indicate the percentages of births to mothers not in a registered marriage. The rise in cohabitation, especially since the mid 1970s (p. 115) means that many of these births are to couples but not to married couples. Data from the Perinatal Statistics Unit (AIHW 2003a) indicate that that in 2000:



- 87 per cent of children were born to couples – either married or cohabiting.
- 11.6 per cent of children were born to single women not living with the father.
- 1.4 per cent of children were born to widowed, separated or divorced women not with a partner;
- Approximately 16 per cent of births in that year were to cohabiting couples<sup>14</sup>.

**Are births to lone mothers an Australian “thing”?**

The couple/marital status of mothers differs for Australian women depending on the country in which they were born (Table 14.16). This Table reports the marital and couple status of women at the time of their confinement in 2000. Several points emerge from this table:

Country of birth	Married % <sup>a</sup>	Married & cohabiting % <sup>b</sup>	Single % <sup>b</sup>
Australia	67.6	85.6	12.8
New Zealand	56.4	83.9	13.4
United Kingdom	75.3	92.9	5.4
Italy	88.8	95.3	4.4
Former Yugoslavia	88.5	95.2	3.7
Lebanon	94.7	96.8	1.8
China	88.8	93.8	4.7
Hong Kong	95.5	98.4	0.9
India	96.0	97.3	2.2
Malaysia	92.4	96.2	3.1
Philippines	81.6	90.7	7.1
Vietnam	75.1	85.6	12.3

<sup>a</sup> Source: Australian Bureau of Statistics 2001g.  
<sup>b</sup> Source: Australian Institute of Health and Welfare (2003a).  
 Data exclude New South Wales.  
 Note: there is a very small percentage born to women in other situations (for example widowed)

- Although just over two thirds (67.6 per cent) of Australian born mothers who had a child in 2000 were married at the time of their confinement, 86 per cent were living with a partner at the time. Nevertheless, 12.8 per cent of Australian born mothers were single – a rate that is considerably higher than for mothers born in all other countries listed in Table 14.16, except New Zealand and Vietnam.
- New Zealand born mothers were the least likely of all mothers to be married at the time of confinement with less than 54.4 per cent being married. However, 83.9 per cent had a partner.
- Of mothers from India and Lebanon very few at all were single when they had a child.
- With the exception of mothers from Vietnam, a relatively high percentage of Asian born women were married at the time of confinement and most had a partner. Very few children were born to single, Asian born women.

**What do Australians think about single women having children?**

While the bulk of lone parent families are the result of relationship breakdown some are formed as a result of single women having a child without being in any ongoing relationship. The World Values Survey in 1995-97 asked for views about this practice. Specifically, it asked “If a woman wants to have a child as a single parent but she doesn’t want to have a stable relationship with a man, do you approve or disapprove?”

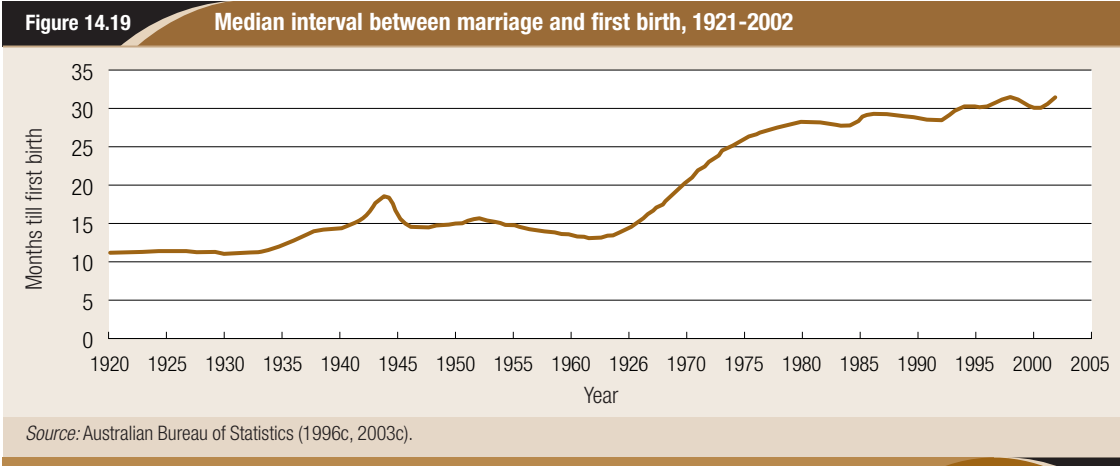
In 1995-97, over half (53.0 per cent) of the 2014 respondents from this national random sample survey disapproved of a lone single woman having a child as a single parent (Table 14.17). Over a third of respondents (36 per cent) approved – the remainder (12 per cent) were ambivalent. Overall, the level of disapproval expressed in 1995-97 is almost identical to that expressed in the same survey in the early 1980s.

In 1995-97 men were a little more likely than women to disapprove of intentional single motherhood (55.7 per cent compared with 48.6 per cent). This is a reversal of the gender pattern that held in 1981 when women were more disapproving of a lone single woman choosing to have a child on her own.

Age was an important factor in attitudes to lone single women deciding to have a child on their own in both 1981 and in 1995-97. In 1995-97, of those aged in their twenties, 37.3 per cent disapproved of this type of lone parenthood. Of those aged in their forties over half (51.5 per cent) disapproved and two thirds of those in their sixties and almost three quarters in their seventies disapproved of lone women intentionally having a baby without intending to partner.

	Disapproving	
	1981 %	1995-97 %
All	53.0	52.4
<b>Gender</b>		
Male	50.0	55.5
Female	55.7	48.6
<b>Age</b>		
20-29	41.4	37.1
30-39	49.0	43.1
40-49	57.1	51.5
50-59	59.2	52.7
60-69	66.9	68.9
70+	80.9	73.9

Source: World Values Survey, 1995-97.



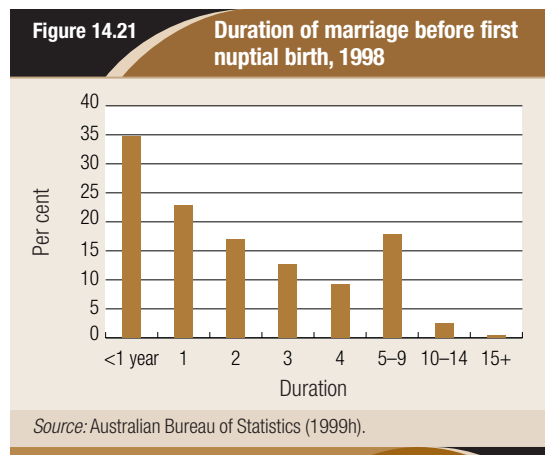
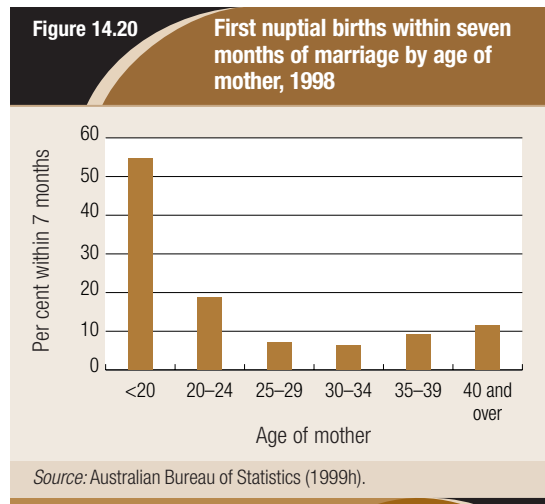
**How long do married couples “wait” before having children?**

The ability of women to control their fertility and a reduction in the social pressure to marry because a woman becomes pregnant (sometimes known as “shotgun marriages”), has meant that the spacing between marriage and the birth of the first child within the marriage has increased sharply since the mid 1960s when the oral contraceptive pill became widely available. In the early 1920s the average time between marriage and the birth of a child was just 11 months. This gap increased during World War II, no doubt partly due to husband absences. After the war the gap between marriage and a child dropped somewhat but from 1965 onward there was a sharp increase in this gap between marriage and having a child. This gap increased further in the 1970s so that by the late 1970s the average gap was over 28 months. Since then the gap has remained reasonably stable just increasing to 31 months by 2002 (Figure 14.19).

As noted above, this same period has seen a sharp decline in “shotgun marriages” – defined as those where a baby is born within seven months of marriage. In 1998, only 9.5 per cent of all first births within marriage occurred within the first seven months. Births where the bride would have known she was pregnant when she married were much more common among teenage brides than other brides. Of first births to newlywed teenage brides over half (54.8 per cent) were within seven months of marriage compared with less than 20 per cent of women in other age groups as seen in Figure 14.20 (range from 6.4 per cent to 18.8 per cent).

Nevertheless, “shotgun weddings” among teenage mothers were rare. Of *all* births to teenagers (not just births to teenage brides) in 1998, only 4.3 per cent occurred within seven months of their marriage. This compares with 40 per cent of births to teenagers in 1971 that occurred within seven months of marriage. The reason for this decline is mainly because of the sharp rise in ex-nuptial births – pregnancy is no longer seen as requiring marriage.

Although people are married on average for about two and a half years before they have their first child within the marriage, a third of couples have their first nuptial child within less than a year of getting married. Almost another quarter (22.8 per cent) have their first child within one and two years of marriage (Figure 14.21). Most married couples who have children, have their first nuptial child within five years of marriage. In 1998, 79.2 per cent of first nuptial births were to couples who had been married for less than five years.



### Endnotes

- 1 A common method of measuring fertility is to calculate the Total Fertility Rate (TFR). The TFR “represents the number of children a woman would bear during her lifetime if she experienced current age-specific fertility rates at each age of her reproductive life” (ABS 2003c).
- 2 Replacement fertility level is the estimated number of children a woman would need to have in her lifetime to replace herself and her partner. The precise replacement level will vary between countries and over time depending on the survival of babies to reproductive age.
- 3 This is in the situation in which there is no net migration. Migration can help sustain stable population levels when fertility rates are below 2.1.
- 4 A fertility level of 1.75 is the estimated number of children a woman will have in her lifetime if she has the current age-specific fertility rates at each age of her reproductive life.
- 5 Comparing trends using only selected points of time has to be undertaken with caution and some information will inevitably be lost. For example, by not reporting 1990, hides the fact that Sweden had a fertility rate of 2.1 in 1990 whereas the data points in Table 14.1 would suggest little change between 1975-2005. Similarly, France in 1990 had a lower fertility rate than projected for 2000-05. Omitting 1990 figures in Table 14.1 hides the ‘recovery’ of France’s fertility since 1990.
- 6 Those born in 1957 would have reached the end of their childbearing years by 1996 Census.
- 7 McDonald (1985), using a different methodology, has provided lower estimates of the levels of childlessness earlier in the 20th century that suggests that the levels of childlessness among the birth cohorts between 1901 and 1921 were not as high as those estimated by Rowland.
- 8 Not all female sterilisations are due to the desire to control fertility. Many hysterectomies are performed for reasons other than fertility control.
- 9 All information concerning assisted conception are for Australia and New Zealand combined. The vast bulk of treatments are of Australian women.
- 10 These data do not include NSW figures. However, figures from previous years indicate that the omission of NSW does not alter these percentages.
- 11 The 2001 Census did not provide this information and the 2001 National Health Survey had insufficient teenage mothers to allow reliable estimates for subgroups. 1996 Census data therefore provides the best available estimates of the characteristics of teenage mothers.
- 12 This median is based on all nuptial births not just the first nuptial birth.
- 13 Paternity can be and usually is acknowledged on the birth registration. Only 4 per cent of births do not indicate who the father is. Paternity acknowledgement is often taken to indicate some involvement of the father with the child.
- 14 These figures yield slightly different estimates of births to married couples than the ABS figures. The ABS registrations data indicate that in 2001, 69 per cent of births were to married couples. These AIHW figures yield a figure of 71 per cent. The differences may be partly due to the absence of NSW data from the AIHW figures.

### Highlights

- Australia’s fertility rate has been falling since 1961 and since the mid 1970s has been below the population replacement rate.
- The rate of fertility decline was sharpest from 1961 till the mid 1970s and has continued at a gradual rate since then.
- Australia’s fertility decline is matched by similar declines in almost all other countries. By OECD standards, Australia has a relatively high fertility level.
- Australian women are having smaller families than in the 1960s and 1970s. The most marked changes have been in more women restricting their family size to two children and fewer having three or more children.
- Fertility is considerably lower among women with a degree or other post-school qualifications than among women without such qualifications.
- The earlier women have left school, the more children they have.
- Women from professional white collar occupations have fewer children than those from lower level white collar and blue collar occupations.
- Childlessness is considerably higher among professional women with a degree.
- Fertility levels are higher in the more socially disadvantaged areas.
- Fertility levels are higher outside of capital cities. The more remote the area where a woman lives the higher is her fertility.
- Indigenous women have relatively high fertility levels and low levels of childlessness as do women born in the Middle East, North Africa and Vietnam.
- Mothers in capital cities are older than those living elsewhere and are more likely than those living elsewhere to be married.
- In historical terms the current levels of childlessness are relatively low but are projected to increase to about a quarter of all women.
- The declining fertility is not simply a matter of people not wanting children at all. Most women have children – but they are having fewer children than earlier cohorts of women. More than a quarter of men and women have fewer children than they would ideally like to have. Furthermore,

attitude surveys indicate a widespread high value placed on having children.

- However, women are controlling their fertility more effectively than women thirty or forty years ago. The contraceptive pill continues to be a fundamental part of fertility control – especially for women up to their mid to late twenties.
- Sterilisation of both men and women continues to be a widely used mode of birth control especially for women over the age of 40 and men over the age of 35.
- Abortion appears to be another widely used means by which women control their fertility – especially among teenagers and those in their early twenties and women in their forties.
- Approval of abortion has increased over the last two decades among both men and women and in all age groups. Nevertheless, many people only approve of abortion under some circumstances.
- Medical technologies are being used increasingly to enable infertile people to have a child. About 2 per cent of all births are due to IVF style technologies.
- The success rate of assisted conception technologies has increased from 13 per cent in 1992 to 21 per cent in 2001.
- Women are increasingly having their first child at a later age. In 2001, the median age at which all mothers gave birth was 30 years.
- There has been a steady decline in births to teenage women but an increase in the proportion of births to women aged 35 and older.
- The median age at which women have their first baby (regardless of whether they are married) was 27.3 years of age in 2000.
- The main age bands in which women now have children is between 25-34.
- Teenage fertility in Australia is much lower than in the United States, United Kingdom and New Zealand but much higher than in many European countries and the developed Asian countries.
- Within Australia, teenage fertility is very high among women born in Lebanon and Turkey due to early marriage and among Indigenous women due to early cohabitation.
- Australia has experienced a sharp increase in births to unmarried mothers so that in 2001, 31 per cent of births were to unmarried mothers. However, many of these mothers were partnered so that approximately 11.6 per cent of births were to lone mothers.
- Most births to teenagers are to unmarried teenagers.
- Approximately half of all Australians disapprove of intentional lone motherhood and there is no evidence that this disapproval has declined in recent years
- Married couples are waiting longer after they marry before they have children. They now wait for approximately two and a half years before they have their first child within the marriage.