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Address Population Rights: Perspective
from Latin America**

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PREFACE

The Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat organized an Expert Group Meeting on “Fertility, Changing Population Trends and Development: Challenges and Opportunities for the Future” at the United Nations Headquarters in New York on 21 and 22 October 2013. The meeting was convened to inform substantive preparations for the forty-seventh session of the Commission on Population and Development in April 2014. In light of the twentieth anniversary of the 1994 International Conference on Population and Development (ICPD), the Commission’s theme for 2014 is an “Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development”.

The meeting brought together experts from different regions of the world to address key questions about the future pace of fertility change, implications for age structure changes and other population trends and effective policy responses. A selection of the papers prepared by experts participating in the meeting is being issued under the Expert Paper Series published on the website of the Population Division (www.unpopulation.org).

This paper describes the fertility transition in Latin America and the Caribbean, highlighting both commonalities with other regions and unique features. A unique feature of the fertility transition in Latin America and the Caribbean is the persistently high level of adolescent childbearing in the context of an overall fertility decline. Although there is a causal relationship between education and early childbearing, many youth in the region also lack sexual education and universal access to contraception. Childlessness is an increasing phenomenon in many countries, notably Brazil, and especially among the wealthiest and most educated women. It is likely that countries in Latin American and the Caribbean, especially the more populous ones, will reach very low fertility rates and countries may wish to consider policies to increase fertility, especially policies that minimize conflicts of a career and childrearing for men and women. Much effort is still required in the region to ensure that sexual and reproductive health is universally accessible, especially for the more excluded sections of society, and that women are able to enact their reproductive rights, not only to prevent unwanted pregnancy but also to achieve pregnancy when desired.

The Expert Paper series aims at providing access to government officials, the research community, non-governmental organizations, international organizations and the general public to overviews by experts on key demographic issues. The papers included in the series will mainly be those presented at Expert Group Meetings organized by the Population Division on the different areas of its competence, including fertility, mortality, migration, urbanization and population distribution, population estimates and projections, population and development, and population policy.

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A. INTRODUCTION

Nearly 20 years ago, the International Conference on Population and Development (ICPD), held in Cairo in 1994, led to a new focus on population dynamics, placing population growth in a framework of human rights. Demographic transition in Latin America and the Caribbean at that time was underway, though countries have followed different pathways. Currently, to a greater or lesser degree, all countries have already reached low crude mortality rates, though very few are presenting small increases due to the ageing process. Birth rates are still relatively high due to the age structure and the high percentage of women in reproductive ages, but fertility rates have decreased from very high rates in the 1960s to low rates (Chackiel and Schkolnik, 2004), and only four countries have fertility over three children per women.

One important attribute of the ICPD is that it placed great emphasis on the need for policies to promote the empowerment and autonomy of women as a means to achieving equality and equity between the sexes, with a view to enabling sustainable development. The ICPD Programme of Action assumed that women were disadvantaged in all social activities and that it would be necessary to ensure an increase in the female contribution to development and their full involvement mainly through improvements in education, health, labour market participation, social and political participation, and legislation that supports equity and prevents gender discrimination.

The Programme of Action reinforced the need to guarantee improvements in the status of women in order to increase their capacity to take decisions in the areas of sexuality and reproduction. Besides being a right, the greater autonomy of women in reproductive issues would facilitate the process of fertility regulation and, consequently, would help to bring down fertility rates. As part of this package, the demographic transition and the stabilization of population growth were deemed to be a prerequisite to enable the takeoff towards sustained and sustainable development.

As far as men are concerned, the Programme of Action assumed that they have been in a position of advantage in society and that they have participated little in reproductive and family matters, leaving the greatest burdens of reproductive and household activities to the women. It thus established in paragraph 4.25 that: “The objective is to promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles” (United Nations, 1995: 27).

As the twentieth anniversary of the ICPD approaches, women in Latin America have already overtaken men in some areas (especially education and health) to the extent that these “reverse inequalities” are becoming more pronounced, as discussed by Alves and colleagues (2013). In other areas, there have been continuous and significant advances, but extensive inequalities still persist. An update of the Programme of Action for the Latin America and the Caribbean (LAC) region should address gender inequalities in both directions, since women are not disadvantaged in all areas, nor are men always advantaged. Gender equity cannot be sustained by reverse inequalities; inequalities in favor of women do not necessarily offset inequalities in favor of men. Specifically in the area of reproduction, although women have achieved autonomy, and the rates of fertility in Latin American countries are low or on a pathway to low values, men continue to show only incipient signs of being involved or taking responsibility for childrearing which mostly falls to women.

Another aspect worthy of attention is the problem of inequality among women themselves. For example, even though women’s average income is lower than men’s, there is a segment of the female population that earns more than various segments of the male population. There are also generational differences, and for example, some groups of young childless women (aged 25 to 34), with higher education, have higher or similar incomes than their male counterparts. There also exist differences of

class, race and region amongst women in each country, where those living as single parent families with young children and working in the informal sector are usually women who have the worst social conditions. There are also many differences among women living in different countries of the region.

The objective of this paper is to describe some of the experiences the LAC region has had during the process of the fertility transition, indicating similarities with some other regions and unique features that make LAC a special case. The unique features are instructive both for the LAC fertility transition to be fully known, understood and taken as an example to be followed, as well as examples that should be avoided, from a framework of human rights, and a pathway that could lead to complex population problems in the future. These two perspectives are discussed in the following sections.

B. POPULATION GROWTH, URBANIZATION AND FERTILITY IN LATIN AMERICA

The decline in fertility, together with greater female autonomy, has banished the so-called “Malthusian ghosts” of the population explosion in the LAC region. Population dynamics are no longer seen as an obstacle to development and the new age structure has been transformed into a window of opportunity, since the average demographic dependency ratio for the region is on the way to reaching its lowest level in the period 2020-2025. Demographic conditions have been a stimulus for economic growth, while the greater participation of women in public life has made both a microeconomic and macroeconomic contribution to development. Although many segments of the region’s population still have high rates of unwanted pregnancy and lack access to modern contraceptive methods, high fertility is no longer a general feature of the region. The misgivings implicit in the Cairo ICPD Programme of Action, regarding the possibility of a demographic explosion, no longer apply to the region, in part because the “explosion” that would occur already took place or is underway due to population momentum and will not happen again.

In 1950, the LAC region’s population stood at 167.9 million; this rose to 324.7 million in 1975, and is projected to reach some 661.7 million by 2020, according to the medium variant of the 2012 World Population Prospects (United Nations, 2013). The region’s population took 25 years to double between 1950 and 1975, and will likely take 45 years to double once again, and then begin a period of very slow growth until the population stabilizes around 751 million by 2050. Although the question of the population explosion (particularly amongst the poor) is still part of some media hype, the LAC region is showing a growth of around one per cent annually and is likely to continue to experience positive growth rates for the next few decades, unless trends in migration become the most important component of population dynamics.

Another pronounced population shift in the LAC region was the urban transition. The rural population in 1950 was 98.1 million inhabitants, accounting for almost 60 per cent of the total population of the LAC region at that time; it reached its maximum value of 131.4 million in 1990 (representing 30 per cent of the total population) (United Nations, 2013). After this point, the rural population began to decline in absolute terms, and is projected to reach 100.5 million inhabitants by 2050 (representing just 11 per cent of the total regional population). All population growth from 1990 onwards has been concentrated in urban areas, and large metropolises and megalopolises, with cities growing at a higher rate than the total population, and with the natural increase of the resident population in urban areas accounting for an increasingly large proportion of that growth. From 1950 to 2050, the total population of the LAC region will likely multiply by 4.4, while the urban population is expected to grow 9.4 times.

The high rates of demographic growth that were typical of the LAC region in the recent past have ceased to exist. The region will probably witness a population decline in the second half of the 21st century if the current projections are observed (United Nations, 2013). Brazil, which is the largest country

in the region, is likely to see negative growth rates by the middle of the 2030 decade. This trend is mostly due to decreases in the levels of fertility.

1. Trends in level of fertility

Figure I shows that the total fertility (TF) in the region, which was around 6 children per woman up until 1950 to 1964, has been falling consistently and should reach the replacement level (2.1 children per woman) in 2010-2015. The drop in fertility already affects the average number of live births, which reached its peak in the period 1985-1990, at around 11.8 million births. In the period 2005-2010, 10.8 million children were born in the region and the annual figure for live births should drop to 8.2 million by 2050, almost the same number of children born in 1950.

The region has been classified in subgroups according to the current level of fertility (Chackiel and Schkolnik, 2004), but the levels of departure before fertility decline and the speed of the decline are also important to note. The four panels in figure I show the trends in fertility decline for the majority of countries in Latin America and the more populous countries of the Caribbean. The two top panels plot together countries that had high levels of fertility before the transition. The first panel shows countries where fertility has not fallen as fast as the regional average, as can be observed in figure I. These countries have relatively small populations, have been dogged by governance challenges and rank lower on socio-economic indicators compared to other countries in the region. Fertility began declining in 1965-1970 except in Bolivia and Honduras where it began declining a decade later. The decline stalled in Guatemala and Paraguay and fertility increased in Haiti between 1970-1975 and 1980-1985. By 2015, fertility rates in the countries shown in the first panel will have fallen to around three children per women. A larger group of countries in the second top panel (including Mexico, the second largest country in the region) presents fertility still above replacement level but below three children. Fertility decline in these countries also began in 1965-1970 except in the Dominican Republic and Nicaragua where it was already underway, having begun to decline in 1960-1965. From 1975 to 2000, all countries shown in the second panel had a steep fertility decline, above the regional average.

Other countries in the region present unique trends in total fertility (bottom panel of figure I). These countries had fertility levels above the region's average at the beginning of the transition (e.g., Brazil and Costa Rica) and around 1965-1970 the fertility transition began with a steep decline. Forty years later, fertility is below replacement level in these countries and still shows signs of continuing decline. In addition, countries like Chile and Cuba had lower levels of fertility (below the region's average), before the decline, and after 1970 experienced continuous fertility decline up to the present, although the pace and level of decline was different in these two countries. The last group of countries includes only two cases that are unique in the region. Argentina and Uruguay already had a fertility level around three children per women in the 1960s and did not experience further decline until the second period of the 1980s, when a very slow decline took place, and where total fertility now is still around two children per woman.

In general, the fall in fertility rates was due to the structural and institutional changes that have occurred in the process of development of Latin America and the Caribbean. The changes are in numerous areas, including urbanization, industrialization, shifts away from a subsistence economy, reduced child mortality, increased income and diversification of consumption patterns, rising wages and formal employment, growth of female participation in the labour market, increased educational attainment among both sexes (especially for women), growth of hospital infrastructure and pharmacies, expansion of telecommunications and broadcasting, changing family patterns, reduction of gender inequalities, increased social security coverage, and so on. Given the heterogeneity of the region regarding all these processes, it is not surprising to find fertility differentials between countries and within countries.

Understanding these different pathways of fertility transition among countries in the LAC region can indicate what the future path of fertility in the region is likely to be and situations in other regions that may lead to similar paths. Before describing factors behind the fertility declines in Latin America, it is important to bear in mind two other characteristics of total fertility in these countries: the first is the trends in age-specific fertility rates and the second is the socio-economic and regional differentials.

2. Trends in age-specific fertility rates

During the process of fertility decline in Latin America (LA), shifts occurred that were more associated with stopping than either spacing children over the reproductive period or delaying the age at first birth. Decreasing childbearing among older women has driven most of the fertility decline in the region. In the beginning of the 1960s, the age pattern of fertility in LA was very young, and the current pattern of fertility continues to reflect a concentration at the beginning of the reproductive period. Even countries with the lowest fertility rates still have the highest rates for women aged 20 to 24 years and very high rates for those aged 15 to 19 (all these characteristics can be observed in figure IIa and figure IIb).

The very young age pattern of fertility is due to the early patterns of childbearing in the region, that are mostly related to traditional behaviours of forming a family early: having children shortly after marriage or union, as a life trajectory for the majority of the population, or in some countries, getting pregnant at young ages and then subsequently entering into a union (or marriage), combined with declining fertility at older ages due to women terminating childbearing. Although fertility is approaching replacement level for the region, there are no signs of postponement of first birth in the majority of countries. One exception is Brazil, where in the last census a small postponement was evident due to the reduction of fertility rates among women aged 15 to 19, yet most births in the country (and the region as a whole) occur before women reach their 29th birthday. There are several initiatives actions in the Andean countries directed towards reducing fertility at very young ages within the plan entitled “Plan Andino de Prevención del Embarazo en Adolescentes - PLANEA”, which have three lines of actions¹ 1) Information systems, monitoring and evaluation, 2) Institutional strengthening and horizontal technical cooperation, 3) Adolescent participation, and d) Advocacy (Organismo Andino de Salud, 2009). However, the evidence thus far indicates that these policies are not leading to significant changes in early childbearing patterns. If these policies result in postponement of childbearing, it is still not clear whether adolescent childbearing will shift to older age groups above 20 to 24 years. If the reduction in adolescent childbearing is accounted for by an increase in fertility among those aged 20 to 24, the decline of fertility in the region might not approach the pathways of lowest-low fertility followed by Mediterranean countries. However, there is a high probability of a reduction in parity in the LAC region if women do not have children at very young ages and if young women continue their education. Unequal gender relations in childrearing and the lack of policies that allow for labour force participation and childrearing, for both women and men, are the reasons why fertility is on a pathway to very low rates in many countries in the region. For example, the availability of good child care, offered by the State or even the private sector, is still not a policy priority in the countries where fertility is already below replacement level.

The future path of adolescent fertility, among women aged 15 to 19, is one of the most important features that will determine the level and pattern of fertility in the region. For this reason, it is important to understand why there is resistance in the region to declining motherhood at young ages and even, in some countries, an increase in adolescent and young adult childbearing from the 1990s to the next decade. This topic is addressed in the following section.

¹ The details of the plan can be accessed at <http://www.planandinopea.org/>.

3. Adolescent and youth fertility

Several authors have called attention to the different fertility behaviour at young ages in Latin America (Florez and Nuñez, 2001; Florez and Nuñez, 2003; Berquó and Cavenaghi, 2005; Ali and Cleland, 2005; Rodriguez, 2009; Rodriguez, 2011; Varela and Fostik, 2011). The levels are compared to those seen in sub-Saharan African countries, which still have high total fertility levels; instead of the 15 to 19 age-specific fertility rate declining during the fertility transition in the region, it increased, mainly after the 1990s. At first some researchers doubted the quality of the data, mainly due to known problems of data collection for the 15 to 19 age group. However, different surveys, census and vital registration pointed to the same trend. Table 1 presents data from population censuses for several countries on the percentage of mothers and age-specific fertility rates (ASFR). In the last decade, there was a decrease in the 15 to 19 fertility rate for several countries, although the percentage of adolescents and youth² who were mothers has increased in some countries (Rodriguez and Cavenaghi, 2013).

Another important trend regarding adolescent fertility and motherhood prevalence is that there are very high differentials by socio-economic group and, according to CEPAL (2013), the magnitude of these differentials was threefold between the poorest and the wealthiest quintiles. Moreover, the socio-economic gap increased during the fertility transition. The most recent results of surveys and population censuses have shown that the last decade witnessed a decrease in adolescent childbearing, and the socioeconomic differentials are more stable now, although the level of fertility among 15 to 19 year olds is still very high (CEPAL, 2013; Rodriguez and Cavenaghi, 2013).

In several countries adolescent childbearing became a preoccupation and there are some explicit policies to prevent unwanted adolescent fertility (Organismo Andino de Salud, 2009). However, there was also a belief among many scholars that the improvements in education, which have spread all around the region and mainly focused on increasing coverage of basic education, would reduce levels of adolescent childbearing (Madeira, 2006; Rios-Neto, 2000 and 2005). Rodriguez and Cavenaghi (2013), utilizing data from the most recent published microdata of the demographic census, analyzed the effects of improvements in education on the decline of the proportion of adolescents who are mothers. The first key finding is that the relationship between educational attainment and the percentage of adolescents who are mothers is not linear. Utilizing single years of completed education, which can be estimated confidently only with census data, the authors show that there is a threshold of education, where the percentage of motherhood is almost constant (except for women with no education) up until a point and after that there is a monotonic decrease, almost linear, up to the most educated level. The second key finding is that this threshold has changed over the last two decades: from about five years of completed schooling to about seven years from the 1990s to the 2010s.

Rodriguez and Cavenaghi (2013) argue that if it were not for the improvements in education, the percentage of adolescents who started childbearing would have been much higher in all countries analyzed. However, the effects are not the same in all countries, and the rates of fertility among adolescents and young adults remain persistently high. Thus, improvements in education alone do not appear to be sufficient to reduce early childbearing to the low percentages that would be expected at the total fertility levels already observed in the region. One explanation for the persistence of early childbearing is that although the ICPD Programme of Action indicated the need for comprehensive access to reproductive planning information, education and services, the region still lacks comprehensive and timely sexual education at school and universal access to contraception, mainly for the youth. Rodriguez

² Generally, in fertility studies, women aged 15 to 19 are referred to as adolescents. However, this age group is very heterogeneous, and the 18-19 year olds are very different from the 15-17 year olds. Hence, the reference in this paper to the age group 15 to 19 is to “adolescents and youth”.

and Cavenaghi (2013) contend: "...to better understand the devaluation of education as a reduction factor in adolescent fertility and calling upon policies that can break barriers to timely access to contraception as key instruments for adolescent fertility decline in the region in the short run is essential. Understanding the complexity that is behind this behaviour and advancing in the explanations for the different contexts in the region are open issues for investigation". Another explanation is the weak relationship between education and decent job opportunities that would ensure a life trajectory that is different from the traditional role of family formation. Still, the poor quality of education, and the selective chances of a good professional career from the level of education attained remain a challenging problem to be resolved in the next years, or even decades.

Nonetheless, education remains a critical factor to decrease motherhood at young ages in the region. Advances in the educational system and, mainly the large improvements in the proportion of women attaining higher levels of education, can explain most of the declines in fertility in the last 20 years, but the effects vary across countries. Some explicit policies, such as the creation of the *Friendly health services for adolescents and youth* (<http://planandinopea.org/>), are yet not sufficient to reduce youth fertility, but other effects not yet fully understood are decreasing it, as the authors note:

"In Ecuador, for instance, huge improvements in education were not enough to decrease fertility rates at young ages even with an explicitly program to reduce unwanted teenager fertility [...], the country has been presenting an increase in the rate since the 1990's. On the other hand, countries like Brazil, with no explicit policy aimed to decrease unwanted fertility had important decrease in fertility after having experienced an important raise in the 1990's" (Rodriguez and Cavenaghi, 2013: 19).

In Brazil, the increase in fertility among 15 to 19 year olds during the 1990s is attributed to greater sexual freedom experienced by the youth, not only with a decrease in age at first intercourse, but mainly by increasing the frequency of sexual intercourse, and thus increasing the probability of pregnancy (Cavenaghi and Berquó, 2005). These changes were not accompanied by State support for contraceptive access for youth. Families were also not fully prepared to provide the support for prevention of pregnancy and sexually transmitted infections (STIs), although wealthier families could provide support for induced abortion. Hence, there were increases in the differentials of motherhood and fertility rates among social groups. Nonetheless, with a rising number of adolescent mothers, families became more aware and prepared. Massive campaigns for HIV prevention also increased the use of condoms among youth, working as double protection against STIs and pregnancy, although policymakers missed the opportunity of explicitly implementing "double protection" campaigns. Much room for public policies still remains for joint work on STI prevention and unwanted pregnancy prevention in the region, and this would have better results if included in comprehensive sexual education programmes in school.

In the future, with the expected improvements in education, mainly among women, a decrease in fertility rates is expected among those aged 15 to 19 years and older. Additionally, other policies directed to reduce unwanted adolescent fertility or indirect policies, such as continued policies for STI prevention, will have some effects in the level of fertility, bringing total fertility to lower levels in the near future. If there will be a recuperation of fertility later in the decades to come, it is not likely that reductions in adolescent fertility will reverse.

4. *Distribution by parity*

Another interesting characteristic of fertility in Latin America is observed in the percentage of women by the number of children ever born. During the demographic transition in developed countries, the percentage of childless women increased along with a decrease in parity of higher orders (Sobotka,

2005). In Latin America, as shown in figure III, countries with fertility approaching replacement levels present different distributions of the number of children ever born for women aged 45 to 49 at the date of the census. There are countries where three children are still the mode for these women as in Costa Rica, Ecuador and Mexico. Other countries have almost bimodal distributions with similar percentages of women having two and three children (Colombia, Panama and Peru). Two children was the most common parity for older women in Brazil and Uruguay. Moreover, while one child was more prevalent in Uruguay than in Brazil, even though Brazil currently has lower total fertility than Uruguay, childlessness among women in Brazil is already more prevalent than in Uruguay.

According to the literature, a central feature of the first demographic transition was to control parity at low levels; in the second demographic transition it was the postponement of the age at first birth; and currently, it can be asked whether a third phase or a third demographic transition will occur, where the feature would be a voluntary retreat from childbearing. The analysis of data from Latin America shows that neither this feature of the second transition has happened so far, nor has this feature for the third transition, but there are signs of a large percentage of voluntary childlessness for some segments of the population, mainly the most educated and wealthy. It has also been more pronounced for the younger population (Rosero-Bixby et al., 2008). In the region, the percentage of childless women aged 45-49 has been below 10 per cent for countries with total fertility close to or below replacement level. In Brazil this was true until recently: the most recent data indicate that Brazil is showing signs of increasing childlessness for women who have already completed childbearing ages (figure III). Projected data based on women who have still not completed childbearing shows that the percentage of childless women is likely to increase significantly over the next 15 to 20 years (Cavenaghi and Alves, 2013).

Improvements in the level of women's education puts this third demographic transition into the realm of possible-to-likely and supports views that fertility will continue to decline in the region, and even reach very low levels in some countries like Brazil. Figure IV and V present the projected distribution of women aged 40 to 44 by parity according to four categories of education, from very low to high education, for Brazil and Panama (countries below or approaching fertility replacement level, respectively). The parity distribution for these two countries by educational group is very different. In Brazil, even the less-educated women already have two children as the highest percentage. Completing at least basic schooling decreases the percentage of women having four or five children to very low levels, and also increases significantly the percentage of those having only one child. For women who had attained at least tertiary education, the percentage who are childless or have one child almost reached 50 per cent. In the case of Panama, the two least educated groups present very different distributions, showing high percentages of women having three, four or five children. It appears as if education in Panama has a delay of one school cycle compared to Brazil with regards to the number of children ever born. In other words, the parity distribution for women with a tertiary education in Panama is similar to that of women with a high school education in Brazil. The question is whether as more women attain higher levels of education, the childbearing behavior of women from Panama will be similar to those in Brazil.

The percentage of more educated women who will have no children or only one child is much higher than for those with very low education. Since education is improving in the region, the more educated women will lead the changes that will come in the near future. Hence, it is very likely that the region will yet witness important declines in fertility, although this behaviour might not occur in all countries. If it does occur in the most populous countries, such as Argentina, Brazil, Colombia and Mexico, it will be enough to reduce fertility to low levels at the regional level. For example, based on the projected parities, it is estimated that in the region 40 per cent of women will have none or 1 child, 35 per cent will have 2 children, 20 per cent will have 3 children, and 5 per cent would have an average of 4.5 children. This projected parity distribution would result in total fertility of 1.78 children. Even if

inequality were to play a strong role, among the higher parity groups 15 per cent of women had three children and 10 per cent had 4.5 children, total fertility would still be at 1.85 children per woman.

Traditionally, it was expected that women would become mothers in order to have a normatively complete and fulfilling life. In the past, it would make no sense to choose voluntarily not to become a mother. Motherhood was an experience that every woman would want to have in her lifetime (Cavenaghi and Alves, 2013) and having only one child was considered the same as having none, mostly due to mortality threats. However, as women have made gains in empowerment and autonomy, experiencing motherhood is no longer the only fulfillment in life. Women in modern society can, and are, expected to have a career besides or in place of having a child. If parenthood is not fully compatible with a successful career or a life with quality leisure time, it will be very difficult to return to replacement levels of fertility in any society, not only in countries in Latin America. Policies to increase fertility cannot only take into account momentary benefits, as most current policies do. Policies must incentivize a change in the behaviour of women and men with respect to childrearing, and policies that minimize the conflicts of career and childbearing, equally for both men and women. Also, policies would do well to focus on the decision to progress to a second child, since experiencing parenthood once might be enough, which would not help to increase fertility up to replacement level.

5. Fertility differentials within countries

Averages in countries with high levels of socio-economic inequality, such as those in Latin America, can be misleading in terms of interpreting patterns and informing public policy. Within each country, fertility differentials are high since the poorest segments of the population still do not have sufficient access to modern contraceptive methods and have high levels of unwanted births. For the LAC region to achieve population stability, much effort is still required to ensure that sexual and reproductive health is universally accessible, especially for the more excluded sections of society, and that women are able to enact their reproductive rights, not only to prevent unwanted pregnancy but also to achieve pregnancy when desired.

These differentials can be observed by any variable associated with socio-economic conditions. For a systematic comparison, figure VI presents total fertility according to three categories of education level attained. The differentials are large in every country analyzed, and differentials are particularly large in countries with higher fertility rates. In most countries, the difference among the average of children ever born of women in the low educational group is double that of women in the higher educational groups. The total fertility of more educated women, though, varies among countries, from 1.4 in Colombia to 2.7 in the Dominican Republic and Honduras.

In order to illustrate a case where total fertility is already close to one child per woman, figure VII presents total fertility for Brazil according to average household income per capita for two periods, 2000 and 2010. Women who live in households with average income per capita of three times or more the minimum wage have total fertility around one child per woman, which is enough to replace only one parent, not both. Interestingly, very low total fertility for the upper income categories in 2000 still showed a decline in the last decade, suggesting that the lowest level of fertility has not been reached.

Notwithstanding this idea of convergence and internal homogenization among countries in the region, and externally between countries in Latin America and developed countries, convergence of fertility rates cannot be assumed. Convergence will depend on a series of economic and social factors, specific characteristics of reproductive behaviour in each country as well as similarities and dissimilarities in the region. What seems to be true, however, is that the desire for fewer children has spread across all countries, in different regions and social strata.

According to Cavenaghi and Alves (2009), for urban areas, the wanted TF is below replacement in most countries, even in Bolivia and Haiti, which still have TF close to four children per woman, according to the most recent data. Additionally, as fertility continues to decline, wanted fertility drops even more markedly in certain countries like Brazil (e.g., in 1996 the wanted TF was 1.8 children per woman and in 2006 it dropped to 1.6 children per woman). In other words, it seems that Latin America has a demand for contraception that is not within everyone's reach, and that is a right that must be achieved in the region, in accordance with international agreements.

Contraceptive practice in Latin America and the Caribbean came to pass in the absence of laws and regulations to guarantee the right to universal access to reproductive health. Restrictions on types of contraceptive methods available in different countries and the high concentration in the private sector for the provision of contraceptive methods are strong indicators of the problems of access to comprehensive reproductive health rights in the way it is stated in the Programme of Action on Population and Development in 1994. Although full access to contraception does not guarantee that unwanted or mistimed pregnancies will decline to zero—contraceptive failure and unprotected sex will still happen—the region is in urgent need of good policies that can assure access to contraceptive methods that are most suitable for each age group and life cycle.

What is very clear and common in all countries is that reproductive planning has always been closely linked to maternal health care (i.e., services related to pregnancy and childbirth). Attention to comprehensive reproductive health, involving women at different points of the reproductive period and involving young people and men, is still a challenge to be addressed. Although current regulations might explicitly include these population groups in the letter of the law, in practice this is far from reality. This biased practice, which is a reflection of the way society is organized in terms of the roles of young people and men in reproduction, creates an even greater challenge. Besides having legal frameworks, it is necessary to involve all actors. Resistance is not only from the users' side, but also among health service providers, who are not yet adequately trained to provide reproductive health services to groups like young people and men. Moreover, recent policies and programmes based on maternal health care are setbacks in the progress the region has made since Cairo. For example, in Brazil, the main policy put forward in the current government was a program called “stork network”, where the mother and the child were the priority and not comprehensive reproductive health care, a bias on policy and programs that was overcome in the country in the mid 1980's, when, even before the ICPD, the policy in Brazil evolved from maternal and child care to comprehensive reproductive health care³.

C. POLICY IMPLICATIONS OF LOW FERTILITY

Fertility decline has an impact on economic development and gender relations. The decline in fertility results in a change in the age structure and a reduction in the demographic dependency ratio, which brings about the demographic bonus, that is already showing positive results in the progress of education and poverty reduction. Also, having a smaller number of children allows women to invest more in their own (and children's) education and to have greater autonomy and participation in the labour market. Higher levels of education and participation in the labour market are associated with the greater empowerment of women.

³ There is not a published analysis, thus far, about this change in policy, however, several researchers and activists have come forward criticizing the strategy affirming that besides being a regression of 30 years in policy, this is a strategy that countries have adopted to achieve the millennium development indicators and not a policy based on rights (see <http://www.viomundo.com.br/entrevistas/rede-feminista-de-saude-rede-cegonha-e-um-retrocesso-de-30-anos-nas-politicas-de-genero-saude-da-mulher-direitos-reprodutivos-e-sexuais.html>).

The continued decline in fertility opens opportunities and challenges. In 10 years there has been a reduction of 58 million people in the number of poor in Latin America, according to the ECLAC report Social Panorama of Latin America, released in 2012 (CEPAL, 2013). There have been also advances in education, especially in case of women who have advanced more in education attainment and reversed the gender gap in education. The changes in age structure facilitated the increase in the labour force participation rate, especially for women.

A continued decrease in total fertility (even to lowest-low levels) will reduce the demographic dependency ratios of children and adolescents and provide the opportunity to increase the demographic bonus, especially for women, if the requisite investments in human capital are made and job opportunities are created. This would enable for further advances in education and the reduction of unemployment and informality in the labor market, without substantially reducing the availability of manpower.

However, there are enormous challenges that have to be faced with an ageing population. Several countries in Latin America have deficits in their pension systems, and a very rapid decline in fertility will hinder the financing of the welfare system. However, welfare policies need to seek actuarial balance (such as increasing the minimum retirement age) and should not plan pro-natalist policies to solve the intergenerational flow of resources and wealth. This challenge must be addressed with welfare policies and not population policies. Also, other challenges concerned with population ageing, such as health care, also must be addressed within a framework of rights, and avoiding gender-biased policies.

Yet another enormous challenge in the region is concerned with the differentials in the ability and resources to enact sexual and reproductive rights, especially to prevent unintended pregnancies. The closer total fertility is to desired fertility; the higher will be the well-being of the population. Bridging this gap involves giving full access to sexual and reproductive health and rights to young people and bringing men on board as full co-participants in both childbearing and childrearing.

D. CONCLUSION

The Cairo ICPD Programme of Action was clear in its view of women as under-privileged and discriminated-against members of society and its consequent defense of women's empowerment and autonomy. Its underlying assumption was that females were at a disadvantage compared to males in all aspects of life. In addition to improving women's empowerment in key areas, the Programme of Action strongly recommended that males should take responsibility for a larger participation in reproductive activities and household chores within the family sphere.

Latin America has long been perceived as a region marked by "machismo" and as heir to a form of social organization dominated by patriarchal behaviour. This structure is generally associated with conservative values, wherein men oppose women's rights and women's pursuit of things that fall outside of traditional gender roles. Yet there are clear signs of breakthroughs in gender equality in the region. These have had effects on fertility decline and will continue to bring fertility to very low levels, as opposed to some regions in India, where women still have very low, and even decreasing, labour force participation rates (Lahoti and Swaminathan, 2013).

Although major advancements have been made in terms of the empowerment of women and improvement of women's status in several key areas, such as education, as far as reproduction is concerned in Latin America, women are still a long way from sharing the responsibilities of bringing up children equally with men. A large proportion of women, mainly in the low socio-economic and educational groups, still experience life course transitions that are associated with forming families at young ages. The most recent data only show incremental changes in the timing of childbearing, though the factors associated with the timing of childbearing are still to be fully understood.

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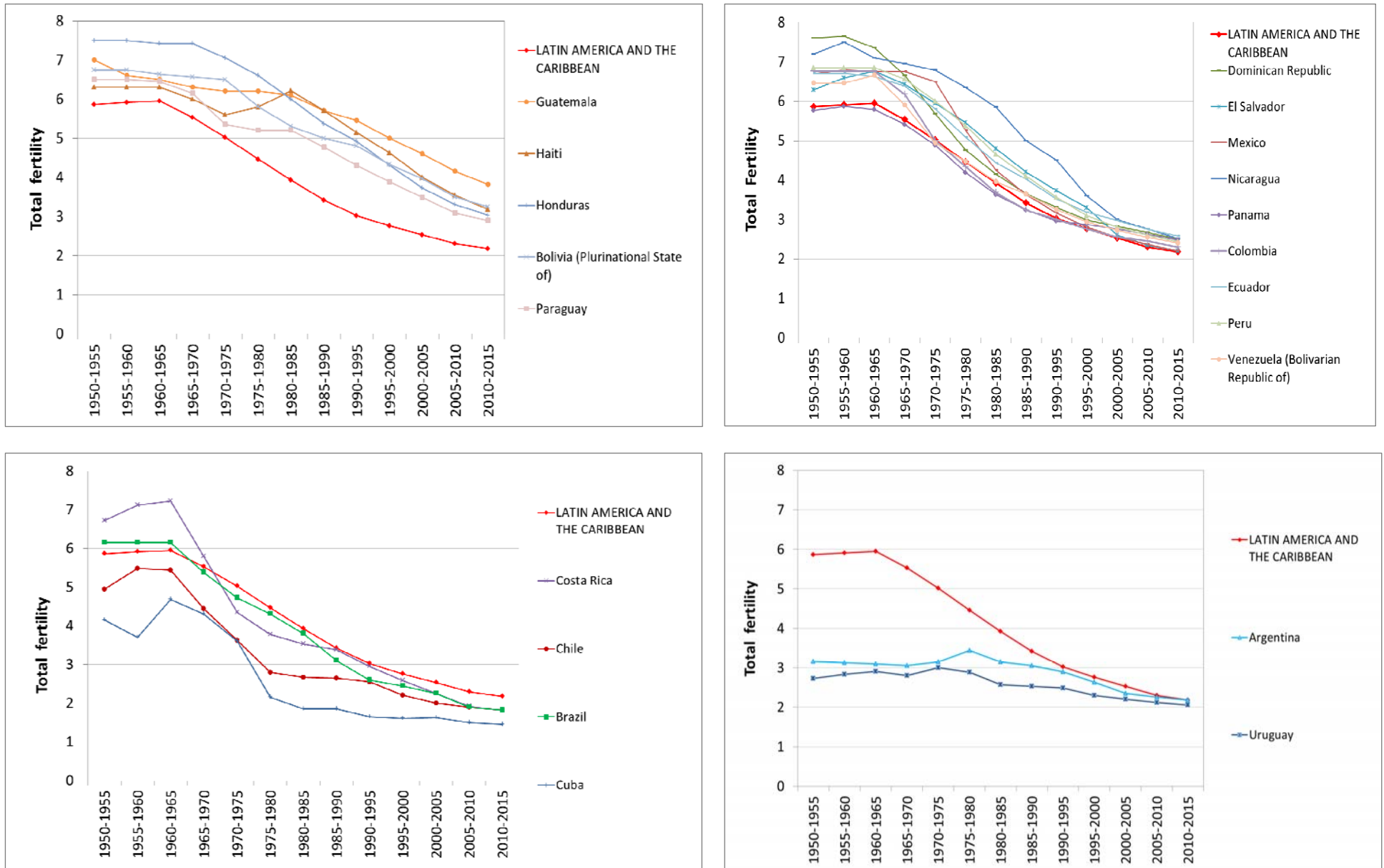
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TABLE 1: LATIN AMERICA (SELECTED COUNTRIES): PER CENT OF 15-19 YEAR OLDS WHO ARE MOTHERS AND AGE-SPECIFIC FERTILITY RATES (ASFR) FOR 15-19 YEAR OLD WOMEN ACCORDING TO THE LAST THREE DEMOGRAPHIC CENSUSES

<i>Country</i>	<i>Census' year</i>	<i>Per cent who are mothers</i>	<i>ASFR</i>
Brazil	1991	11.5	81.7
	2000	14.8	93.3
	2010	11.8	70.0
Costa Rica	1984	12.8	-
	2000	13.2	-
	2011	11.1	-
Ecuador	1990	13.5	92.7
	2001	16.3	102.2
	2010	17.0	101.6
Mexico	1990	10.4	-
	2000	12.1	82.2
	2010	12.4	80.2
Panama	1990	16.1	109.7
	2000	17.4	107.1
	2010	15.4	95.9
Dominican Republic	2002	16.7	109.2
	2010	19.7	116.3
Uruguay	1985	8.4	62.4
	1995	13.9	74.2
	2011	9.5	55.8
Venezuela	1990	13.8	111.6
	2001	14.9	100.5
	2011	14.6	82.9

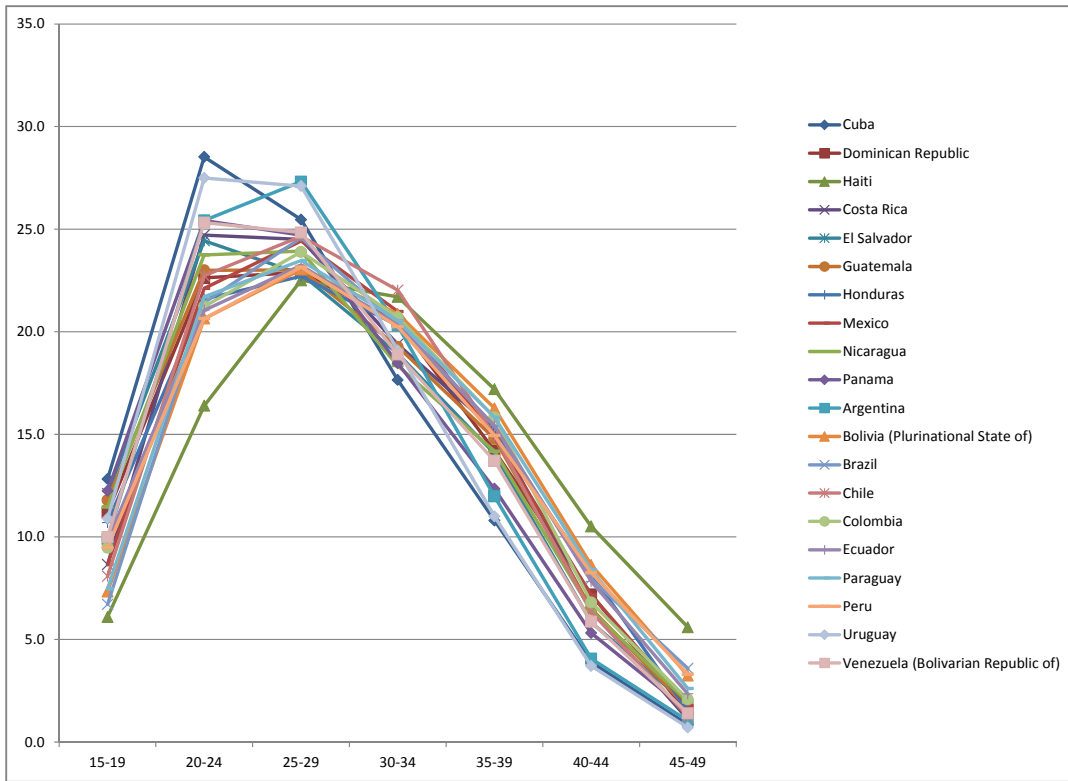
Source: Rodriguez and Cavenaghi (2013) estimated from microdata from Demographic Censuses.

Figure I: Total fertility by selected countries, Latin America, 1950-2015



Source: World Population Prospects: The 2012 Revision, available at <http://esa.un.org/unpd/wpp/Excel-Data/fertility.htm>, accessed in 15/09/2013.
 NOTE: countries are listed from higher to lower values of fertility at the end of the period.

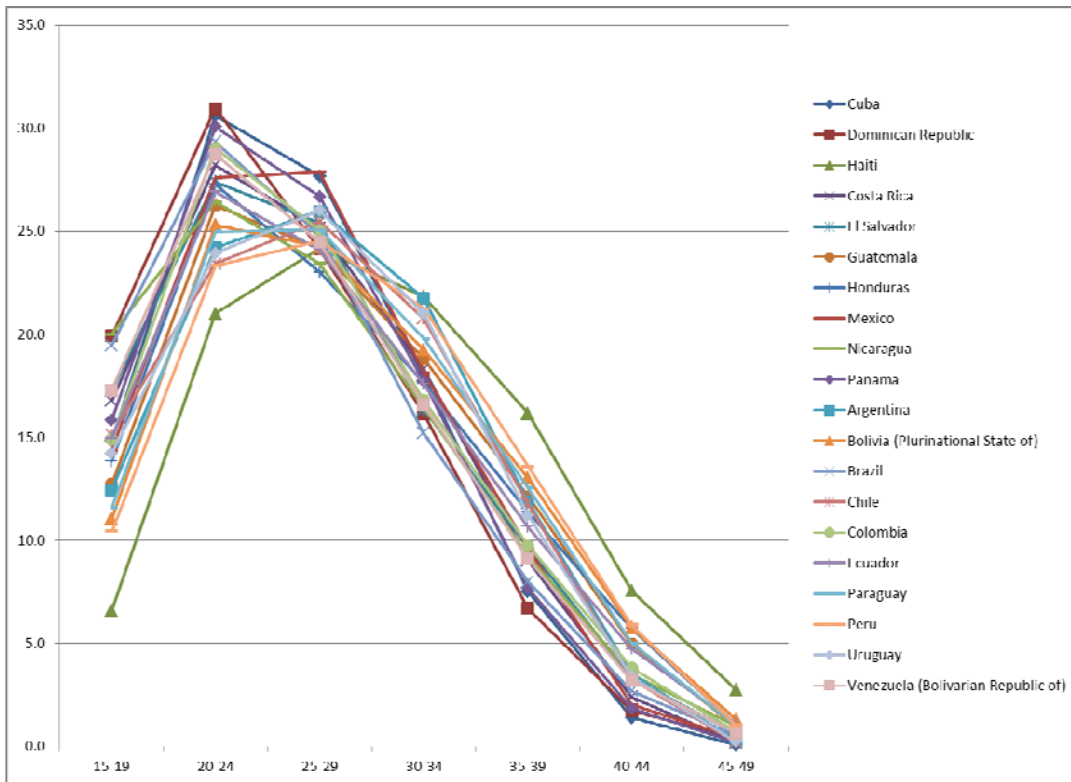
Figure IIa: Fertility age structure by selected countries, Latin America, for 1960-1965



Source: World Population Prospects: The 2012 Revision, available at <http://esa.un.org/unpd/wpp/ExcelData/fertility.htm>, accessed in 15/09/2013.

NOTE: Countries are listed from higher to lower values of fertility at the end of the period.

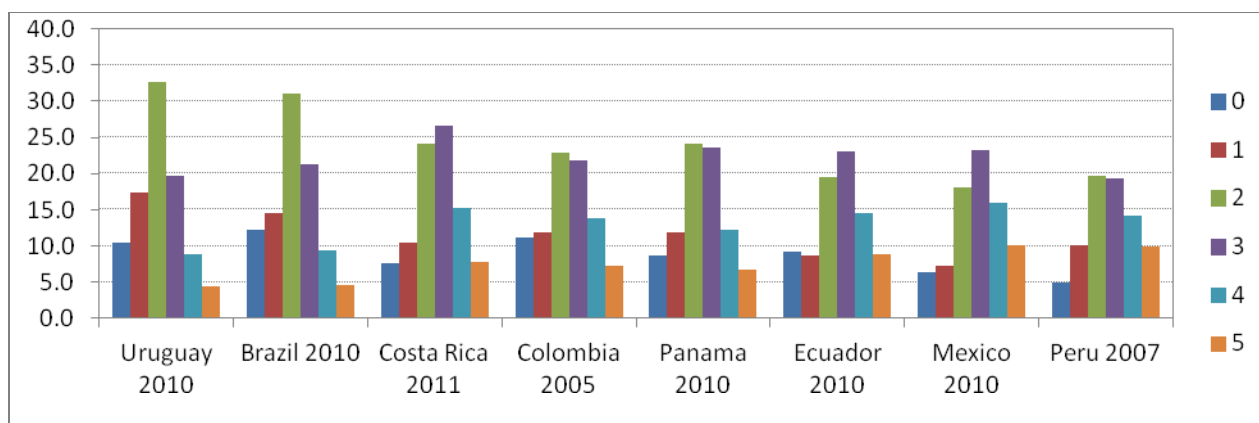
Figure IIb: Fertility age structure by selected countries, Latin America, for 2010-2015



Source: World Population Prospects: The 2012 Revision, available at <http://esa.un.org/unpd/wpp/Excel-Data/fertility.htm>, accessed in 15/09/2013.

NOTE: Countries are listed from higher to lower values of fertility at the end of the period.

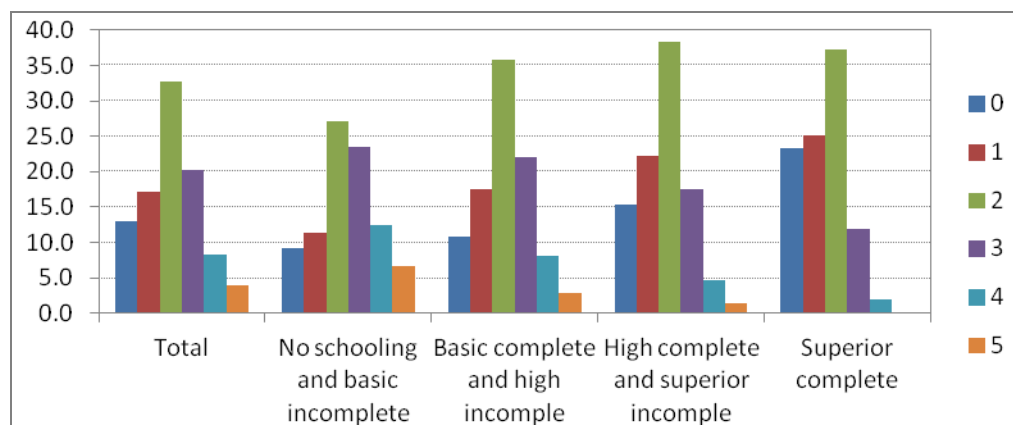
Figure III: Percentage of women aged 45 to 49 at the census date by number of children ever born for selected countries, circa 2010



Source: Demographic Censuses, several years; Processed with Redatam+SP; CEPAL/CELADE 2003-2012.

NOTE: Countries are listed from higher to lower values of parity zero and one.

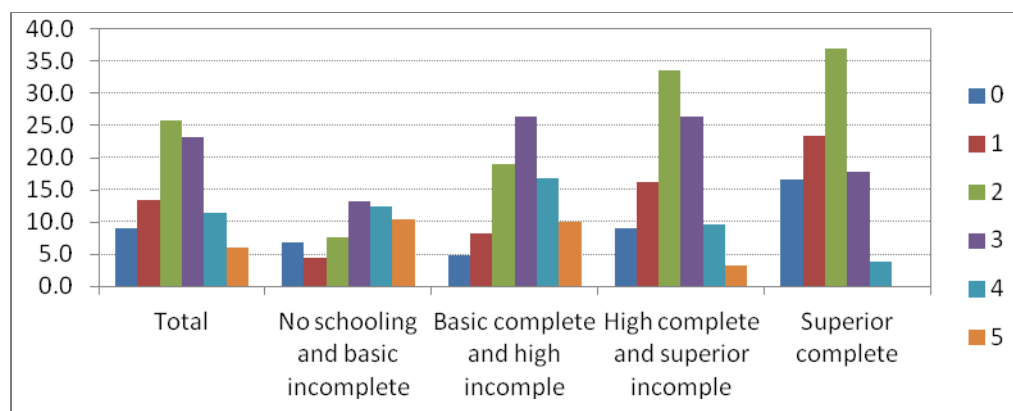
Figure IV: Projected percentage of women aged 40 to 44 at census date by number of children ever born, Brazil, 2010



Source: Demographic Census, 2010; Processed with Redatam+SP; CEPAL/CELADE 2003-2012.

NOTE: Countries are listed from higher to lower values of parity zero and one.

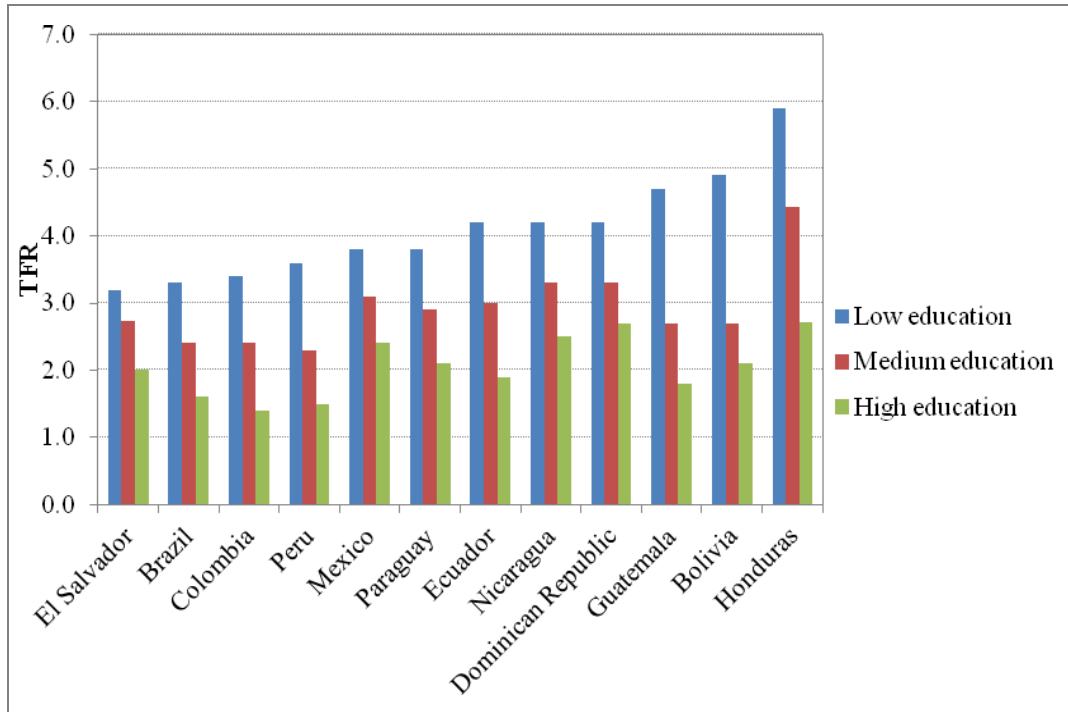
Figure V: Projected percentage of women aged 40 to 44 at census date by number of children ever born, Panama, 2010



Source: Demographic Census, 2010; Processed with Redatam+SP; CEPAL/CELADE 2003-2012.

NOTE: Countries are listed from higher to lower values of parity zero and one.

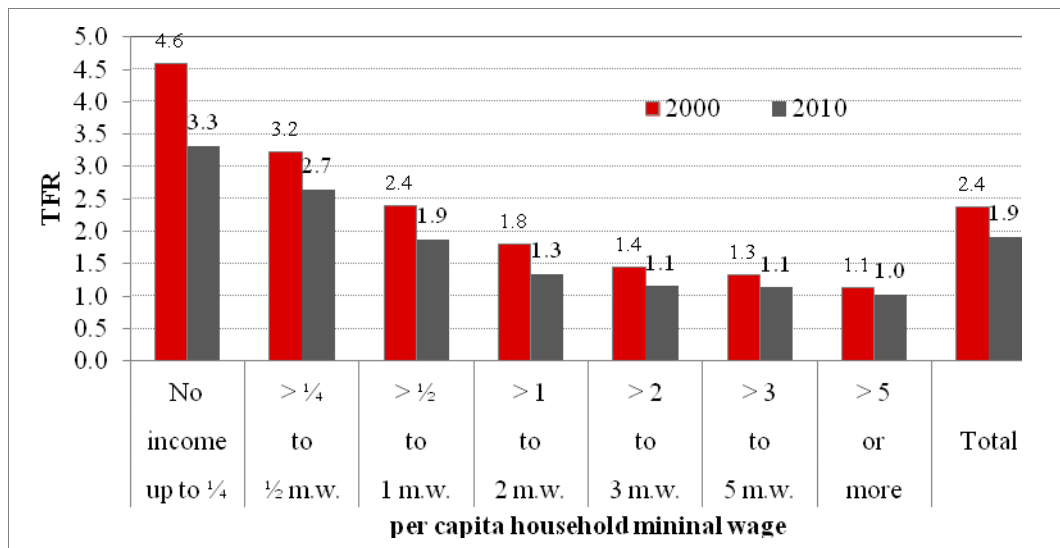
Figure VI: Total fertility for selected countries by level of education, Latin America, circa 2005



Source: *Indicadores para el Seguimiento Regional del Programa de Acción de la CIPD, CELADE – Population Division of ECLAC*. <http://celade.eclac.org/redatam/PRYESP/CAIRO/>

NOTE: Countries are listed in order of lower to higher levels of fertility for lower educated women.

Figure VII: Total fertility according to categories of average household income per capita, Brazil, 2000 and 2010



Source: IBGE, microdata from Brazilian Demographic Censuses, 2000 and 2010.