Society at a Glance 2024

OECD SOCIAL INDICATORS

A SPOTLIGHT ON FERTILITY TRENDS

OECD

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BETTER POLICIES FOR BETTER LIVES

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Foreword

Society at a Glance 2024: OECD Social Indicators, is the tenth edition of the OECD overview of social indicators. The report addresses the growing demand for quantitative evidence on social well-being and its trends. This year's edition presents 25 social indicators, and includes data for 38 OECD member countries and, where available, accession and key partner countries, i.e. Bulgaria, Brazil, Croatia, China, India, Indonesia, Peru, Romania and South Africa, and other G20 countries Argentina and Saudi Arabia.

This report features a special policy chapter on fertility. It discusses the long-term decline in the Total Fertility Rate (TFR) observed in many OECD countries. The personal choice to have children depends on a wide range of factors, such as costs of raising children, the happiness they bring, economic and financial security, social norms, personal and medical conditions, as well as the overall labour market situation and family policy environment. The chapter presents and discusses evidence from recent OECD analysis of the effect of labour market outcomes, housing costs and different aspects of the family policy framework (e.g. parental leave, Early Childhood Education and Care (ECEC), financial supports) on fertility rates. The chapter also brings in evidence from the international literature on the drivers of fertility rates and concludes with a discussion of policy implications.

The rest of the report compares a wide range of social outcomes across countries. Chapter 2 provides a guide to help readers understand the structure of OECD social indicators. Chapter 3 is based on the 2022 *OECD Risks that Matter Survey* on people's perceptions of social and economic risks and the extent to which they think governments address those risks. As in previous editions, *Society at a Glance* presents 25 social indicators, 5 each in Chapters 4 to 8, on General context, Self-sufficiency, Equity, Health, and Social cohesion.

Table of contents

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Acronyms and conventional signs

OECD country ISO codes

Australia	AUS	Japan	JPN
Austria	AUT	Korea	KOR
Belgium	BEL	Latvia	LVA
Canada	CAN	Lithuania	LTU
Chile	CHL	Luxembourg	LUX
Colombia	COL	Mexico	MEX
Czechia	CZE	Netherlands	NLD
Costa Rica	CRI	New Zealand	NZL
Denmark	DNK	Norway	NOR
Estonia	EST	Poland	POL
Finland	FIN	Portugal	PRT
France	FRA	Slovak Republic	SVK
Germany	DEU	Slovenia	SVN
Greece	GRC	Spain	ESP
Hungary	HUN	Sweden	SWE
Iceland	ISL	Switzerland	CHE
Ireland	IRL	Türkiye	TUR
Israel	ISR	United Kingdom	GBR
Italy	ITA	United States	USA

Other accession, major economy and G20 country ISO codes

Argentina	ARG	India	IND
Brazil	BRA	Indonesia	IDN
Bulgaria	BGR	Peru	PER
Croatia	HRV	Romania	ROU
China	CHN	Saudi Arabia	SAU
Hong Kong, China	HKG	South Africa	ZAF
Macau, China	MAC		

Conventional signs

.. Not available.

In figures, OECD refers to unweighted averages of OECD countries for which data are available.

(↘) / (↗) in the legend indicates the variable for which countries are ranked from left to right in decreasing / increasing order.

Executive summary

OECD countries have been experiencing a long-term decline in the total fertility rate (TFR). There was a temporary halt in the decline during the 2000s, but it has since trended downwards again after the great financial crisis of 2007-08. The TFR fell to just 1.5 children per woman in 2022, on average across the OECD, well below the "replacement level" of 2.1 children per woman. Among OECD countries in 2022, the TFR was highest in Israel with 2.9 children per woman followed by Mexico and France with 1.8 children per woman. The TFR was lowest in Italy and Spain with 1.2 children per woman, and particularly in Korea at an estimated 0.7 children per woman in 2023. The decline in the TFR went hand in hand with an increase in the age at which mothers have their first child, which increased from 26.5 years in 2000, on average across the OECD, to 29.5 in 2022.

There is a **broad trend towards increased childlessness across the OECD,** but the strength of this trend varies. Comparing the cohort fertility of women born in 1935 and 1975 shows that the incidence of permanent childlessness at least doubled in seven OECD countries; permanent childlessness concerned 23% and 24% of women of the 1975 cohort in Italy and Spain respectively and 28% of women of the 1975 cohort in Japan.

Economic considerations have an effect on family formation. Key economic variables, such as household income, how it is split between parents, the cost of childcare and housing, can all affect whether to have children, when to have them, and how many children a family may have. The increased direct and indirect cost of children will have contributed to the falling fertility rates but changing preferences among younger people towards having children may also play a role.

Over the past decades, **women have increased their educational attainment and strengthened their labour market participation**, which has increased their opportunity cost to having (more) children. If women have to choose between work and family, then some will choose (more) children and thus limit their labour force participation while others will choose paid work and fewer or no children. However, when women are able to combine work and family life this leads to better economic outcomes and higher fertility rates. This helps to explain why women's employment rates that were negatively linked to fertility in the past, are now positively associated with fertility.

Policy has become more focused on supporting the reconciliation of parental work and family commitments. Countries like Denmark, France, Norway, Hungary and Sweden offer a continuum of support of paid parental leave provisions and Early Childhood Education and Care (ECEC)-systems that are well aligned, but at the price of about 3% of GDP or more on family benefits. In many of these countries, however, the TFR is now only around the OECD average, so work and family policies on their own are not enough to explain the decline in fertility rates in these countries and cross-national variation.

Increasingly, **concerns about the cost of housing have come to the fore as a barrier to having (more) children**, The increase in housing cost since the late 1990s has been considerable in most OECD countries. Private education costs can also establish a barrier to having (more) children, as in Korea, but this does not play a role across all countries in the OECD.

Results from OECD-wide regressions found positive associations between TFRs, employment of men and women, public spending on parental leave and ECEC, and to a lesser extent financial support to households. The regressions also found a clear negative association between TFRs and housing costs, and the unemployment rate as an indicator of labour market conditions. However, much of the variation in fertility trends is not explained, which could point to a growing role of perceived insecurity, and societal attitudes and norms.

The recent rapid succession of global crises, e.g. COVID-19, increasing climate issues, the Russian war of aggression against Ukraine, may have spread a feeling of uncertainty and unpredictability, and increased labour market and housing insecurities which may complicate young people's transition to parenthood.

Recent years have also been marked by **a change in attitudes towards parenthood**. Both young men and women increasingly find meaning in life outside of parenthood, and there is a broad movement towards an increased acceptance of not having children. At the same time, the normative demands on what it means to be a "good" parent have increased, and the changing balance in costs and benefits of having a child – both financial and non-financial – drives decisions to have fewer, if any, children today than in the past.

The best approach for countries that are concerned about fertility rates remains to **promote more gender equality and fairer sharing of work and childrearing.** This involves providing family policies that help the reconciliation of work and family life, but policy must also have a greater focus on the costs of children, especially housing costs. However, because of changes in preferences for children, it is unlikely that such policies will enable countries to approach replacement fertility rates again.

It would also be prudent to consider how **general policy** can be adapted to a "low-fertility future". Any increase in fertility rates today would only translate into a larger working-age population 20 years down the line. Such a policy – that goes beyond family policy and the scope of this chapter – could involve immigration, bringing more under-represented groups into the labour force and taking measures to enhance their productivity to allay the economic and fiscal implications of a potentially shrinking workforce.

Infographic 1. Key facts and figures

Fertility rates have dropped considerably in recent decades

Number of children per woman, 1960-2022, OECD average
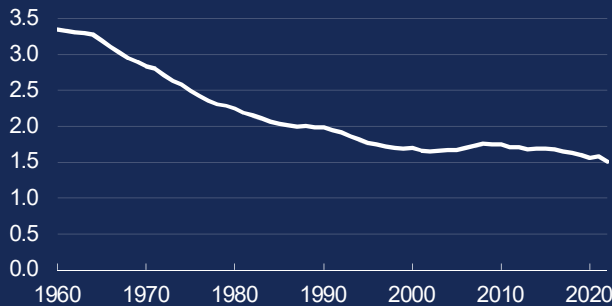
On average across the OECD, the total fertility rate has halved from more than 3.3 children per woman in 1960 to 1.5 in 2022.

Almost all OECD countries have seen fertility rates decline

Number of children per woman | 2022 | 1960
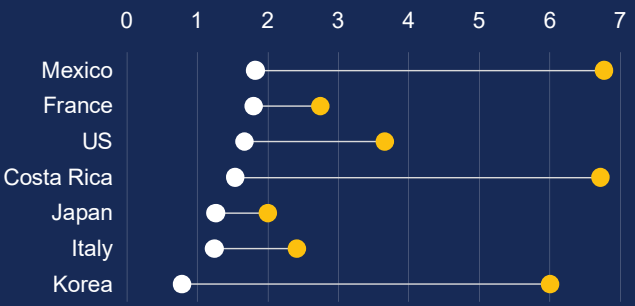
In many countries there was a temporary halt in the decline of fertility rates during the 2000s, but it has since trended downwards again after the great financial crisis of 2007-08.

Women are having children much later than two decades ago

Average age of mothers at first childbirth OECD average | 2022 | 2000
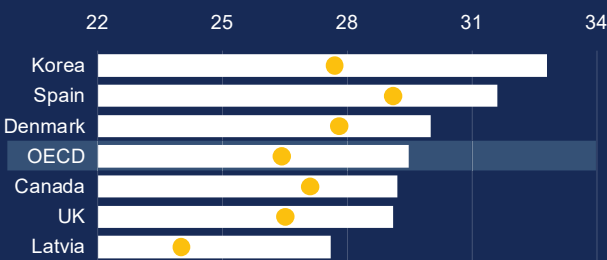
Births increasingly occur at later ages, with an average age at first childbirth of 29 years-old in 2022, compared to 26 years-old in 2000.

Childlessness has increased in many countries

% of women remaining permanently childless | 1975 cohort | 1935 cohort
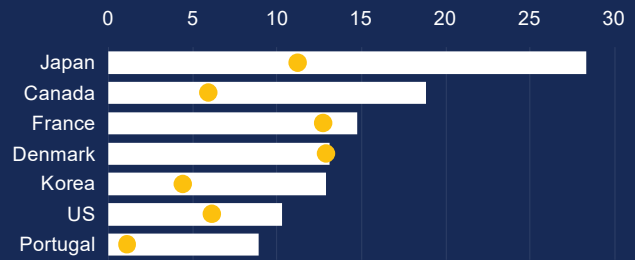
Comparing the fertility of women born in 1935 and 1975, childlessness at least doubled in Estonia, Italy, Japan, Lithuania, Poland, Portugal, and Spain.

Many factors affect fertility choices

Employment rates of both men and women — Positive influence

Public family benefits

Unemployment rates — Negative influence

Housing costs
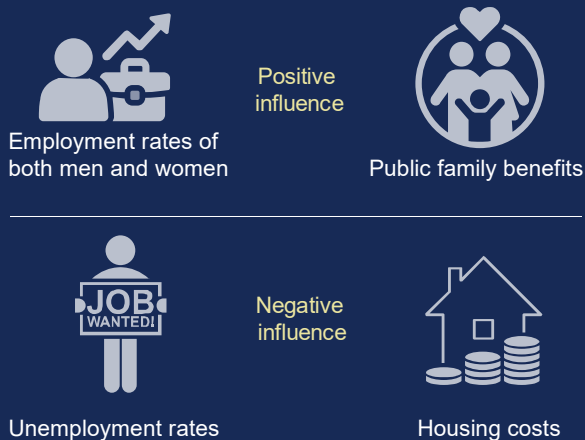
Many young people are not financially independent

Share of young adults aged 20-29 living with their parents, OECD average

45%
2006

50%
2022
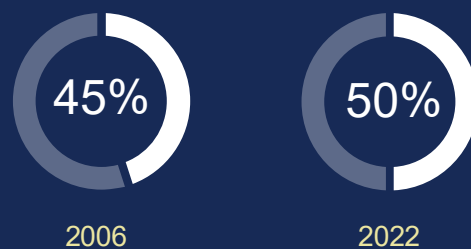
The share of young adults living with their parents has increased in many OECD countries.

1 Fertility trends across the OECD: Underlying drivers and the role for policy

Introduction and main findings

Most OECD countries have experienced a marked decline in fertility rates over the years. The total fertility rate (TFR) has more than halved on average across the OECD, from 3.3 children per woman in 1960, to 1.5 in 2022. This decline will change the face of societies, communities and families and potentially have large effects on economic growth and prosperity. Therefore, policy would do well to understand what drives these changes, why adults have fewer children, or none at all, and what can be done to support adults to have the number of children they would like to have, at the time of their choosing.

Personal choices on having a child depend on a wide range of factors, such as, economic and financial security, the costs of raising children, social norms, personal and medical conditions, as well as the overall labour market situation and family policy environment. Over the past decades, many of these factors have changed, affecting women's choices with respect to having a(nother) child. Key societal, policy and economic changes include increased educational attainment among women, improved access to effective contraceptive measures, a growing predominance of dual-earner households, and a strengthening of public policies (such as paid leave and formal early childhood education and care (ECEC) services) that help parents find a balance between work and family responsibilities. In addition, a succession of global crises has increased economic, labour market and housing insecurities especially among younger people, which complicates their transition into parenthood.

Changes in attitudes towards parenthood may be another explanation for changes in fertility rates. For example, more gender equality in households along with more intensive parenting norms – parents spending more time and money on each individual child – have exposed more fathers to the (opportunity) costs of parenthood. As both men and women more often find meaning to life outside of parenthood, they might more often postpone or renounce having children to pursue other life goals, including career advancement and self-actualisation (i.e. the highest form of psychological development, where individual potential is fully realised (Maslow, 1943[1])).

This chapter brings together evidence from the international literature on the underlying drivers of fertility rates, and presents the results of recent OECD analysis on the effect of labour market outcomes, changes in household budgets and different aspects of the family policy framework on fertility rates as well as the average age of mothers at birth of their children (Fluchtmann, van Veen and Adema, 2023[2]). The chapter concludes with a short discussion of policy considerations.

Main findings

OECD countries have been experiencing a long-term decline in the TFR since the 1960s. The decline stopped temporarily during the 2000s, but resumed again after the great financial crisis of 2007-08. By 2022, the TFR had reached just 1.5 children per woman – well below the "replacement level" of 2.1 children per woman. Among OECD countries in 2022, the TFR was highest in Israel with 2.9 children per woman followed by Mexico and France with 1.8 children per woman. The TFR was lowest in Italy and Spain with 1.2 children per woman – and particularly in Korea, with an estimated 0.7 children per woman in 2023. Births increasingly occur at later ages, with an average age of 30.9 in 2021, compared to 28.5 in 2000. Growing autonomy and agency in family planning partially explains the fertility decline since the 1960s and the increasing age of mothers at childbirth. However, major social and economic developments that have changed the conditions for family formation and parenthood, have also had an impact.

The main findings of this chapter include:

- There is a broad trend towards increased childlessness across the OECD, but the strength of this trend varies. Comparing the cohort fertility of women born in 1935 and 1975 shows that the incidence of permanent childlessness at least doubled in Estonia, Italy, Japan, Lithuania, Poland, Portugal and Spain, and concerns almost one in four women of the 1975 cohort in Italy and Spain. In in Japan it is 28%.

- Across the OECD on average, there is no marked change of numbers in the birth order of children over the 1980-2022 period, but this overall stability masks important country differences. For example, in Estonia and Hungary the proportion of third and higher ranked births increased by more than 5 percentage points to over 20%. By contrast, in Ireland and Spain, this proportion almost halved over the same period to 25% and 14% respectively.

- Most parents do not have children because they will gain economically. But this does not mean that economic considerations do not have any effect on family formation. On the contrary, since Becker's seminal work (1960[3]), many studies have demonstrated that key economic variables, such as household income, how it is split between parents, and the cost of childcare and housing, all can affect whether people decide to have children, when to have them, and how many children to have. Becker's economic approach towards fertility also postulates that "...an increase in income or a decline in the cost of children would affect both the quantity and quality (expense) of children, usually increasing both...". An increase in the costs of children will then contribute to a decline in fertility rates. So, why have fertility rates fallen; and what are the broad underlying "cost factors"?

- Part of the answer lies in the changing gender roles in society. In 1960 the TFR stood at 3.3 children per women on average across the OECD, while female labour force participation rates were often below 50%. Over the past decades, women have increased their educational attainment and strengthened their labour market participation and earnings thus resulting in higher opportunity cost of having (more) children (OECD, 2023[4]). If women have to choose between work and family, then some will choose (more) children and limit their labour force participation while others will choose paid

work and thus limit fertility rates. In the absence of work-life balance options, increased female labour participation then leads to declining fertility rates.

- However, if women are able to combine work and family life, and participate in economic life on an equal footing, then this leads to better economic outcomes and higher fertility rates. More options to combine work and family commitments, along with greater societal emphasis on gender equality, have contributed to changing gender roles in families, which, on average, are more likely to be dual-earner households than before. This helps to explain why women's employment rates that were negatively linked to fertility in the past, are now positively associated across the OECD on average.

- Policy has become more focused on supporting the reconciliation of parental work and family commitments as this reduces the costs of children to parents and sustains family incomes, which theory predicts will support fertility rates (Becker, 1960[3]). For example, all but one OECD country offer a nationwide policy of paid maternity/parental leave to care for children, and countries invest in early childhood and care (ECEC) to a varying degree. Countries with comprehensive support systems, such as France, Hungary and Nordic countries, spend about 3% of GDP or more on family benefits. In the countries with the most coherent policies, paid parental leave provisions and ECEC-systems are well-aligned, providing a continuum of support during the pre-school years. However, by 2022/23, even in many of these countries the TFR had fallen to around the OECD average. By contrast, in Hungary, increased spending on family benefits has raised the TFR to the OECD average over the past 10 years. Clearly, work and family policies alone are not enough to explain the cross-national variation in fertility rates.

- Other direct costs of children are also important. Concerns about the cost of housing have come to the fore as a barrier to having (more) children, as the increase in housing costs since the late 1990s has been considerable in most OECD countries (OECD, 2023[5]). Private education costs can also establish a barrier to having (more) children – as in Korea, but this does not play a role across all countries in the OECD.

- Results from OECD-wide regressions found positive associations between TFRs, employment of men and women, public spending on parental leave and ECEC, and financial support to households to a lesser extent. The regressions also found a clear negative association between TFRs and housing costs, and the unemployment rate as an indicator of labour market conditions. However, much of the variation in fertility trends is not explained by these factors, which could point to a growing role of perceived insecurity, and societal attitudes and norms.

- The recent rapid succession of global crises, e.g. COVID-19, increasing climate issues, the Russian war of aggression against Ukraine, may have spread a feeling of uncertainty and unpredictability, which may lead some potential parents to delay having children, or even decide against it altogether.

- Recent years have also been marked by a change in attitudes towards parenthood. Both young men and women increasingly find meaning in life outside of parenthood, and there is a broad movement towards an increased acceptance of not having children. At the same time, the normative demands on what it means to be a "good" parent have grown in importance, and the changing balance in costs and benefits of having a child – both financial and non-financial – drives choices to have fewer, if any, children today than in the past.

Persistent low fertility has fuelled the debate about a more pro-natalist stance of family policy in some OECD countries. For example, concerns about fertility rates are an important driver of family policy development in Japan, Hungary and Korea. However, the issue does not play a discernible role in, for example British or Dutch policy development, notwithstanding concerns about demographic trends.

The best approach for countries that are concerned about fertility rates remains to promote more gender equality and fairer sharing of work and childrearing. This involves providing family policies that help the reconciliation of work and family life, but policy must also have a greater focus on the costs of children, especially housing costs. However, because of changes in preferences regarding children, it is unlikely that such policies will enable countries to approach replacement fertility rates again.

It would also be prudent to consider how to adapt for a "lower-fertility future", if only because any increase in fertility rates today will only result in a larger working-age population 20 years down the line. Such a policy – that goes beyond family policy and the scope of this chapter, could involve immigration, bringing more under-represented groups into the labour force and taking measures to enhance their productivity to allay the economic and fiscal implications of a potentially shrinking workforce.

Fewer and later births in most OECD countries

TFRs remain high and well above replacement levels in some parts of the world, and more than half of the projected increase in global population up to 2050 will be concentrated in just eight countries: the Democratic Republic of the Congo, Egypt, Ethiopia, India – which surpassed China as the world's most populous country in 2023 (UN DESA, 2023[6]), Nigeria, Pakistan, the Philippines and Tanzania. Countries of sub-Saharan Africa are expected to continue growing through 2100 and to contribute more than half of the global population increase anticipated through 2050. Nevertheless, even high-fertility countries have experienced substantial declines in TFRs, particularly since the early 1990s, with a projected convergence towards replacement level over the course of the 21st century (UN DESA Population Division, 2022[7]). The most recent global fertility rate projections estimate the global TFR to fall from 2.21 in 2022 to 1.83 in 2050 and 1.59 in 2100 (Bhattacharjee et al., 2024[8]). This long-term trend towards having fewer children reflects economic development, noticeable improvements in reproductive health as well as women's economic and social empowerment (Skirbekk, 2022[9]).

In many OECD countries, recent decades have been marked by a simultaneous trend toward fewer and later births. At the beginning of the 1990s, the average total fertility rate (TFR – see the notes to Figure 1.1 for the definition) across OECD countries had already been on a long downward trend. In 1990, at just below 2 children per woman, it was relatively close to the replacement level of 2.1, which would keep the size of the population constant in the absence of migration (Figure 1.1). The average TFR across the OECD continued to fall throughout the 1990s to 1.65 children per woman in 2002. This decline was caused in part by a postponement of first births, resulting in a fertility rebound in the 2000s and a peak of the TFR of 1.76 in 2008 (Burkimsher, 2015[10]; Beaujouan and Berghammer, 2019[11]). The following years saw a new decline on the TFR, falling to an all-time low average of 1.5 in 2022. At the same time, the mean age at which mothers have children has increased from 28.5 years in 2000, to almost 31 years in 2022 on average across the OECD.

Figure 1.1. Simultaneous trends of fewer and later births

Total fertility rate (left axis) and mother's mean age at (first) childbirth (right axis), 1990 or 2000 to 2022, OECD average
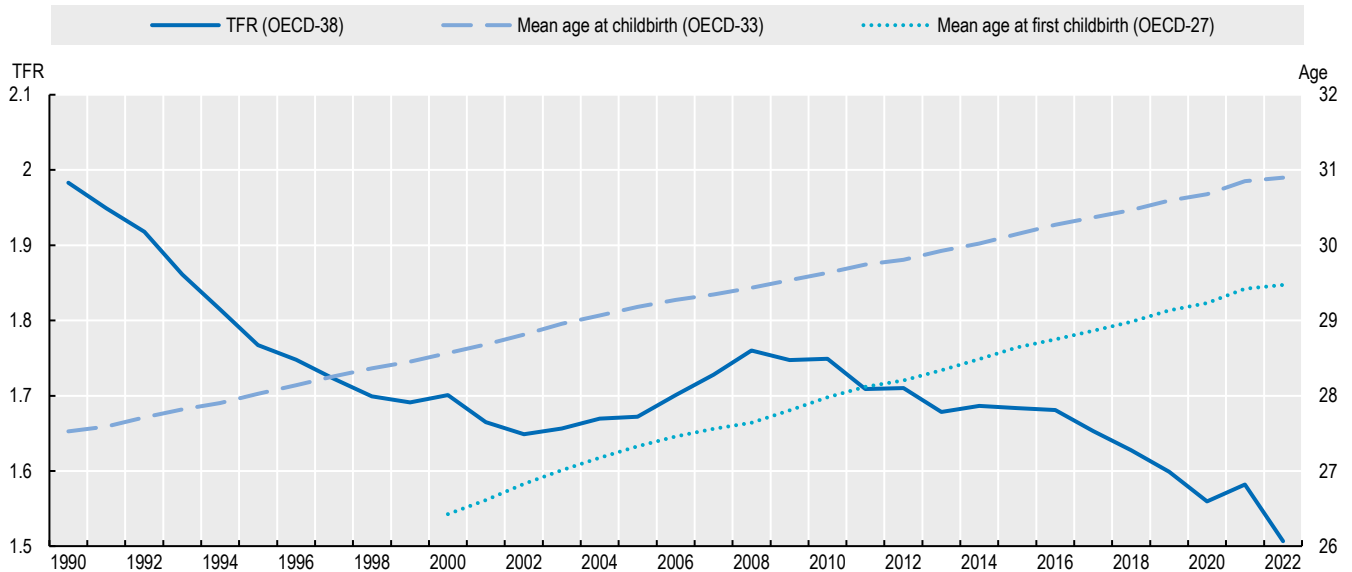
Note: The total fertility rate in a specific year is defined as the total number of children that would be born to each woman if she were to live to the end of her child-bearing years and give birth to children in alignment with the prevailing age-specific fertility rates. It is calculated by totalling the age-specific fertility rates as defined over five-year intervals. OECD averages are unweighted averages. The OECD average for the TFR data includes all 38 OECD countries. The OECD average for the mother's mean age at childbirth excludes France, Germany, Korea, Latvia and Türkiye. The OECD average for the mean age of the mother at first birth does not include Australia, Chile, Colombia, Costa Rica, Germany, Italy, Luxembourg, Mexico, New Zealand, Switzerland and Türkiye.
Source: OECD (2024[12]), Indicators SF2.1 and SF2.3, OECD Family Database, www.oecd.org/els/family/database.htm.

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The COVID-19 pandemic led to strong fluctuations in births and fertility rates across countries, although effects vary across countries. In 2019 and in 2020 (the year of the start of the pandemic), TFRs declined in more than two-thirds of OECD countries, while in 2021, TFRs increased in two-thirds of OECD countries, although the 2020 base of comparison was rather low (OECD (2024[12]), Indicator SF2.1). Lockdowns at the onset of the pandemic significantly reduced fertility in many European countries in early 2021, but this was followed by a quick rebound in fertility by the end of the first quarter of 2021 (Pomar et al., 2022[13]). For example, Norway and the United States recorded an increase in the TFR in 2021 (Bailey, Currie and Schwandt, 2022[14]; Lappegård et al., 2022[15]). In a study based on 37 mostly OECD countries, Sobotka et al. (2023[16]) confirm this pattern but also show, that, unexpectedly, births declined again in January 2022 with underlying conceptions in spring 2021 when the pandemic measures were mostly eased out and vaccination was gaining momentum. This may be due to a related postponement of births as the vaccination campaign was rolled out, a general return to work and pre-pandemic fertility behaviour (Sobotka et al., 2023[16]).

Fertility rates have fallen in most countries since 1980

The specific trajectories of TFR-trends differ markedly across countries, with some experiencing most of their decline well before others (Figure 1.2). The TFR increased in six OECD countries over the 1980-2000 period and in five countries over the 2000-22 period, but compared to 1980, by 2022 the TFR had fallen in all OECD countries, except Denmark.

Figure 1.2. Almost all OECD countries saw fertility rates decline since 1980

Total fertility rates in 1980, 2000 and 2022 (or latest year)
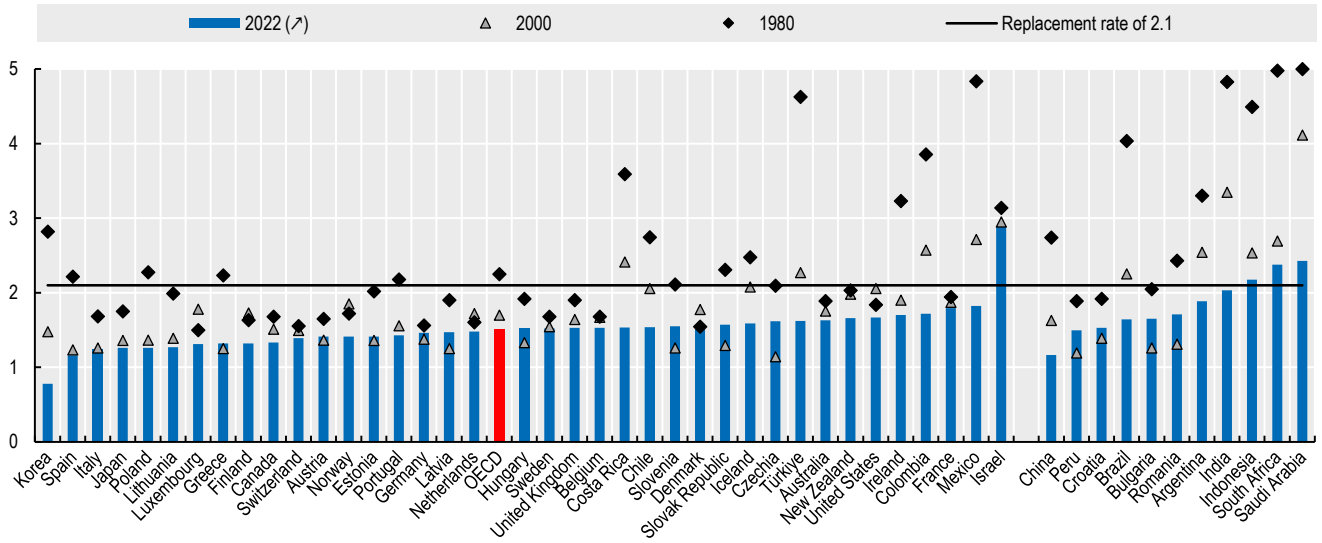
Note: See notes to Figure 1.1. 2021 instead of 2022 for Chile, Colombia, Costa Rica, Mexico, the United Kingdom, Brazil, China, India, Indonesia, Peru, South Africa, Argentina and Saudi Arabia.
Source: OECD (2024[12]), Indicator SF2.1, OECD Family Database, www.oecd.org/els/family/database.htm.

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The five OECD countries with the highest TFR in 1980 – Colombia, Costa Rica, Ireland, Mexico and Türkiye – have experienced the strongest declines, falling by more than 1.5 births from a level previously well above 3 births per women. Israel breaks this trend as women among the Haredi (ultraorthodox) population group often have a large number of children (OECD, 2010[17]; Weinreb, 2023[18]). In Czechia, Estonia, Hungary, Latvia and the Slovak Republic, TFRs initially fell following the collapse of the Soviet Union, followed by a moderate recovery with higher TFRs in 2022 than in 2000.

Childlessness and the birth order of children

The fall in TFRs is related to women having fewer children and/or none at all. Childlessness has been on the rise across the OECD, but there is cross-national variation in timing and extent (Figure 1.3). For example, in Canada the rise in permanent childlessness seems to have taken place between the cohort of women born 1935 and 1955. However, in most OECD countries the changes occurred more recently between cohorts 1955 and 1975 (women aged 49 in 2024), and childlessness more than doubled in Italy, Spain and Japan to 28% of women born in 1975. In Austria, Germany, Italy and Spain childlessness concerns 20-24% of the women born in 1975, while for most other OECD countries this is between 10- 20% (Figure 1.3). From the data on cohort fertility, it is not possible to discern whether definite childlessness is voluntary or involuntary. But some of those who do want to have children at some point in their life may well remain childless: the literature suggests there is a gap between actual and intended childlessness, especially for highly educated women in Europe and in the United States (Beaujouan and Berghammer, 2019[11]; Tanturri et al., 2015[19]).

Figure 1.3. Childlessness increased markedly in many countries among younger cohorts of women

Percentage of women remaining permanently childless for women born in 1935, 1955 and 1975
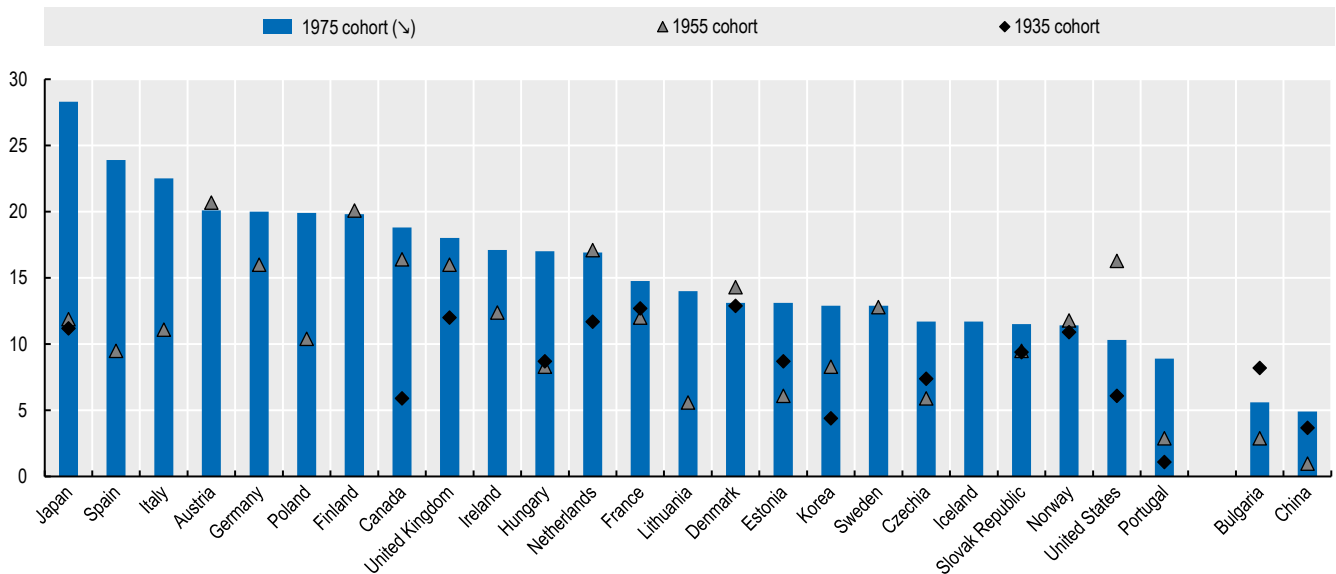
1. For China, Cohort 1935 refers to women born 1931-35, and 1955 refers to women born in 1951-55, these data were calculated using the 1995 dataset; Cohort 1970 was calculated based on the 2015 dataset. China conducts decennial population census in years ending with 0, and the 1% population sample survey (also called "Micro Census"), during the inter-censual years ending with 5.
2. Regarding the data for the 1975 cohort, data concerns the 1970 cohort for Korea and the Slovak Republic; women born in 1975-77 for Germany (both Eastern and Western Germany); and the 1978 cohort for Italy. For data for the 1975 cohort for France, see Köppen, Mazuy and Toulemon (2017[20]).
3. Regarding the data for the 1955 cohort: data concerns the 1950 cohort for Italy; women born in 1951-55 for France; women born in 1954-56 for Germany (both Eastern and Western Germany); the 1956 cohort for Poland; 1960 for Spain; 1967 for Finland; 1968 for Slovenia; and 1969 for Austria.
4. Regarding the data for the 1935 cohort: data is for women born in 1931-35 for France; the 1937 cohort for Hungary; 1944 for Estonia; 1952 for Norway; 1953 for Denmark; and 1953 for Japan.
5. Korea: The Census only asked (formerly) married women on their number of children. Births outside marriage are uncommon in Korea.
Source: Human Fertility Database, National Bureau of Statistics (China), Destatis (Germany), Statistics Korea, the ''Istituto Nazionale di Statistica'', ''Institut national de la statistique et des études économiques'' and Köppen, Mazuy and Toulemon (2017[20]), "Demographic Research Monographs, Childlessness in Europe: Contexts, Causes, and Consequences", www.doi.org/10.1007/978-3-319-44667-7_4.

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Across the OECD on average, there is no marked change in the number of children by the birth order (Figure 1.4). The share of first-borns is about 45% of children born in a given year, the share of second children is around 35%, and the share of third or higher order children is about 20%. First-borns as percentage of the children born was the same in 1980 and 2022 on average across the OECD. Over that period, the average share of second children edged up, while that of third (and higher) order children declined somewhat. However, this overall stability masks important country differences in "fertility dynamics". For example, while in Estonia and Hungary the proportion of third and higher births increased by more than 5 percentage points to over 20%, in Ireland and Spain this proportion almost halved to 25% and 14% respectively. There is a growing group of countries (Luxembourg, Portugal, Italy, Spain and Switzerland) where the share of third (and higher) order children is below 15%, while in Korea this share is only 8%.

Indeed, the average trend in the birth order of children born across the OECD on average masks important country differences in "fertility dynamics". For example, Figure 1.3 showed that Japan has the highest level of definite childlessness among women born in 1975 across the OECD, twice as high as that in Korea. Figure 1.4 shows that in Korea the incidence of third and higher order births is the lowest and the share of first-borns is the highest across OECD countries. This suggests that once women in Japan decide to have children, they are much more likely to have two or three (or more) children than women in Korea. This helps to explain why the TFR in Japan (at 1.3 children per woman in 2021) is above that in Korea (0.8 in 2021).

Figure 1.4. Korea has the highest share of first-borns and the lowest share of higher order children

Birth order in selected years, 1980, 2000 and 2022
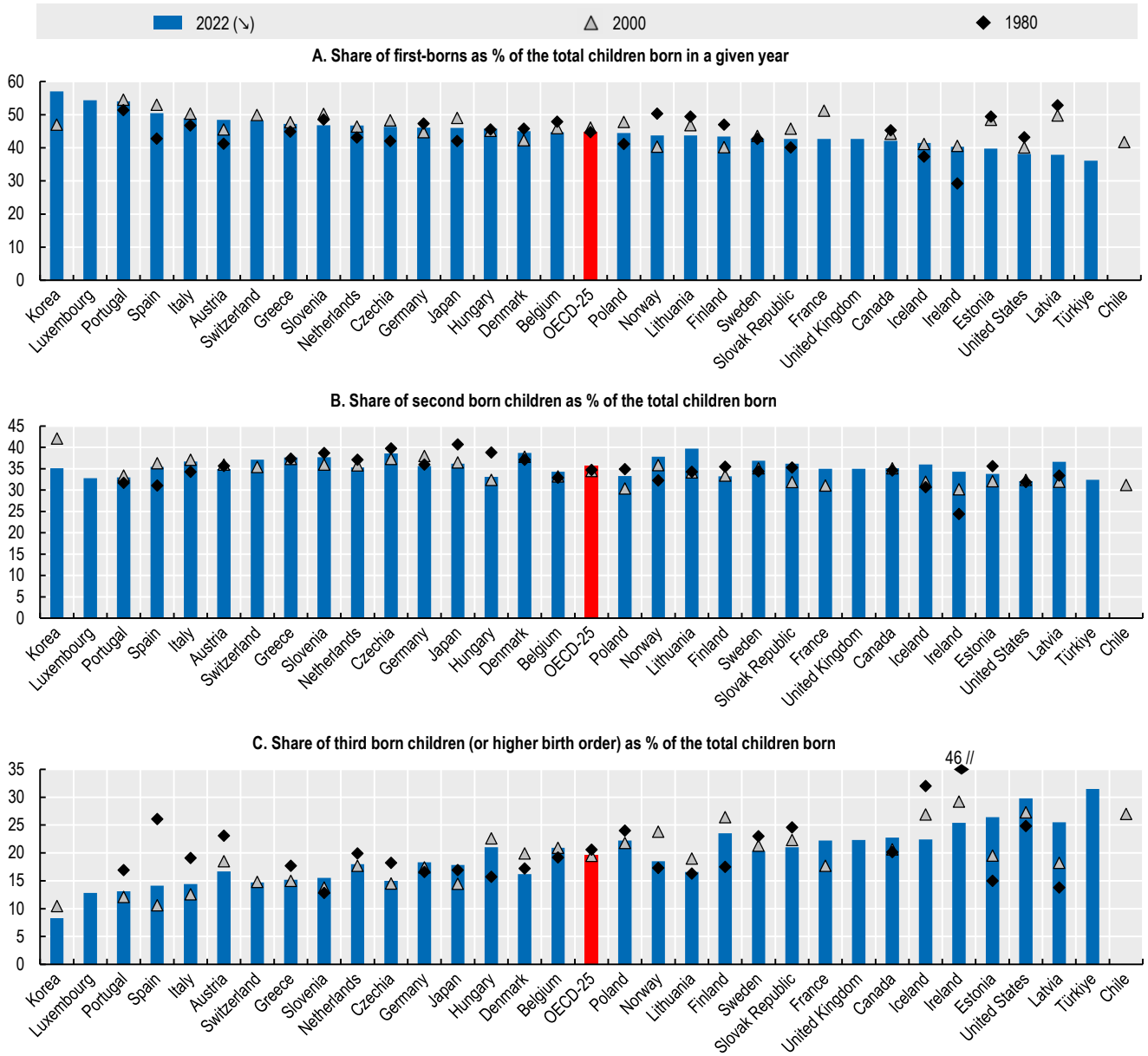
1. Data for 2022 corresponds to 2018 for the United Kingdom; 2019 for Canada; 2020 for Korea; and 2021 for Germany, Japan, Lithuania, Türkiye and the United States.
2. Data for 2000 corresponds to 1999 for France; 1997 for Italy; 2005 for Malta; and 2006 for Switzerland.
3. Data for 1980 corresponds to 1992 for Croatia; and 1990 for Germany, Portugal and Sweden.
4. OECD-25 is the average for the OECD countries for which data is available for all three years: Austria, Belgium, Canada, Czechia, Denmark, Estonia, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Latvia, Lithuania, the Netherlands, Norway, Poland, Portugal, the Slovak Republic, Slovenia, Spain, Sweden and the United States.

Source: Eurostat and the Human Fertility Database.

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The mean age at which women give birth has risen

While TFRs declined over the past 40 years, the mean age at which women give birth increased, as did TFRs for women aged over 30 (see the Fertility indicator in the General context section of this volume). Across the OECD, the average age of mothers at which they give birth increased from 27 years of age in 1980 to 28.6 in 2000 and 30.9 in 2022 (Figure 1.5). Colombia and Mexico were the only exceptions to this upward trend, due to relatively high teenage birth-rates (see OECD (2024[12]), SF2.3 Age of mothers at childbirth and age-specific fertility), while in the these two countries the highest share of children is born to mothers in the 20-24 age group (DANE, 2023[21]; INEGI, 2023[22]).

Over the past 20 years, the age at which women have their first childbirth across the OECD on average has increased from 28.5 years of age to 30.8, while over the same period the mean age of first marriage for women increased from 27.4 to 31.5 years of age (see the Fertility indicator in Chapter 4 of this volume). The mean age at first marriage has risen above the mean age at first childbirth. Also, many people now get married after having children or have children without getting married. Across the OECD on average, just over 40% of the children born in 2020 were born outside marriage, and in 14 of 38 OECD countries it concerned the majority of children born that year (see OECD (2024[12]), SF2.4 Share of births outside of marriage). With less than 3% of births outside marriage in 2020, fertility rates in Korea, Japan and Türkiye remain strongly associated with marriage. The steep decline in the marriage rate in Korea, from 9.3 marriages per 1 000 persons in 1990 to 3.7 in 2022 (see Chapter 4 in this volume), has contributed to the fall of the TFR in Korea.

Figure 1.5. The mean age at which women give birth rose by four years over the past four decades

Mean age at which women give birth, 1980, 2000 and 2022 or nearest year
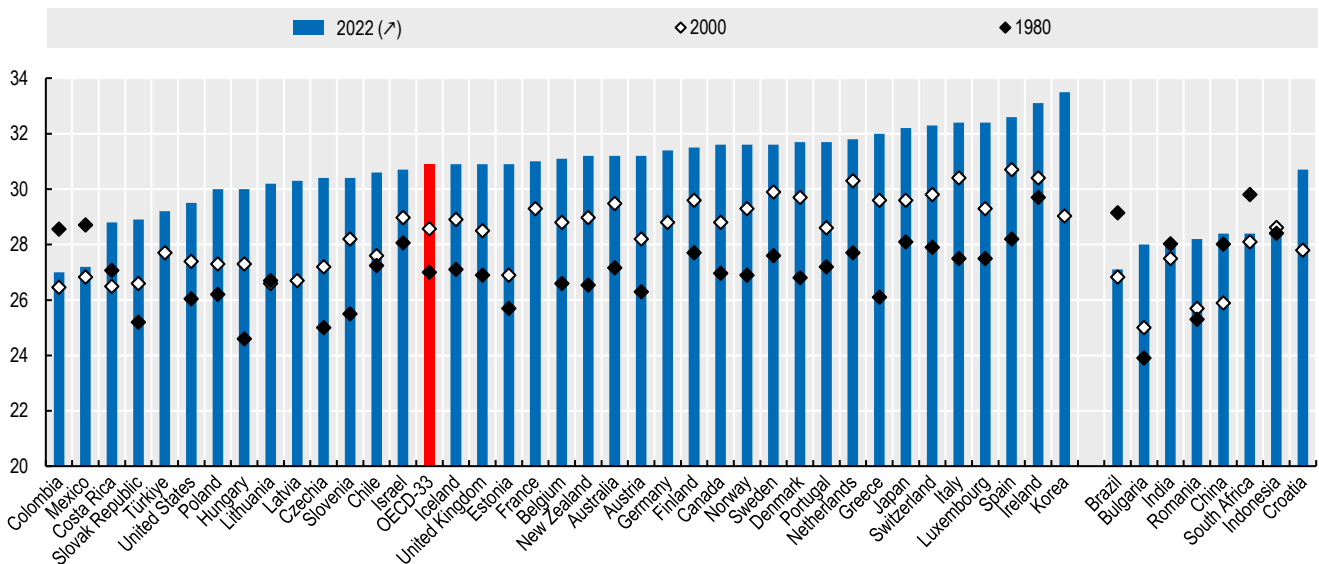
1. Data for the United Kingdom refer to England and Wales only.
2. The OECD-33 average is computed only for the countries for which data is available in 1980, 2000, and 2022.
3. Alternate years: 2021 for the United Kingdom instead of 2022; 2017 for Brazil and India instead of 2022; 2016 for China instead of 2021; 2014 for Indonesia and 2011 for South Africa instead of 2022; 2001 for Croatia and 2002 for South Africa instead of 2000; 1990 for Poland; 1982 for Slovenia, and 1981 for South Africa instead of 1980.
Source: OECD (2024[12]), "SF2.3 Age of mothers at childbirth and age-specific fertility", Indicators SF2.1 and SF2.3, OECD Family Database, www.oecd.org/els/family/database.htm, based on Eurostat demographic statistics, https://ec.europa.eu/eurostat/databrowser/product/view/DEMO_FIND, and National Statistical Offices.

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Over this period, the largest increases of the mean age of women at giving birth, of more than 5 years, were recorded in Czechia, Estonia, Hungary and Greece. Across the OECD, the highest mean age is now observed in Korea at over 33 years of age. The recent increases in the mean age across the OECD could imply that some rebound in TFRs may occur in the not-too-distant future, similar to what happened in the 2000s. However, the trend towards postponement of births across the OECD potentially has negative consequences for overall fertility. As young people wait longer to have children, they may shift family formation to a point where fecundity problems – that is the ability to have children – could interfere with the realisation of desired fertility. Advances in reproductive medicine can, at least in part, allow women to have children at older ages (Box 1.1).

Box 1.1. Medical advances in reproductive medicine mean more births are intentional

The increasing postponement of births could result in some men and women no longer being able to have the number of children they intended. This is likely to hold particularly for higher-order births rather than first births: when people start their families later in life, they are more likely to experience pregnancy-related health issues as they get older (Bhasin et al., 2019[23]). Infertility rates are rising, and while women have previously predominantly borne its stigma, both men and women are equally likely to contribute to a couple's infertility (Turner et al., 2020[24]). With decreasing sperm counts and testosterone concentrations as well as increasing prevalence of testicular cancer and puberty disorders (Skakkebaek et al., 2019[25]), male reproductive health has deteriorated over recent decades (Huang et al., 2023[26]). However, there is some ambiguity in the literature as Borumandnia et al. (2022[27]) found that primary male infertility declined in high income countries and increased in lower income countries. This finding may be related to a decline in TFRs in high-income countries that masks infertility – i.e. many cases of infertility remain unknown, while in low-income countries dietary insufficiencies and environmental and work-related toxicants play a role, while access to infertility treatment is limited.

Medical advances – including contraceptive methods, fertility treatments and assistive reproductive technology (ART) – mean that men and women have more control over their childbearing choices today than they had in the past. Such increased autonomy has had a direct impact on fertility trends, particularly through a decline in unplanned childbirths and a lower number of adolescent pregnancies (Tridenti and Vezzani, 2022[28]; Lindberg, Santelli and Desai, 2018[29]). In the United States, for example, more than a third of the fertility decline between 2007 and 2016 can be attributed to a reduction in unintended pregnancies, particularly among young women (Buckles, Guldi and Schmidt, 2019[30]). At the same time, the existence of fertility treatments and ART also give young people the feeling that they can postpone the choice to have children. In Israel, for example, ART is found to have contributed to a delay in marriage among young women and an increase of the age at which women give birth (Gershoni and Low, 2021[31]).

On the other hand, fertility treatments and ART have given couples exposed to fecundity issues a chance to have (more) children. The share of births that involve some form of ART has steadily increased in many countries (Doepke et al., 2022[32]), making up 9.2% of all live births in Denmark in 2019, a leading ART country (Sundhedsdatastyrelsen, 2021[33]).

Population dynamics

Over the years, the declining fertility rates have led to a fall in the number of births per year across the OECD (Figure 1.6). At the same time, the number of deaths per annum has gone up, though its rise was tempered by increasing life expectancy. With COVID-19 the number of deaths increased to the extent that, by 2021, the number of deaths across the OECD (13.5 million in 2021) came close to the number of births (14.4 million). UN population projections (medium variant) suggest that the number of deaths will outpace the number of births across the OECD around the year 2035 (UN DESA Population Division, 2022[7]).

With COVID-19 net migration fell, but since 2021, migration has increased to record heights in the OECD – even when not accounting for Ukrainian refugees. But overall, the net contribution of migrants to overall fertility levels is relatively small, notwithstanding the fact that many migrants arrive in OECD countries during their childbearing years and from origin countries which often have relatively high fertility norms. Overall, fertility patterns among migrants and the native-born tend to converge over time and across generations (see OECD (2023[34]) for a detailed discussion).

Recent global fertility rate projections estimate the global TFR to fall from 2.21 in 2022 to 1.83 in 2050 and 1.59 in 2100 (Bhattacharjee et al., 2024[8]). Population growth across the OECD is projected to remain limited in future, and ensuing demographic change will have substantial wider policy implications (Box 1.2). Countries that have already recorded important population declines in recent years include Greece, Italy, Japan, Korea, Latvia, Lithuania, and Poland (OECD Population Data).

Figure 1.6. The number of deaths came close to the number of births across the OECD in 2021

Births, deaths, net migration, and population, 1960-2021, OECD total, in millions
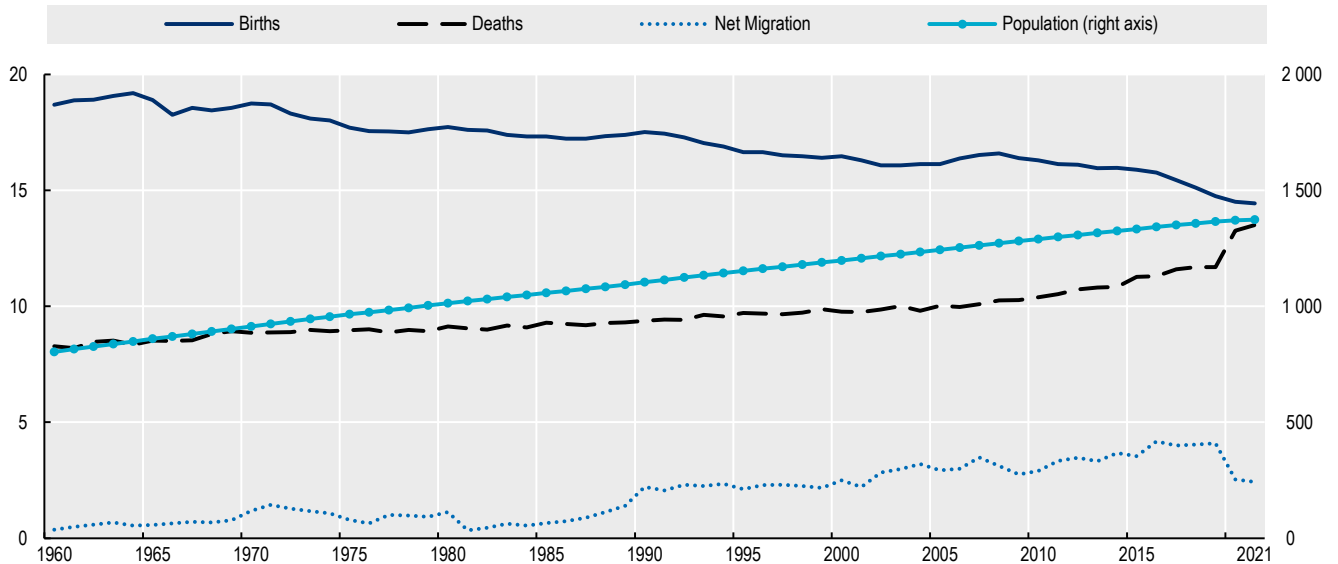
Note: Net migration is the number of immigrants minus the number of emigrants. Migration is defined here as a change in usual residence over the past 12 months.
Source: Calculations from United Nations, World Populations Prospects – 2022 Revisions.

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Box 1.2. Wider policy implications of demographic change

The downward trend in fertility rates and births coincides with increased life expectancy (OECD, 2023[35]). Living longer is generally good news for the individuals involved, but in conjunction with low-fertility rates it will result in substantially older populations in the future along with a declining share of the working-age population (see OECD (2023[36]) and UN DESA Population Division (2022[7]) and the General context section of this volume).

Population ageing will result in stronger fiscal pressures as government expenditures increase (including on pensions, health services and services for the elderly) along with potentially decreasing public revenues with shrinking working-age populations (Guillemette and Turner, 2021[37]; OECD, 2023[36]; Rouzet et al., 2019[38]). At current participation rates of individuals (e.g. assuming no change in employment rates of workers), the decline in the working age population is projected to subtract close to 8% from per capita incomes over the next three decades in the OECD area, i.e. a quarter a percentage point from annual per capita growth (André, Gal and Schieff, forthcoming[39]).

With the shrinking relative size of the working-age population, there is more room for immigration (OECD, 2023[34]) and further scope for a better integration of women in the labour force (Fluchtmann, Keese and Adema, 2024[40]). Gains in educational attainment among young men and women can come with positive spill-over effects on economic productivity. As such, immigration, rising employment rates among women and increased productivity will mitigate some of the negative effects of population ageing and low fertility on economic output (OECD, 2017[41]). In addition, longer working lives – for example by raising effective retirement ages along with future increases in life expectancy – could reduce imminent pressures on pension systems.

The conditions for family formation and parenthood have changed

In 1960, Gary Becker published the first and arguably one of the most influential articles on the relationship between economics and fertility (Doepke et al., 2022[32]). In this work he argues: "For most parents, children are a source of psychic income or satisfaction" (Becker, 1960[3]). Becker's economic approach of fertility also postulates that "... children would be considered a consumption good ... an increase in income or a decline in the cost of children would affect both the quantity and quality (expense) of children, usually increasing both. An increase in contraceptive knowledge would also affect both but would increase quality while decreasing quantity..." (Becker, 1960[3]).

Over the years, the increase in contraceptive use has contributed to a reduction in unplanned births and decline in fertility rates (United Nations Department of Economic and Social Affairs, Population Division, 2020[42]), but while educational attainment, earnings and incomes increased across the OECD on average, total fertility rates declined.

Following Becker's approach, this suggests that the direct and/or indirect costs of children have increased relatively strongly. Such costs include direct costs like education or housing, but also opportunity costs to spending time away from work to be with one's children, and these opportunity costs increase with earnings.

Fluchtmann, van Veen and Adema (2023[2]) found that fertility trends are affected by men's and women's employment, public family policies, the cost of housing, and (financial) insecurity. However, much of the variation in fertility trends is not explained, which could point to an important role of perceived insecurity, and societal attitudes and norms.

The link between educational attainment and fertility has changed for women

Over past decades, women's average years of schooling and educational attainment have increased substantially (Barro and Lee, 2013[43]; OECD, 2023[44]). In the period after the second world war until the 1990s (timing varies across countries), the higher women's level of education, the lower was the likelihood of them giving birth, largely because higher education increased the opportunity cost to childbirth. These costs were particularly high because combining work and raising children was generally not possible. However, through a decline of unintended births and increasing public and private work-life balance supports that reduced the opportunity costs to having children, that effect has weakened. In fact, in some OECD countries (e.g. Denmark, Norway and Sweden), higher-educated women are now more likely than lower-educated women to have children (Jalovaara et al., 2019[45]; Ciganda, Lorenti and Dommermuth, 2021[46]). Also, highly educated women often have faster subsequent transitions to second births and couples with two highly educated partners still have the highest second- and third-birth rates in many European countries (Nitsche et al., 2018[47]). In the United States, women with advanced degrees have similar fertility rates and are approximately equally likely to remain childless as those without advanced degrees (Bar et al., 2018[48]; Hazan, Weiss and Zoabi, 2021[49]).

For men the likelihood to become a father increases with the level of education, and this effect mainly occurs because men with higher educational attainment are more likely to enter a stable partnership than men with low levels of education who are more likely to face difficulties in the "marriage market" (Trimarchi and van Bavel, 2017[50]). In comparison to women, there is no evidence that the relationship between men's educational attainment and their fertility or childlessness has changed noticeably over time (Jalovaara et al., 2019[45]; Chudnovskaya, 2019[51]).

Both men's and women's employment is positively associated with the TFR

Fertility choices can critically hinge on economic factors, determining whether (prospective) parents can afford a(nother) child. Individual labour market situations are an important determinant for fertility behaviour. This is because it helps to determine whether adults have the necessary means to afford the direct costs of parenthood, and it also affects the opportunity costs of having children, as becoming a parent often comes with career interruptions and changes in working time, especially for women (Adema, Fluchtmann and Patrini, 2023[52]). Cross-national regressions do not reflect the impact of individual (or couple's) labour market situations on fertility choices but show that aggregate labour market outcomes have an important bearing on fertility outcomes. In fact, labour market variables explain more of the variation in fertility outcomes than the public policy factors discussed below (Fluchtmann, van Veen and Adema, 2023[2]).

Figure 1.7 shows that aggregate employment of men and women is significantly and positively associated with TFRs, a finding that is supported by the literature (Adema, Ali and Thévenon, 2014[53]; Comolli et al., 2021[54]; Doepke et al., 2022[32]; Luci-Greulich and Thévenon, 2013[55]; Oshio, 2019[56]) Furthermore, the coefficient estimate on women's employment rates is more than twice as large as the one on men's employment, suggesting that women's employment is a particularly important driver of fertility outcomes. This was not always so. Fluchtmann, van Veen and Adema (2023[2]) illustrated that while there was a clear negative relationship in the 1970s, since the 1990s women's employment has been positively associated with TFRs. Figure 1.7 also suggests that poor labour market conditions have a negative effect on fertility choices: an increased unemployment rate is negatively associated with TFRs. However, the regressions do not find evidence for a statistically significant link between part time or full-time working hours and fertility.[1]

Figure 1.7. The link between labour market outcomes and fertility

Summary results of an OECD-wide two-way fixed-effects regression with clustered standard errors, 2002 to 2019

Total fertility rate (LN)
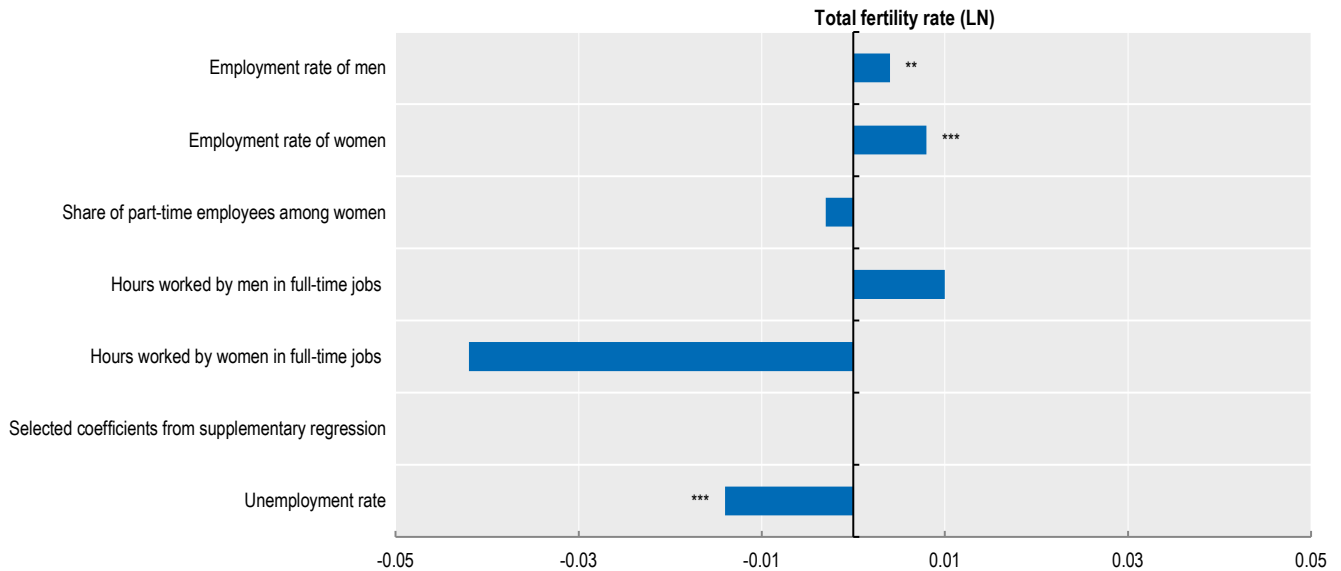
Notes: Mindful of the statistical limitations and the relatively small sample size, the resulting estimates should be interpreted as a simple association between outcomes/policies in a specific country and its respective fertility rate; they do not provide evidence of a causal relationship with fertility. All specifications are a two-way fixed-effects model with linear country time trends and controls for average years of schooling and log GDP. It is estimated over the period 2002 to 2019 using country-level data from Austria, Canada, Czechia, Denmark, Finland, Germany, Hungary, Italy, Korea, the Netherlands, Norway, Poland, Portugal, the Slovak Republic, Spain, Sweden, Switzerland, the United Kingdom and the United States. The standard errors are heteroskedasticity- and panel-corrected (for fixed effects models). ***, ** and * represent significance at 1%, 5% and 10% level, respectively. "..." indicates insignificant estimates (less than at the 10% level). " + " stands for a positive sign of a significant point estimate, and " – " stands for a negative sign.

Source: See Tables 4 and 5 for the main baseline regressions and Annex Tables 5.B.9 and 5.B.10 for the supplementary regression results, in Fluchtmann, J., V. van Veen and W. Adema (2023[2]), "Fertility, employment and family policy: A cross-country panel analysis", www.doi.org/10.1787/326844f0-en.

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The effect of women's incomes on fertility depends on national contexts

Higher wages and incomes lead to more household resources and "more consumption of children", i.e. more children and/or spending more time and money per child (Becker, 1960[3]). However, higher wages also increase the opportunity cost of childbirth, particularly among women, assuming they shoulder the majority of childcare over the early years after birth – which is indeed very often the case. The opportunity costs are especially high among women at the upper end of the income distribution, as evident through strong motherhood penalties on earnings (Kleven et al., 2019[57]; OECD, 2022[58]). Such opportunity costs of childbirth have also been increasing since 1990, as women are now working more often in higher-paying and less in lower-paying jobs (OECD, 2023[59]).

For women, the international literature identifies a positive link between women's earnings and fertility in Denmark (Berninger, 2013[60]) and Norway (Hart, 2015[61]), where dual-earner households have long been the norm (Figure 1.8).[2] However, this is the opposite in Italy – particularly in its southern regions – where male breadwinner norms are still strong and female earners may be seen as incompatible with parenthood, although patterns are changing slowly (Alderotti, 2022[62]). While the United States previously exhibited a negative income-fertility gradient in the 1980s, this pattern has since flattened, particularly through higher fertility at the upper end of the income distribution facilitated by access to relatively affordable childcare and domestic services (Bar et al., 2018[48]).

Figure 1.8. The share of dual-earner households is slowly increasing

Share of dual-earner (full- /full-time and full- /part-time) among couples with at least one child aged 0-14
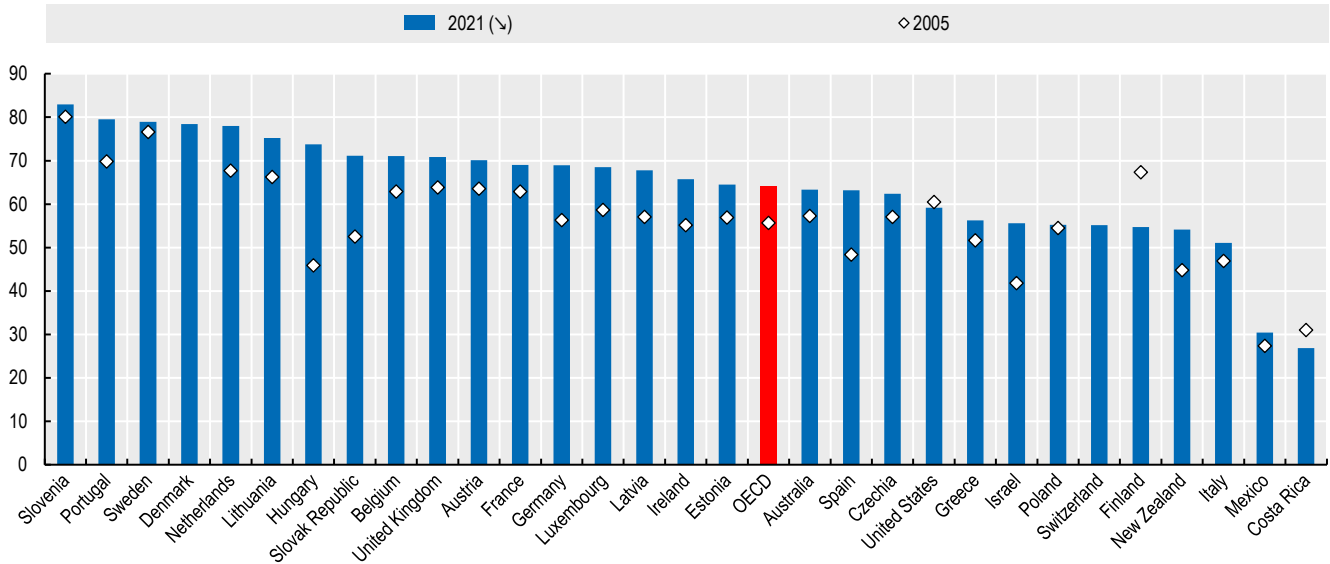
Note: Data for 2005 refer to 2006 for Germany, Ireland, and Poland, to 2007 for the United States, to 2008 for Finland and to 2009 for Australia and Sweden. Data for 2021 refer to 2020 for New Zealand and Sweden and to 2019 for Australia, and the United Kingdom.
Source: OECD (2024[12]), Indicator LMF2.2, OECD Family Database, www.oecd.org/els/family/database.htm.

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It is not just about having a job, but the stability of that job is important too

While employment is positively associated with fertility rates, labour market dualism and the associated poor labour market conditions for the "outsiders" reduce the likelihood of having (more) children (Ayllón, 2019[63]; Seltzer, 2019[64]; Vignoli, Tocchioni and Mattei, 2020[65]; Yoo., 2022[66]). Alderotti et al. (2021[67]), for example, showed that temporary employment reduces women's likelihood to have children, while for men it is particularly unemployment that reduces the likelihood to have children. Such labour market insecurities increased after the 2008 financial crisis, and particularly affect younger workers through higher unemployment risks and increased reliance on temporary and platform work (Chung, Bekker and Houwing, 2012[68]; Causa, Luu and Abendschein, 2021[69]). Using Dutch register data following young people who left education between 2006 and 2018, van Wijk, de Valk and Liefbroer (2022[70]), found that it was especially the accumulation of precariousness over time, and along multiple dimensions (employment, income) that inhibited first childbearing for young men and women.

Reductions in job insecurity have been associated with higher fertility. For example, when several local governments in Spain started subsidising the conversion of temporary to permanent jobs in 1997, Spain's TFR increased by 1.43% at a cost of about EUR 19 000 per birth. The effects for the transition into parenthood were concentrated among male employees, while the likelihood of having a second child increased for male and female employees (Nieto, 2022[71]). A possible explanation for the gender differences is that permanent employment not only increases job security which has a positive effect on fertility rates, but also improves career prospects. Greater career prospects involve an income effect that raises fertility and an opportunity cost (or substitution effect), which may decrease fertility. The substitution effect may be especially relevant for women as childbirth has a more negative impact on labour outcomes for mothers relative to fathers.[3]

Families postpone having children due to both real and perceived economic uncertainties

To a certain degree, fertility follows the ups and downs of the business cycle. Most analyses generally find that birth rates react negatively to economic downturns, for example, Comolli (2017[72]) for evidence on Europe and the United States, and Comolli and Vignoli (2021[73]) on how the sovereign debt crisis of 2011 resulted in a 1.5-5% drop in Italian birth rates. Such findings, as well as the timing of recent fertility declines in many other OECD countries suggest a link with the financial crisis that materialised in 2008-09. However, the ensuing low birth rates have been more persistent than the economic consequences across countries. Fertility rates fell sharply and stayed low through the 2010s even in Nordic countries where the economic downturn was relatively shallow and the recovery was quick. For example, the Norwegian economy rebounded swiftly after 2008-09 and remained one of strongest across the OECD throughout the 2010s, all the while fertility fell to record low levels (OECD, 2023[74]).

Indeed, actual economic outcomes are not all that matter. Fertility choices are made based – at least partly – on perceived economic uncertainty and expectations of the economic outlook (Buckles, Hungerman and Lugauer, 2020[75]; Comolli and Vignoli, 2021[73]; Gatta et al., 2021[76]). In 2022, in many OECD countries, employment rates and unemployment rates were back at their

pre-COVID-19 levels. However, rising inflation and Russia's war of aggression against Ukraine fed uncertainty in the outlook, and many people felt insecure about the state of their economies and their household finances. For instance, in Canada, unemployment fell to a low-point of 5.3% in 2022, but 48% of 25-54 year-old respondents to the *OECD Risks that Matter Survey* still reported that the risk of losing their job or income was among their top-three worries that year (Figure 1.9).

Concerns about the real or perceived lack of public support associated with anticipated income losses when having children also play a role. Although many governments expanded their parental leave allowances during the 2000s (OECD (2024[12]), Indicator PF2.5 "Trends in leave entitlements around childbirth"), many people doubt that their families will be adequately supported if they have children. Figure 1.10 shows that among the countries that participated in the *OECD Risks that Matter Survey*, on average 44% of 25-54 year-olds report thinking the government will not or does not sufficiently support income losses associated with having children.

Figure 1.9. In 2022, many workers were worried about losing their jobs

Share of respondents identifying "Losing a job or self-employment income" as one of the top-three greatest risks to themselves or their immediate family over the next year or two, age 25-54, 2022
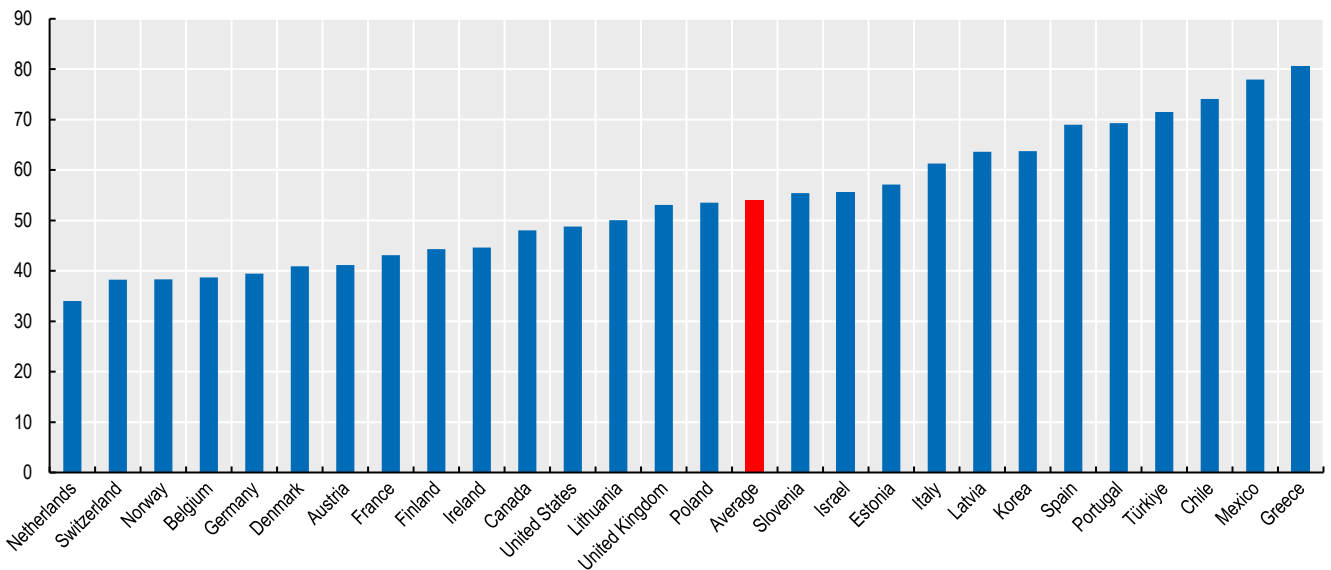

Note: Respondents were asked how concerned they are about the different social and economic risks facing themselves and their immediate family in the near future, defined as the next year or two. Respondents were presented with 10 different social and economic risks, including (a) becoming ill or disabled, (b) Losing a job or self-employment income, (c) Not being able to find/maintain adequate housing, (d) Not being able to pay all expenses and make ends meet, (e) Not being able to access good-quality childcare or education for your children (or young members of your family), (f) Not being able to access good-quality long-term care for elderly family members, (g) Not being able to access good-quality long-term care for young, (h) Being the victim of crime or violence (i) Having to give up my job to care for children, elderly relatives, or relatives with illness or disability, and (j) Accessing good-quality healthcare. Response options were "not at all concerned," "not so concerned," "somewhat concerned," "very concerned" and "can't choose / not applicable":
Source: Estimates based on the OECD (2023[77]), *Main Findings from the 2022 OECD Risks that Matter Survey*, www.doi.org/10.1787/70aea928-en.

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Figure 1.10. Many think that child income support is inadequate

Share of respondents disagreeing with the statement "I think that the government would (or does) provide my family and me with adequate income support in the case of income loss due to becoming a parent", age 25-54, 2022
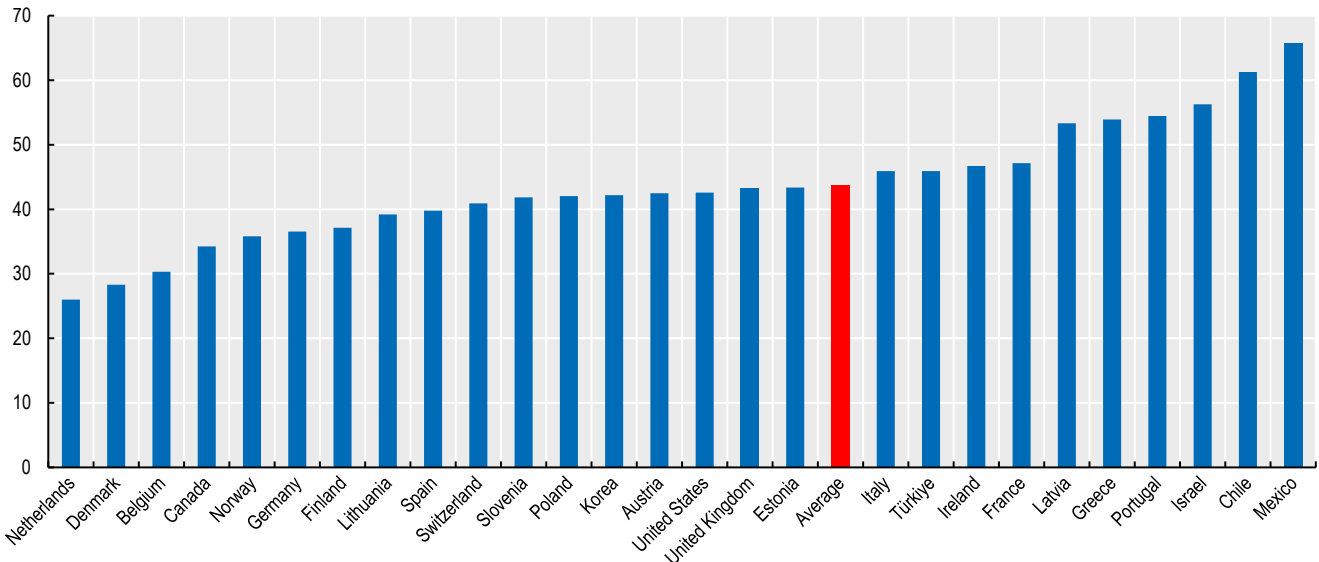
Notes: Respondents were asked about the degree to which they agree or disagree with the statement "I think that the government does/would provide my household and me with adequate income support in the case of income loss due to..." for different reasons for income loss. Response options were "strongly disagree", "disagree", "neither agree nor disagree", "agree", "strongly agree" and "can't choose".
Source: Estimates based on the OECD (2023[77]), *Main Findings from the 2022 OECD Risks that Matter Survey*, www.doi.org/10.1787/70aea928-en.

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Perceived and anticipated uncertainties matter

Perceived and anticipated uncertainties that influence fertility choices are heavily impacted by prevailing narratives in society, including the tone in media, the experiences among friends and dinner table conversations among families. By construction, news reporting filters and simplifies complex information, and this is becoming a key factor in an increasingly globalised world. The perception of economic strength or weakness is strongly rooted in the public narratives conveyed through the media (Vignoli et al., 2020[78]; 2021[79]). In fact, evidence from Sweden shows that different dimensions of perceived global uncertainties can matter as much as – or even more than – actual economic uncertainties for fertility intentions (Guetto, Bazzani and Vignoli, 2020[80]).

There are justified concerns about, for example, climate change, of energy, food and/or housing costs (OECD, 2023[77]), and many people anticipate geo-political instability and socio-economic instability and the outlook is markedly more negative over a 10-year timeframe (WEF, 2024[81]). There are also many people who believe that today's children will grow up to be worse off than their parents: over 50% in most OECD countries, and in the majority of these countries this negative sentiment strengthened over the past decade (Figure 1.11). Only in Czechia and Poland did fewer than 30% of respondents report that they think that children will be worse off than their parents. Insofar as *perceptions* that the world is in a bad state can influence fertility choices – and Ivanova and Balbo (2024[82]) found that preoccupations with the future that the next generation could face are actually associated with realised fertility behaviours – an increased spread of negative global narratives might dampen intentions to have a(nother) child.

Figure 1.11. A majority in many countries think that today's children will miss out on progress

Share of respondents who report thinking that when children today grow up, they will be worse off financially than their parents
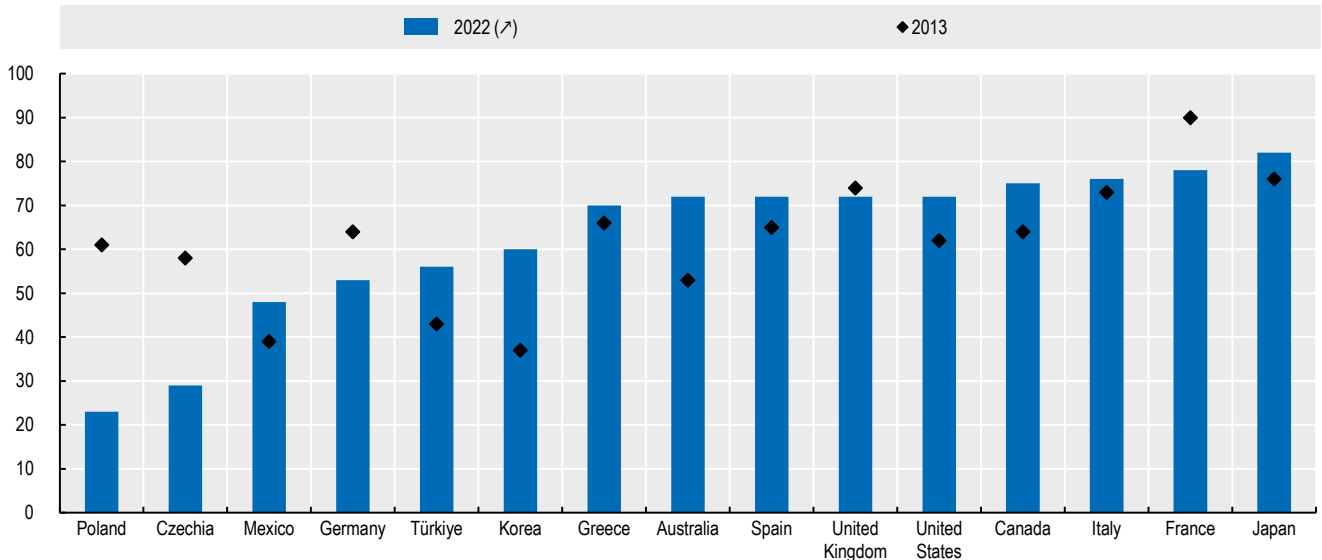
Note: Data for 2022 refers to 2021 for Czechia, Mexico, Poland and Türkiye. Survey question: "When children today in (survey country) grow up, do you think they will be better off or worse off financially than their parents?"
Source: Pew Research Center, Global Attitudes Survey, www.pewresearch.org/global/question-search/.

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Worries about the future go beyond the economic fallout from the 2008 recession while including xenophobic responses to the refugee crisis in 2015. Euroscepticism, the rise of populism and Russia's war of aggression against Ukraine, all contribute to spreading a feeling of uncertainty and unpredictability that prospective parents are faced with when deciding whether to have a(nother) child (Comolli et al., 2021[54]; Joris, Puustinen and d'Haenens, 2018[83]; Vignoli et al., 2020[78]).

Furthermore, Dillarstone et al. (2023[84]) found that climate change concerns were typically associated with less positive attitudes towards reproduction and a desire and/or intent for fewer children or none at all – their systematic review was based on studies conducted between 2012 and 2022 in European countries, Canada, New Zealand and the United States. Indeed, population growth can have negative effects on climate issues, as it along with increased consumption strains resources, and exposes more people to climate-related risks (Guzmán, 2009[85]). Global fertility rates are expected to fall from 2.21 in 2022, to 1.83 in 2050 and 1.59 in 2100 (Bhattacharjee et al., 2024[8]). This will contribute to a slowing down of population growth, but not directly to reduced CO_2 emissions, as these only decline per person later in life – for those over age 50 in Europe (Natale, Ueffing and Deuster, 2023[86]).

Public expenditure on family benefits

Family policies provide varying degrees of support for families over the early life-course of their child(ren), which might influence people's choices on whether to start a family or not. Policy measures can include, among others, family leave around childbirth, ECEC services, and child benefits. Considering the often large (opportunity) costs of childbearing – for example through reductions in disposable household income, foregone career progressions, high childcare costs – family policies can make parenthood more attractive to (prospective) parents.

However, it is not just a matter of making individual supports such as parental leave available. It is important that measures are designed and put in palace in a coherent manner, so that parents can access a continuum of supports over the child's early life course. Thus, when entitlement to parental leave runs out, ECEC should be accessible, combined with Out-of-School Hours (OSH) services, child benefits and flexible workplace supports as fitting (Adema, 2006[87]). In this sense, reducing the costs of children may influence preferences on family size, but for this to occur, policy support has to be sufficiently comprehensive and consistent over time (Thévenon and Gauthier, 2011[88]). The notion of providing coherent support throughout to aid parents overlaps with the notion of productive investment in childhood that purports to start early with investing in children, do so where it is needed most, and sustain it throughout childhood (Heckman and Masterov, 2007[89]).

Figure 1.12 shows spending on family benefits across the early life-course. Spending on children across the OECD on average tails off after childbirth to pick up again in earnest around age 2 to 3 when ECEC becomes available in many countries on a more comprehensive basis. Some countries, notably, Hungary, Iceland and Norway do better and have a more flat, sustained spending level on children during the early years across childhood that they sustain (OECD (2024[12]), Indicator PF1.6, "Public spending by age of children). However, most countries face "spending dips" during the early years that may reflect a lack of services and/or a gap between the time that paid parental leave runs out and publicly supported ECEC becomes available. The shortcoming in services exacerbates challenges for parents with young children who wish to reconcile their work and family commitments.

Figure 1.12. A continuum of family support throughout childhood

Average social expenditure by intervention, in percentage of median household disposable income (working age) per child and age in 2019 (PPP USD)
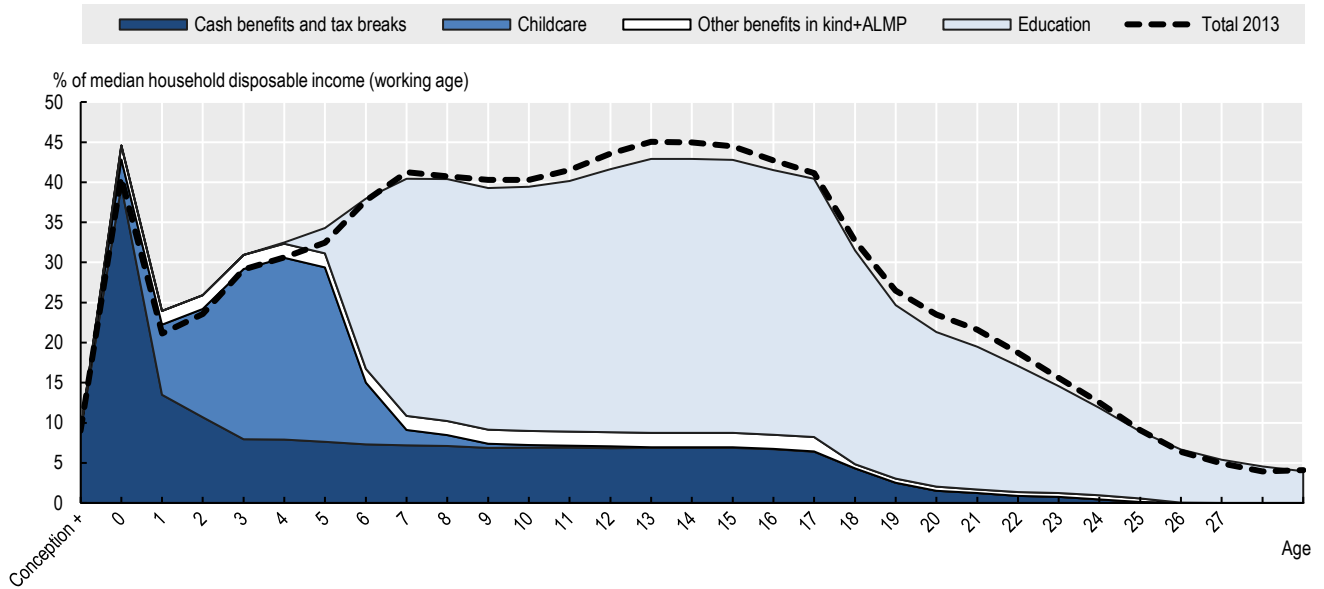
Note: Average across OECD countries for 2019 – dashed line reflects average spending for 2013.
Source: OECD (2024[12]), Indicator PF1.6, "Public spending by age of children", OECD Family Database, www.oecd.org/els/family/database.htm.

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Public expenditure on family policies differs widely across the OECD (Figure 1.13). The Nordic countries, where until recently, TFRs were relatively close to two children per woman, spend about 3% of GDP or more on family benefits, and mostly through spending on family services, including ECEC supports. On the other hand, France, Luxembourg, Poland, Estonia, Hungary, Germany and the United Kingdom devote about two-thirds of their spending on family benefits through cash or fiscal financial benefits. The drawback of these benefits is that they often weaken financial incentives to work for second earners in families with very young children (OECD, 2007[90]; 2011[91]; 2024[92]), but their effect on fertility rates also depends on national contexts.

Figure 1.13. Public spending family supports varies widely across OECD countries

Public expenditure on family benefits by type of expenditure, percentage of GDP, 2019 or latest available
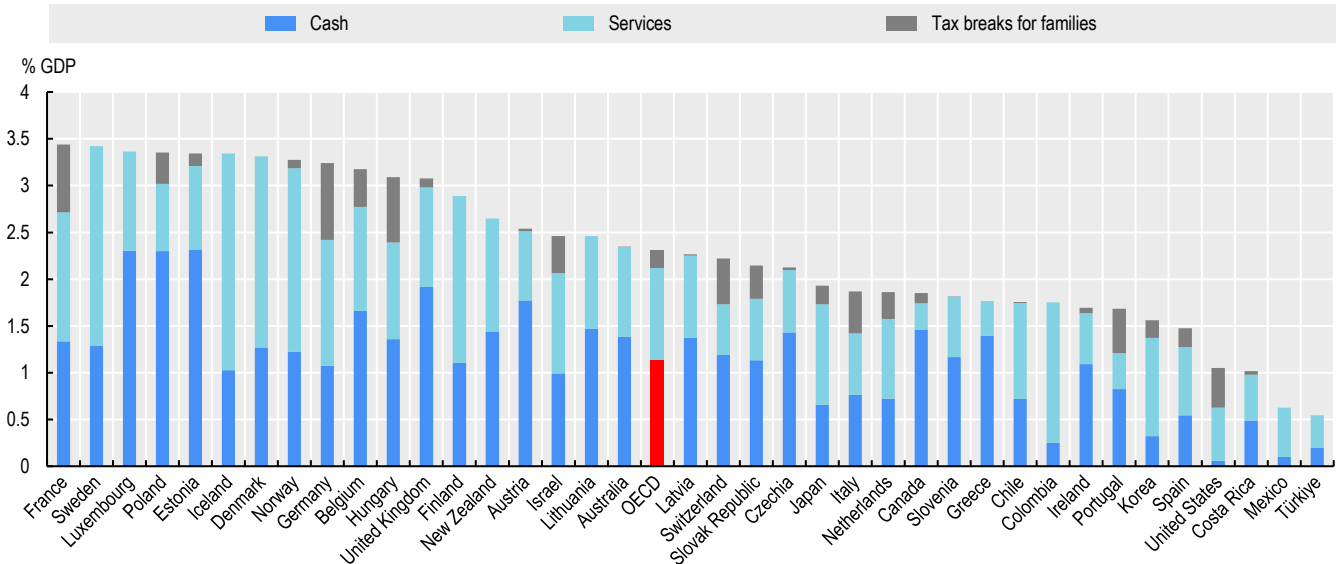
Note: Public spending accounted for here concerns public support that is exclusively for families (e.g. child payments and allowances, parental leave benefits and childcare support), only. Spending in other social policy areas such as health and housing support also assists families, but not exclusively, and is not included here. Coverage of spending on family and community services in the OECD Social Expenditure data may be limited as such services are often provided and/or co-financed by local governments. The latter may receive general block grants to finance their activities, and reporting requirements may not be sufficiently detailed for central statistical agencies to have a detailed view of the nature of local spending. In Nordic countries (where local government is heavily involved in service delivery) this does not lead to large gaps in the measurement of spending, but it does for some countries with a federal structure, for example, Canada and Switzerland. Data for Tax Breaks towards families for Ireland, Poland and the United Kingdom are estimates by the OECD. Data for the United Kingdom refer to 2018. National authorities provided estimates on the value of tax breaks for Switzerland.

Source: OECD (2024[12]), Indicator PF1.1., "Public spending on family benefits", OECD Family Database, www.oecd.org/els/family/database.htm.

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Parental leave can support fertility, but effects depend on context

Employment-protected paid family leave entitlements are a major feature of family policy in OECD countries. Administered through maternity-, paternity-, parental- and home-care leave, these entitlements are designed to protect infants and mothers around childbirth and to give both parents the necessary time to provide childcare in the early years of life of a new-born, while ensuring that fathers and mothers can return to work afterwards and are financially supported during their time on leave.
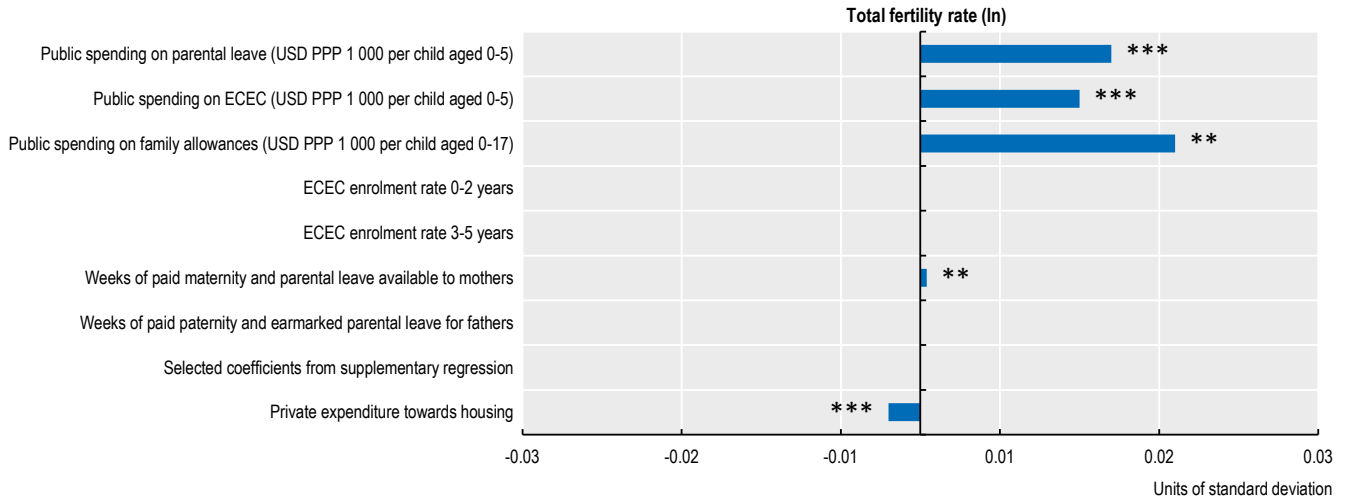
In 2021, all OECD countries except for one offered national/federal paid family leave around childbirth and for the early months and years of a child's life (OECD (2024[12]), Indicator PF2.1). The United States is the only country without a national/federal paid leave entitlement, though 13 states and the District of Columbia had enacted mandatory paid family leave by 1 January 2024 (Bipartisan Policy Centre, 2024[93]).

Across the OECD, an average of 25.7 weeks are earmarked for exclusive use by the mother and 12.7 weeks earmarked for exclusive use by the father. Across the OECD on average, both parents can share an additional 26.4 weeks of parental and home care leave between them as they see fit, but most of these leave entitlements are still used by mothers, despite increasing overall involvement by fathers (see OECD (2024[12]), Indicator PF2.2, "Use of childbirth-related leave benefits"). Leave entitlements that are targeted for use by fathers have increased over the three decades: Sweden first introduced a "daddy quota" in 1995, and by 2023, there were 23 OECD countries where parental leave systems encourage fathers to take leave (e.g. "daddy quota", "bonus months") for at least 8 to 10 weeks.

OECD-wide regressions of the overall length of paid parental leave and the exclusive entitlements for fathers on fertility and mean age of childbirth with fertility, show that the duration of paid leave for mothers is significantly associated with TFRs (Figure 1.14). Relying mostly on national evaluations of policy reforms of varying scope, the link between family leave entitlements and fertility is complicated to capture and highly dependent on country contexts (Bergsvik, Fauske and Hart, 2021[94]; Thomas et al., 2022[95]). For example, Thomas et al. (2022[95]) concluded that there are indeed positive links between parental leave and fertility if benefits are generous enough. Ang (2015[96]) found that the 2006 reform of the Québec Parental Insurance Program that increased income replacement rates and maximum benefit payments during parental leave, substantially increased the birth rate and induced increases in labour supply among women of childbearing age, while cash-transfer fertility incentives only slightly increased birth rates and decreased female labour supply. By contrast, several reforms that increased parental leave entitlements between 1987 and 1992 in Norway had, at best, a marginal effect on fertility over the 14 years after the reforms (Dahl et al., 2016[97]).

Figure 1.14. The link between family policy and fertility outcomes

Summary results of an OECD-wide two-way fixed-effects regression with clustered standard errors, 2002 to 2019

Note: All specifications are a two-way fixed-effects model with linear country time trends and controls for average years of schooling and log GDP. It is estimated over the period 2002 to 2019 using country-level data from Austria, Canada, Czechia, Denmark, Finland, Germany, Hungary, Italy, Korea, the Netherlands, Norway, Poland, Portugal, the Slovak Republic, Spain, Sweden, Switzerland, the United Kingdom and the United States. The standard errors are heteroskedasticity- and panel-corrected (for fixed effects models). ***, ** and * represent significance at 1%, 5% and 10% level, respectively. "..." indicates insignificant estimates (less than at the 10% level). " + " stands for a positive sign of a significant point estimate, and " – " stands for a negative sign.
Source: See Fluchtmann, van Veen and Adema (2023[2]), Tables 4 and 5 for the main baseline regressions and Annex Tables 5.B.9 and 5.B.10 for the supplementary regression results in "Fertility, employment and family policy: A cross-country panel analysis", www.doi.org/10.1787/326844f0-en.

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Entitlements to paternity and earmarked parental leave that are available to fathers are also potentially relevant, as they contribute to more sharing of unpaid work in the household, which can be important for fertility plans. A German reform in 2007, which introduced two "bonus months" if fathers took leave – along with replacing a low means-tested maternity flat-rate benefit with an income-dependent benefit – led to a higher likelihood of first and second births among higher educated women (Raute, 2019[98]), but the reform also shortened the duration of leave and was estimated to involve a loss for lower-income mothers which contributed to a reduced likelihood of subsequent births among them (Cygan-Rehm, 2015[99]). The same reform – which improved their intra-household bargaining positions – also showed that, a year after birth, fathers eligible for leave increased their weekly childcare engagement by 0.6 hours, and by 2.45 hours for those who actually took the leave, potentially mediating part of the effects on fertility. Such positive effects of father's engagement in parental leave taking are further supported by evidence on Icelandic, Norwegian and Swedish families, who were more likely to have a second child if fathers took parental leave (Duvander et al., 2019[100]; Duvander, Lappegård and Andersson, 2010[101])

However, in Spain, Korea and Norway there is evidence to the contrary. In Spain, the introduction of two weeks of paid paternity leave was followed by a delay in first births (Farré and González, 2019[102]). Similarly, in Korea, fathers who took family leave were less likely to want another child relative to those who are just about to start their leave (Lee, 2022[103]), and in Norway, an extended father's quota had no effect on subsequent fertility (Hart, Andersen and Drange, 2022[104]). Particularly in Korea and Spain, the reconciliation of family and work life in the early years after birth can be complicated, for example through often very long working hours for parents and long study hours for children in Korea and a mismatch between affordable ECEC demand and supply in Spain (OECD, 2022[105]; 2019[106])). As Korean and Spanish fathers have become more aware of the non-pecuniary costs of raising children, they may have also become less enthusiastic about having another child.

Childcare availability can increase fertility rates, with varying effects across birth parities

Access to high-quality and affordable ECEC supports both parents in their efforts to combine family commitments with full- or part-time labour market attachment. The availability of ECEC for children under the age of 3 once paid parental leave entitlements expire, can influence fertility choices. When families can realistically expect a continuum of leave and childcare supports during early childhood (as, for example in Denmark, Norway and Sweden) career and family commitments become more compatible, which mitigates the opportunity costs of having children (Gray et al., 2022[107]).

The provision of ECEC has been increasing across OECD countries over the last 15 years, particularly for children aged 0-2 (OECD (2024)[12], Indicator PF3.2, "Enrolment in childcare and pre-school"). On average, 35% of children below the age of 3 were enrolled in ECEC in OECD countries in 2019, up from just 22% in 2005 and with wide variation across countries. In many cases, the differences in use of ECEC across countries relate to differences in parental leave entitlements, public childcare support, and societal attitudes towards the provision of care to very young children. For example, ECEC enrolment of children aged 0-2 is highest in the Netherlands, where mothers often work part-time, and children participate in formal ECEC often for one or two days per week only. In Scandinavian countries, participation in ECEC is high and often on a full-time basis to facilitate full-time employment participation of both parents. By contrast, enrolment is particularly low in the Slovak Republic, where parental leave lasts until the child's third birthday, as well as in Mexico and Türkiye, where public investment in family supports is limited and social norms favour maternal care over public childcare. However, such social norms are malleable through family policy and have been changing in line with evolving provision structures in the past (Chung and Meuleman, 2017[108]). Some countries have seen a substantial expansion of ECEC provision for the youngest over recent years/decades, particularly in Belgium, Germany, Greece, Spain, Korea, Luxembourg and Norway, raising child enrolment rates by more than 20 percentage points.

Figure 1.14 shows that public spending on ECEC – which covers accessibility, availability, and intensity of use as well as affordability and quality of ECEC – has a significant positive association with fertility rates. ECEC enrolment rates (which are a proxy for the availability of ECEC) are not significant in any of the regressions. The international literature frequently, but not always, finds positive effects of ECEC availability on fertility, and effects may differ across birth parity. For example, expansions of ECEC availability in Japan have been positively linked with slightly increased fertility in regions where women are most likely to engage in the labour market (Fukai, 2017[109]). Better access to ECEC has been associated with increased fertility in Germany and Norway, particularly regarding second and third births (Rindfuss et al., 2007[110]; Rindfuss et al., 2010[111]), but ECEC expansion in Austria or Korea had no clear effect (Kleven et al., 2022[112]).

However, despite a massive expansion of ECEC and family supports in general, Korea has not been able to reverse its downward trend in the TFR (Jeong et al., 2022[113]), which dropped below 1 in 2018 and stood at 0.72 in 2023. Part of this may be explained by the difficulties to reconcile work and family life, for example through very long working hours. Other potential factors include changing societal norms and notions on gender roles, labour market dualism and the large number of parents who are reluctant to use or are ineligible for paid leave around childbirth. Furthermore, Korean and to a lesser extent Japanese parents as well, face substantial (after school) education cost in cash and time across childhood, and these high costs of childbearing have been a key reason for women not to have another child (Jones, 2019[114]; OECD, 2019[106]; OECD, 2024[115]; Tan, Morgan and Zagheni, 2016[116]).

Cash benefits have transitory effects on fertility at best

Cash transfers for families with children, such as family or child allowances, lower the direct costs of having children and may therefore increase fertility rates. However, substitution effects might also occur, such as investing more in children who have already been born instead of having more children (Bergsvik, Fauske and Hart, 2021[94]). Most international research shows that monetary transfers for families with children have no or only modestly positive effects on fertility; however, a lack of natural experiments makes the analysis challenging (Skirbekk, 2022[9]). Figure 1.14 shows that across the OECD, public expenditure on family cash benefits has a significant relationship with the TFR, but it is of weaker statistical significance than for spending on paid leave or investment in ECEC.

Depending on the country studied, the effects of cash transfers differ greatly across the OECD, as does their role in the overall package of family supports. Hungary, for example, has spent large sums on incentivising higher numbers of births through various family cash and tax benefits (Figure 1.13), including maternity and parental leave benefits with high payment rates for two years, a housing programme of lump-sum payments and subsidised loans, and increased investment in ECEC as from age 2 to 3 (OECD, 2022[117]). The support package is geared towards those in formal employment, resulting in those in the bottom income deciles with less formal employment relationships missing out, including Roma families with three or more children (Szántó, 2021[118]). The Hungarian TFRs in 1995 and 2020 were similar at around 1.5 children per women, but in 2010/11 the TFR bottomed out at 1.25 children per woman (OECD, 2024[12]). The package of Hungarian support policies is likely to have contributed to increasing the TFR to around 1.5 children per woman, and efforts to expand the ECEC network and its coverage, including to all low-income families, would increase gender equality (OECD, 2022[117]) and fertility rates (Szabó-Morvai et al., 2019[119]).

The Polish *500+* child benefit programme, has substantially reduced (extreme) child poverty, but failed to raise fertility rates (Magda et al., 2019[120]; Ekert, 2022[121]). From February 2024 onwards, the programme became the *800+ programme*", which pays PLN 800 (just over USD 200) per child per month (Ministry of Family, Labour and Social Policy, Republic of Poland, 2024[122]). The Demographic Strategy 2040, launched by the Polish Government in 2022, also focuses on reducing barriers to work and family reconciliation, but it remains to be seen how large investment in this area will be (Polish Government, 2022[123]). The Australian Baby Bonus had a small but statistically significant impact on the fertility rate, with the biggest effects among immigrant women of low educational attainment (Bonner and Sarkar, 2020[124]; Parr and Guest, 2011[125]). The concentration of effects among lower educated and immigrant women highlights that these groups, like young people, are likely particularly sensitive to the financial costs of childbearing. However, a German child benefit reform, which increased payments for first births among lower earners, had a negative effect on first births for this group – which could potentially be explained by restrictive sampling with respect to age and domestic migration histories coupled with East-West fertility differentials (Riphahn and Wiynck, 2017[126]).

When family cash benefits do have a positive effect, it is generally only transitory in nature. For example, birth allowances that were introduced in a number of Swiss cantons temporarily increased the TFR by 5.5% – slightly more for first than second births

and mainly among immigrants with lower socio-economic status – yet this effect faded quickly (Chuard and Chuard-Keller, 2021[127]). In Spain, the implementation of a universal child transfer led to an increase in 3% in the TFR, but a cancelation of the programme in 2010 led to a decrease in the TFR of 6%, which outweighed the increase that existed while the programme was active (González and Trommlerová, 2021[128]). Similarly in France, a restriction of the eligibility criteria for early childhood allowances led to declining fertility through postponement of births to later ages, likely reflecting the higher sensitivity to childbearing costs at younger ages as well (El-Mallakh, 2021[129]).

Increasing housing costs affect fertility

Formal childcare, education, food, and housing are significant parts of a family budget, and more children mean more costs. Changes in the price of such goods and services are therefore likely to change fertility outcomes. Figure 1.15 shows that household expenditure on housing and utilities has increased substantially, in line with strong increases in (real) house prices over past decades, but particularly since the mid-2010s (OECD, 2023[5]).

Having (more) children, often means an increase in housing expenditure through moving to bigger housing space to accommodate a larger family size. Increasing housing costs make it more expensive to have (more) children. Fluchtmann, van Veen and Adema (2023[2]) found that increases in household expenditure on housing had a significant and negative effect on TFRs. At the same time, housing property is a major source of household wealth across the OECD and for some, it may provide the necessary housing security for childbirth (Kim and Sparks, 2019[130]). However, as the average age of first-time homeowners is generally increasing, housing wealth may mostly influence fertility among people who had sufficient time (and accumulated resources) to climb the housing property ladder, thus affecting mainly second or higher-order births among higher-earners.

Figure 1.15. Household expenditures have changed since 2000

Percentage point change in expenditure shares by item of household budgets, 2000 vs. 2019, OECD-33 average
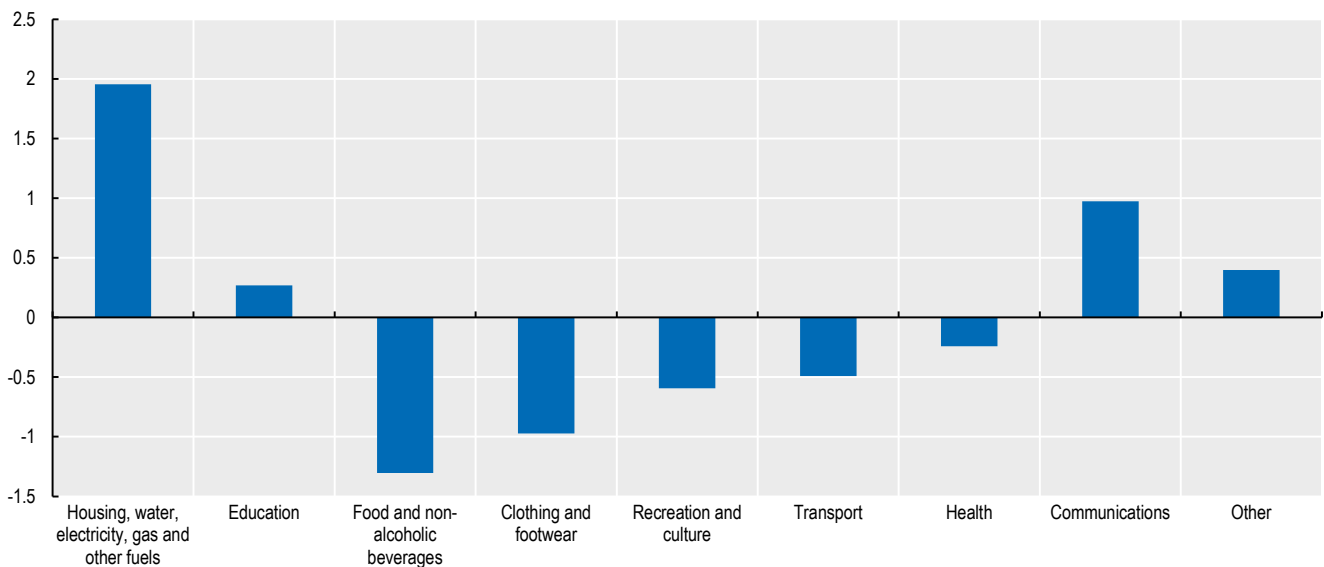
Note: Data refers to changes in the share of different household expenditure items among final consumption expenditure of resident households in the respective territory and abroad, based on the *Classification of Individual Consumption according to Purpose* (COICOP) and National Accounts data. The OECD 33 average excludes Chile, Colombia, Costa Rica, Switzerland, and Türkiye.
Source: OECD (2022[131]), "Final consumption expenditure of households", https://stats.oecd.org/Index.aspx?DataSetCode=SNA_TABLE5.

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Governments have a range of policy options to promote housing affordability for renters. Policies could aim to increase the supply of housing through measures such as facilitatory land use and building permit regulations, as for example, a review of boundaries on urban development or relaxation of building height regulations (OECD, 2021[132]); support social housing policies; and, housing allowances that tend to target lower-income and other vulnerable households (OECD, 2021[133]; 2020[134]), while access to more affordable rental housing makes it easier for younger people to have children (Brauner-Otto, 2021[135]). In addition, easier access to mortgage and homeownership for younger people through subsidies and guarantees could positively affect fertility (Gurov and Kulikova, 2022[136]). In Hungary, for example, increased home-ownership support has been shown to positively affect fertility (Szabó-Morvai et al., 2019[119]).

Since house and rental prices have risen dramatically in many OECD countries, partnership and family formation may in part have been inhibited by more young adults having to live with their parents for financial reasons for a longer time into their 20s and 30s (Esteve et al., 2020[137]; Cournède and Plouin, 2022[138]). Indeed, living with parents can for some young people be the only way to deal with a situation of high rental prices and insecure jobs. On average across the OECD, there has been an increase in the proportion of youth living in their parents' households, but there is substantial variation across countries (Figure 1.16). Countries like Greece, Italy, Portugal and Spain have high and increasing shares of young adults living in their parents' households – which coincides with high ages at birth and a low TFR overall – while the Nordic countries have low and relatively stable shares. Between 2006 and 2022, a few countries recorded increasing shares of young people living outside of their parents' home, and these include Austria, Finland, Estonia, Lithuania, Mexico, Slovenia and the United States (Figure 1.16).

Changes in attitudes and norms can be important for fertility

When young people are facing competing life goals the psychosocial costs and benefits of having children become more important. One factor is the way attitudes and norms affect the way people *think* about their conditions. Understanding how norms and attitudes have changed over time, and how more recent norms and attitudes drive behaviour among young adults will help to understand the decline in fertility and the choices couples make.

The *Second Demographic Transition* theory has emerged as a central theory to explain changes in family formation over the course of the 2000s and 2010s (Sobotka, 2008[139]). It postulates that as societies reach a certain level of economic advancement, non-materialist values such as self-fulfilment become more important to people. It predicts that the family ideal weakens because of a greater focus on individual autonomy, choice, and self-actualisation. In this sense, having children and investing time and resources in raising them according to the high standards required by society (see below) can be seen as competing with alternative life goals. The focus on self-actualisation also means that there is a greater emphasis placed on the quality of relationships, which in turn can lead to a postponement of partnership and a greater likelihood of leaving a partnership that is no longer satisfactory (Hellstrand, Nisén and Myrskylä, 2022[140]).

Figure 1.16. The share of young adults living with their parents has increased in many countries

Share of young adults aged 20-29 living with their parents
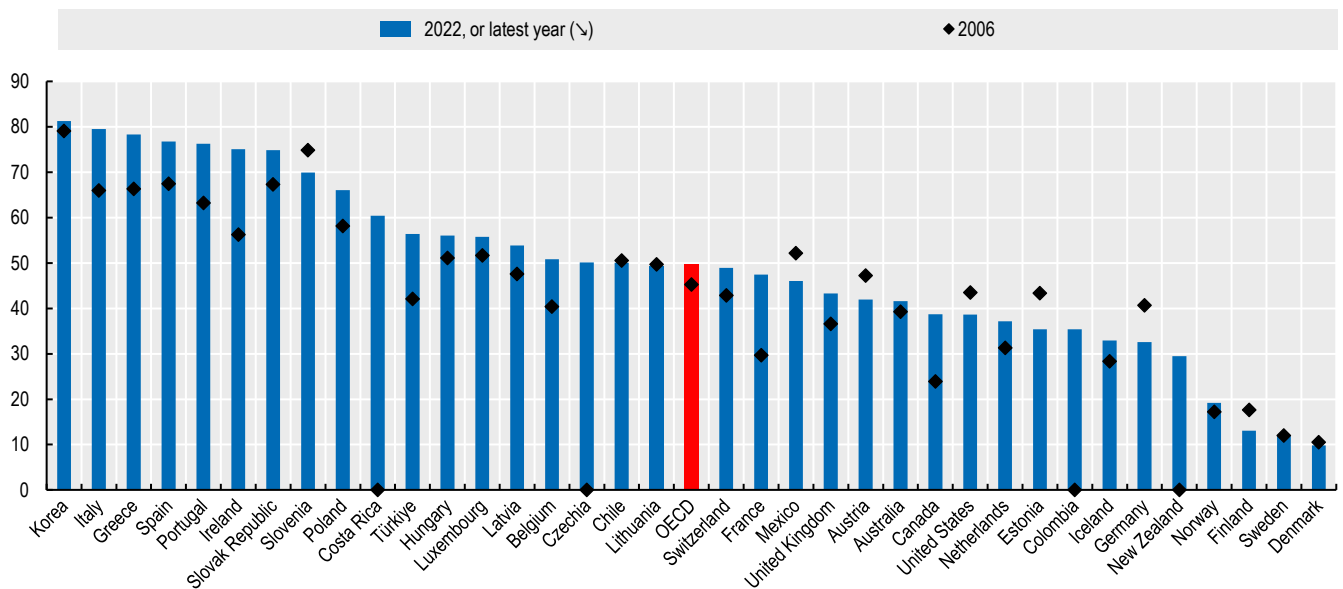
1. The OECD average is unweighted and does not include Colombia, Costa Rica, Czechia and New Zealand.
2. The latest data refer to 2021 for Australia, Colombia, Costa Rica, Hungary, Switzerland and the United States; 2020 for Korea, Mexico, Norway, Switzerland, Türkiye and the United Kingdom; 2018 for Iceland; and 2017 for Canada and Chile.
3. Data for 2006 refer to 2007 for Canada and the United States and to 2008 for Mexico and Switzerland.
Source: OECD calculations based on EU-SILC, HILDA (Australia), CIS (Canada), CASEN (Chile), KLIPS (Korea), ENIGH (Mexico), estimates provided by Statistics New Zealand (2021); and CPS (United States).

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Family versus self-actualisation

Most births are intentional (albeit unintentional births still happen) and more people intend to have – and do have – fewer children. Along with these trends, there is a broad movement towards an increased acceptance of not having children. Rotkirch (2020[141]) observed the rise of a new "childfree ideal" in Finland, while Guzzo (2022[142]) found that increasing numbers of young adults in the United States do not want to have any children. Reasons for delaying or choosing not to have children include not wanting to give up the current lifestyle (Alakärppä et al., 2022[143]; Rotkirch, 2020[141]). Life goals other than family and children have gained importance in recent years (OECD, 2023[74]). An increasing number of people tend to postpone or even renounce having children to pursue other life goals that they value, including career advancement and self-actualisation activities (Savelieva, Jokela and Rotkirch, 2022[144]; Rotkirch, 2020[141]). Rotkirch (2020[141]) documented that having children – rather than not having children – is described as a "sacrifice" by many young people.

Pressures of parenting

The normative demands on what it means to be a "good" parent have grown, or at least grown in importance. The act of balancing the costs and benefits of having children – both financial and non-financial – has been widely studied to better understand the reasoning behind the choice to have fewer, if any, children today than in the past (Mynarska and Rytel, 2022[145]; Cools and Strøm, 2020[146]; Lebano and Jamieson, 2020[147]). Parents tend to put in increasing amounts of time into raising children, rather than letting children grow up without much intervention, and this holds true especially for parents with higher levels of education (Ellingsæter, Kitterød and Hansen, 2022[148]), as postulated by (Becker, 1960[3]). In Norway, for example, between 2000 and 2010, the time men and women spend on family care per day increased from 39 minutes to 54 minutes for men and 1 hour and 12 minutes to 1 hour and 19 minutes for women (SSB, 2022[149]). Parents in Korea are subject to a strong culture of "helicopter parenting" or "over-parenting", that requires parents – and particularly mothers – to micromanage their children's days to maximise their chances in an increasingly competitive education environment. This "helicopter parenting" culture was found to inhibit parents' emotional and financial abilities to have children, as well as children's ability to develop autonomy, independence, and happiness (OECD, 2019[106]).

A fear of not being able to live up to the ideal of intensive parenting is an important reason for postponing or avoiding family formation. Qualitative evidence from Europe finds that one important reason why some women in their early thirties choose to postpone having children is that they do not believe that they can live up to the ideal of motherhood (Lebano and Jamieson, 2020[147]; Rotkirch, 2020[141]). Similar effects are also seen in the United States where the economic investment required can be larger than in many European countries due to extensive public supports available in welfare countries (Guzzo, 2022[142]).

With the de-stigmatisation of childlessness and a wider discussion about whether it is right to have children, it is not surprising that young adults increasingly consider the state of the world in which their potential future children will grow up when making fertility choices. For instance, qualitative evidence from Sweden shows that young adults and teenagers think both about children's impact on the climate, and the impact of climate change on the lives of their future children. Indeed, participants consider the prospect of having children as a selfish option, in large part because they worry about future children having a poor quality of life when climate change makes the world less inhabitable (Bodin and Björklund, 2022[150]). A 2020 survey found that 26% of childless adults in the United States reported that climate change was either a "major reason" or a "minor reason" for not having children (Jenkins, 2020[151]). Another poll shows similar results in Australia: 33% of female respondents under 30 reported "reconsidering having children or more children because I am increasingly worried that if I have children, they will face an unsafe future from climate change" (Australian Conservation Foundation, 2019[152]). In Canada, teenagers signed the "No Future, No Children Pledge" to show the government that they want decisive climate action before they feel confident to have children (Climate Strike Canada, 2019[153]). Evidence from China shows that while not the most frequently cited concern around fertility choices, climate worries do play some role (Fu, Schneider-Mayerson and Montefrio, 2022[154]).

Growing gender equality changes the way households organise their lives

With increasing labour force participation of women, families have had to rebalance their strategies for managing careers and the responsibility of raising children. The success of families to find a balance between careers and care that is perceived as fair is crucial for fertility intentions. For people that consider becoming parents or having another child, prospects of future conflicts in family responsibilities and labour market careers may therefore be a deciding factor, especially for women, who continue to shoulder most care and housework. However, even though social norms of female caregiving have remained rigid for many decades, male involvement in childcare and housework is slowly increasing, as is the support for gender equality in the household (Pew Research Center, 2019[155]). These changes in attitudes and practice may ease the work-family balance for couples and support higher fertility rates (Goldscheider, Bernhardt and Lappegård, 2015[156]). In a systematic literature review covering the evolution of gender equal norms, Raybould and Sear (2021[157]) found that the number of births indeed increase either when men and women specialise into a home-maker model or combine into an egalitarian co-provider – co-carer model, rather than when mothers face the dual burden of labour market engagement and the majority of care work.

Transitions between normative states are not straightforward, however, and household disagreements on the organisation of family and work dampen fertility intentions. Research generally suggests that actual and perceived fairness in the division of care and housework are important parts of the puzzle when trying to understand fertility choices within couple households (Kolk, 2019[158]; Lappegård, 2020[159]). Doepke and Kindermann (2019[160]), found a link between an unequal division of care work and

disagreement over fertility intentions. This disagreement among partners often involves women wanting fewer children when they do most of the unpaid work and is most prevalent in low-fertility countries.

In Norway, where male involvement in care and housework is one of the highest in the OECD, male partners tend to be the ones who argue against having a(nother) child (Cools and Strøm, 2020[146]). This male hesitation to have a(nother) child may reflect a changing reality for fathers in more gender equal societies, as the commitment to think about timing and involvement – along with other opportunity costs – is a newer phenomenon for prospective fathers than it is for prospective mothers. In fact, it has been suggested that increased demands on time and emotional commitment from fathers has been one of the key factors in delaying or avoiding having children (Jensen, 2013[161]; Goldscheider, Bernhardt and Lappegård, 2015[156]). Qualitative work from Norway also found childless male respondents emphasise that they want to be sure of the relationship, have a secure financial position, and be able to "be there" for their families. These new norms about what may be expected from parents (and fathers in particular), makes participants hesitant toward having children (Cools and Strøm, 2020[146]).

Policy considerations

Families remain a cornerstone of any society in OECD countries (OECD, 2011[91]), and modern family policy aims to support families through pursuit of a range of interdependent policy objectives (Adema, 2012[162]). These include, in no particular order:

- Combat child and family poverty
- Promote child development and generally enhancing child well-being throughout the early life-course
- Enhance gender equality
- Mobilise female labour supply to foster economic growth and underpin the financial sustainability of social protection systems
- Support parents with the reconciliation of work and family responsibilities
- Promote conditions which help adults to have the number of children they desire at the time of their choosing.

The prevailing balance of these family policy objectives varies across countries, and while pro-natalist notions fuelled by low-fertility rates may be an important driver of policy development in, for example, Japan, Hungary and Korea, they play no discernible role in, for example, British or Dutch policy development, notwithstanding concerns about demographic trends (Staatscommissie Demografische Ontwikkelingen 2025, 2024[163]).

Increasingly families need two adults in paid work to sustain household income. Countries like Denmark, France, Norway and Sweden have comprehensive policies supporting the reconciliation of work and family life through the provision of a continuum of support including paid parental leave provisions and investment in ECEC, and these countries spend more than 3% of GDP on family supports. Until recently these countries were relatively successful in sustaining fertility rates at a level just below replacement level. However, by 2022/23, in many of these countries the TFR had *fallen* to around the OECD average. By contrast, Hungary increased spending on family benefits to over 3% of GDP and *raised* the TFR to the OECD average over the past 10 years. Clearly, work and family policies on their own are not enough to explain the cross-national variation in fertility rates.

Increasingly, concerns about the cost of housing have come to the fore as a barrier to having (more) children, as the increase in housing cost since the late 1990s has been considerable in most OECD countries. For a variety of reasons that go well beyond family formation countries have been looking at policies to make housing (more) affordable (OECD, 2021[133]). The housing policy response varies substantially across countries. Austria, Denmark, France and the Netherlands, for example, have a substantial social housing sector serving a range of clients, while Hungary relies more on providing housing ownership subsidies for families with children.

Personal choices towards having children depend on a range of factors. Consequently, a multifaceted policy approach is required to enable people to have the number of children they desire at the time of their choice, as solving one issue (e.g. support with care for children) may not address other barriers to parenthood (e.g. the cost of housing or long working-hours). Indeed, public policy cannot do it alone, it needs coherence with labour market institutions and workplace practices that are co-determined by employers and unions. Furthermore, for any policy to have a long-lasting effect, people have to trust it will be in place in future; policies that are believed to be temporary will have a short-term effect at best.

Fiscal space for additional investment in families may be limited, but the best approach for countries that are concerned about fertility rates remains to promote more gender equality and fairer sharing of work and childrearing. This involves providing family policies that help the reconciliation of work and family life, but policy must also have a greater focus on the costs of children, especially housing costs. However, because of changes in preferences for children, it is unlikely that such policies will enable countries to approach replacement fertility rates again.

More generally, policy should consider how to adapt for demographic change, if only because any increase in fertility rates only translates into a larger working-age population 20 years or so down the line. Such a policy – that goes beyond family policy and the scope of this chapter – see Box 1.2, could involve net immigration, bringing more under-represented groups into the labour force and taking measures to enhance their productivity to allay the economic and fiscal implications of a potentially shrinking workforce. Ensuring better population health and prolonging working lives will further support these efforts and reduce future fiscal pressure.

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Notes

[1] Excessively long working hours may affect reproductive health of women itself (Ahn et al., 2021[164]; Gaskins et al., 2015[165]). Using panel-date for France, Lambert et al. (2023[167]) found that working non-standard hours decreases the propensity of a woman to have a first child, and the negative effect on fertility rates is stronger for night schedules rather than morning, evening or weekend schedules.

[2] The relationship between earnings and fertility can change across birth parities. For example, Kornstad and Rønsen (2017[166]) identify a U-shaped relationship between wages and fertility. When considering having a first birth, women are likely earning comparatively low wages. They may want to wait and capitalise on steeper earnings profiles later on, thus postponing fertility. Kornstad and Rønsen (2017[166]) regard this as the downward sloping part of the wage-fertility relationship over which increasing wages initially decrease or postpone fertility. For their second or higher births, many women are likely to have higher wages and be on the upward slope of the curve, with a positive link between wages and fertility.

[3] Nieto (2022[71]) is based on a study on the population employees. As the partner of male employees may be inactive, unemployed or self-employed, it is feasible to find that subsidies increase fertility for male employees but have a different effect on fertility among female employees.

2 Interpreting OECD social indicators

The purpose of Society at a Glance

Society at a Glance 2024 aims to address the growing demand for quantitative evidence on the current state of society, the overall trends, and their possible drivers across OECD countries. One objective is to assess and compare social outcomes that are currently the focus of policy debates. Another is to provide an overview of societal responses, and how effective policy actions have been in furthering social development. This edition of *Society at a Glance* includes a special chapter that analyses the decline in fertility rates that has occurred in many OECD countries.

The indicators are based on a variant of the "Pressure-State-Response" framework that has also been used in other policy areas (United Nations, 1997[1]). This groups indicators into three areas:

- *"Social context"*: refers to general indicators that, while not usually direct policy targets, are relevant information for understanding the social landscape. An example is the proportion of elderly people to working-age people.

- *"Social status"*: describes the social outcomes that policies try to influence. Ideally, the selected indicators can be easily and unambiguously interpreted. As an example, all countries would rather have low poverty rates than high ones.

- *"Societal response"*: provides information about measures and activities designed to affect social status indicators. Examples are governmental policies, but also activities of NGOs, families and broader civil society.

In addition, the framework used in *Society at a Glance* groups social status and societal response indicators according to the broad policy fields they cover:

- "self-sufficiency"

- "equity"

- "health status"

- "social cohesion"

A related OECD publication, *How's Life? Measuring Well-being*, presents a large set of well-being indicators, with an aim to provide an accurate picture of societal well-being and progress. Compared with *Society at a Glance*, *How's Life?* uses a broader set of outcome measures but excludes indicators of policy responses (OECD, 2020[2]). In addition, the special chapter in *Society at a Glance* (Chapter 1 in this volume) provides policy analysis and recommendations.

OECD countries differ substantially in their collection and publication of social indicators. When selecting indicators for this report, the following questions were considered.

- *What is the degree of indicator comparability across countries?* This report strives to present the best comparative information for each of the areas covered. However, the indicators presented are not confined to those for which there is "absolute" comparability. Readers are alerted to the nature of the data used and the limits to comparability.

- *What is the minimum number of countries for which the data must be available?* This report includes only primary indicators that are available for at least two-thirds of OECD countries.

- *What breakdowns should be used at a country level?* Social indicators can often be broken down at a national level into outcomes by social sub-categories, such as age, gender and family type. Pragmatism governs here: the breakdowns presented vary according to the indicator considered, and are determined by what is readily available.

Chapters 2 to 8 describe the key evidence. Some of these indicators are published by the OECD on a regular basis (e.g. *Social Expenditure Database* and *OECD Health Statistics*). Others have been collected on an *ad hoc* basis or involve transformation of existing indicators.

The selection and description of indicators

Risks that Matter

To find out more about people's perceptions of social and economic risks and how well they think their government reacts to those risks, in 2018 the OECD launched a new cross-national survey, the OECD *Risks that Matter* Survey (OECD, 2019[3]). The 2022 survey (the third wave) draws on a representative sample over 27 000 people aged 18-to-64-years-old in 27 OECD countries: Austria, Belgium, Canada, Chile, Denmark, Estonia, Finland, France, Germany, Greece, Ireland, Israel, Italy, Korea, Latvia, Lithuania, Mexico, the Netherlands, Norway, Poland, Portugal, Slovenia, Spain, Switzerland, Türkiye, the United Kingdom and the United States (OECD, 2023[4]).

The survey questionnaire consists of three main sections covering: risk perceptions and the social and economic challenges facing respondents and their families; satisfaction with how well government performs in providing public services and benefits; and desired policies or preferences for social protection going forward. Most questions are fixed-response, taking the form of either binary-response or scale-response. The questionnaire is conducted in national languages. More via www.oecd.org/social/risks-that-matter.htm.

Table 2.1. List of perception indicators

Social and economic risk perceptions and concerns
Satisfaction with social policies and the government's COVID-19 response
Preferences for government intervention and social policies

General social context indicators

When comparing *social status* and *societal response* indicators, it is easy to suggest that one country is doing badly relative to others, or that another is spending a lot of money in a particular area compared with others. It is important to put such statements into a broader context. General context indicators including *household income, fertility, migration, marriage and divorce* and the *demographic trends*, provide the general background for other indicators in this report (see Chapter 3).

Table 2.2. List of general context indicators

Household income
Fertility
Migration
Marriage and divorce
Demographic trends

Self-sufficiency indicators

Self-sufficiency is an underlying social policy objective. Self-sufficiency is promoted by ensuring active social and economic participation by people, and their autonomy in activities of daily life. A selection of indicators is shown in Chapter 4.

For many people, paid employment provides income, identity, and social interaction. Social security systems are mostly funded by taxes levied on those in paid employment. Promoting higher paid *employment* is a priority for all OECD countries (OECD, 2023[5]). To be *unemployed* means that supporting oneself and one's family is not always possible. *Skills* also play a central role in ensuring people find and keep employment, and are particularly important for young people (OECD, 2023[6]). *Student performance* signals an important dimension of human capital accumulation, measured by OECD PISA towards the end of compulsory education in most countries (OECD, 2023[7]; 2023[8]). Good student performance enables longer-term self-sufficiency, including in paid employment. The number of *expected years after labour market exit* is a societal response, determined by employment options for older people, age of pension eligibility, and self-sufficiency in old age (OECD, 2023[9]).

The table below lists the chosen indicators for assessing whether OECD countries have been successful in meeting goals for assuring the self-sufficiency of people and their families.

Table 2.3. List of self-sufficiency indicators

Social status	Societal responses
Employment	Expected years after labour market exit
Unemployment	
Skills	
Student performance	

Equity indicators

Equity is another common social policy objective. Equitable outcomes are measured mainly in terms of people's access to resources.

Equity has many dimensions (Chapter 5). It includes the ability to access social services and economic opportunities, as well as equity in outcomes. Opinions vary as to what exactly entails a fair distribution of opportunities or outcomes. Additionally, as it is hard to obtain information on all equity dimensions, the *social status* equity indicators presented here are limited to inequality in financial resources.

Income and wealth inequalities are natural starting points for considering equity across the whole of society (OECD, 2023[10]). However, policy concerns are often more strongly focussed on those at the bottom end of the income distribution. Hence the use of *poverty* measures, in addition to overall inequality. Consideration of guaranteed minimum income benefits shows financial support and obtainable living standards for low-income families. During periods with high unemployment, cash transfers for working-age people are a major income safety net. The indicator of *unemployment and social safety net benefits* complements the more general measures of income inequality and poverty. All OECD countries have social protection systems that redistribute resources and insure people against various contingencies. These interventions are summarised by public *social spending*

(OECD, 2023[11]) Equity indicators are clearly related to self-sufficiency indicators. Taken together, they reveal how national social protection systems address the challenge of balancing adequate provision with system sustainability and promotion of citizens' self-sufficiency. Having access to quality *affordable housing* is also important to reduce poverty risks, improve equality of opportunity and make growth inclusive and sustainable (OECD, 2024[12]).

Table 2.4. List of equity indicators

Social status	Societal responses
Income and wealth inequalities	Social spending
Income poverty	Unemployment and social safety net benefits
Affordable housing	

Health indicators

Health status is a fundamental objective of healthcare systems, but improving health status also requires a wider focus on its social determinants, making health a central objective of social policy (Chapter 6).

The links between social and health conditions are well-established. Indeed, educational gains, public health measures, better access to healthcare and continuing progress in medical technology, have contributed to significant improvements in health status, as measured by *life expectancy*. *Suicides* give additional information about health and societal challenges. Suicide is a significant cause of death in many OECD countries. The reasons for suicidal behaviour are complex, and there are multiple risk factors that can predispose people to attempt suicide. Mental ill-health, including depression, can increase the risk of dying by suicide, as well as shocks such as pandemics and financial crises. *Health spending* is a more general and key part of the policy response of healthcare systems to concerns about health conditions. *Health and care workforce* can directly impact the quality, accessibility, and effectiveness of healthcare services, ultimately influencing population health outcomes. Another health indicator for total population and youth is *Tobacco and alcohol consumption*, both associated with numerous harmful health and social consequences.

Nevertheless, health problems can originate from interrelated social conditions – such as unemployment, poverty, and inadequate housing – beyond the reach of health policies. Moreover, more than spending levels *per se,* the effectiveness of health interventions often depends on other characteristics of the healthcare system, such as low coverage of medical insurance or co-payments, which may act as barriers to seeking medical help. A much broader range of indicators on health conditions and interventions is provided in *OECD Heath Statistics* (OECD, 2023[13]) and in *Health at a Glance* (OECD, 2023[14]).

Table 2.5. List of health indicators

Social status	Societal responses
Life expectancy	Health spending
Suicides	Health and care workforce
Tobacco and alcohol consumption	

Social cohesion indicators

Social cohesion is often identified as an over-arching objective of countries' social policies. While limited agreement exists on its meaning, a range of symptoms signal *lack* of social cohesion. Social cohesion is positively evident in the extent to which people participate in their communities or feel safe (Chapter 7).

Life satisfaction is determined not only by economic development, but also by diverse experiences and living conditions. *Trust in public in institutions* and participation in *voting* are two important measures on how well people trust their country's institutions and participate in society. A measure of *Violence against Women*, encompassing all forms of violence perpetrated against women, is included to highlight the persistently high prevalence of such violence (OECD, 2023[15]; 2023[16]). *Online activities* is another important element of social cohesion indicator, positively, through online connectedness, or negatively, for example through adolescent cyberbullying.

It is difficult to identify directly relevant and comparable response indicators at a country level on social cohesion issues. Policies that are relevant to other dimensions of social policy (self-sufficiency, equity, and health) may also influence social cohesion.

Table 2.6. List of social cohesion indicators

Social status	Societal responses
Life satisfaction	Voting
Trust in public institutions	
Violence against women	
Online activities	

What can be found in this publication

Each of the indicators covered in Chapters 3 to 8 includes page of text and a page of charts, which generally follow a standardised pattern. The choice of the time period over which change is considered is partly determined by data constraints. However, ideally changes are examined: 1) over the last generation, to compare how society is evolving in the longer term; or 2) over the period since the COVID-19 pandemic, so the extent to which recent economic fluctuations are influencing social indicators can be studied.

A "Definition and measurement" box provides the definitions of data used and a discussion of potential measurement issues.

The data underlying each indicator are available on the OECD website, or by clicking on the StatLink at bottom right of each chart (where data for more countries are also available).

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3 Perceptions of social risks and government effectiveness

Social and economic risk perceptions and concerns

What are people's top concerns in OECD countries? The OECD's Risks that Matter (RTM) survey provides key insights into people's perceptions of the social and economic risks they face. The 2022 edition also asks about perceptions of topical events, such as rising inflation, climate change or national security, which are presented here along with long-term worries – beyond the next decade.

When asked about topical events, worries about inflation are at the top of respondents' minds. On average, 91% of respondents indicate they are "concerned" or "somewhat concerned" about inflation and the cost of living (Figure 3.1). Financial worries are concentrated among parents of dependent children and among respondents in lower-income households, who are especially concerned about their ability to pay for food, housing, energy and paying down debt. This trend is particularly pronounced in countries like Ireland, Israel, and Norway, where respondents in lower-income households are significantly more likely to report feeling financial pressure compared to those in top-income households.

Apart from financial concerns, the most-cited worries coming out of the COVID-19 pandemic are the lack of mental health care for those in need (82%) and the consequences of climate change (77%). While the ranking of these concerns varies by country, both stand out as preoccupying more than two thirds of respondents in all RTM countries (except for Latvia) (Figure 3.1). Despite the widespread economic turmoil and sense of financial instability, climate change is the third most concerning event, topping both concern over national security due to the 2022 geopolitical situation as well as concern about low job quality for many current jobs.

Looking ahead to the next decade, many report being worried about longer-term risks to personal finances and health. The most commonly reported risk, "not being financially secure in old age," has 75% of respondents worried on average across countries (Figure 3.2). This has been a consistent long-term concern since the RTM first ran in 2018. A majority of people across RTM countries report worrying about this, ranging from 90% in Chile to 59% in the Netherlands. "Accessing good-quality healthcare" is the second-most chosen source of concern, with 71% of respondents saying they worry about this on average across countries. At the upper end of the spectrum, 91% worry about this in Chile while just 51% do so in Switzerland (Figure 3.2).

These widespread long-term worries about financial risk and access to healthcare reflect the shorter-term focus on not being able to make ends meet and accessing good-quality healthcare. These are also consistent with observations from the 2020 wave, where worries about health and finances were the most prevalent.

Definition and measurement

For Figure 3.1, respondents were asked: Q21. "Given current events, how concerned are you about each of the following?".

For Figure 3.2, respondents were asked: Q3. "Looking beyond the next ten years, how concerned are you about the following?".

For both questions, respondents could choose between: "Not at all concerned", "Not so concerned", "Somewhat concerned", "Very concerned", or "Can't choose". Data present the share of respondents who report "somewhat concerned" or "very concerned".

Source: Background Questionnaire from OECD Risks That Matter survey 2022, https://www.oecd.org/social/risks-that-matter.htm. See also Chapter 2 for more information about the survey.

Further reading

OECD (2023), *Main Findings from the 2022 OECD Risks that Matter Survey*, OECD Publishing, Paris, https://doi.org/10.1787/70aea928-en.

OECD (2021), *Main Findings from the 2020 OECD Risks that Matter Survey*, OECD Publishing, Paris, https://doi.org/10.1787/b9e85cf5-en.

Figure 3.1. Overall, nine-in-ten respondents are concerned about inflation and cost of living

Proportion of respondents who report being somewhat or very concerned by each "current event", by country, 2022

Source: OECD Risks that Matter Survey 2022, https://www.oecd.org/social/risks-that-matter.htm.

StatLink ⟶ https://stat.link/vxjmch
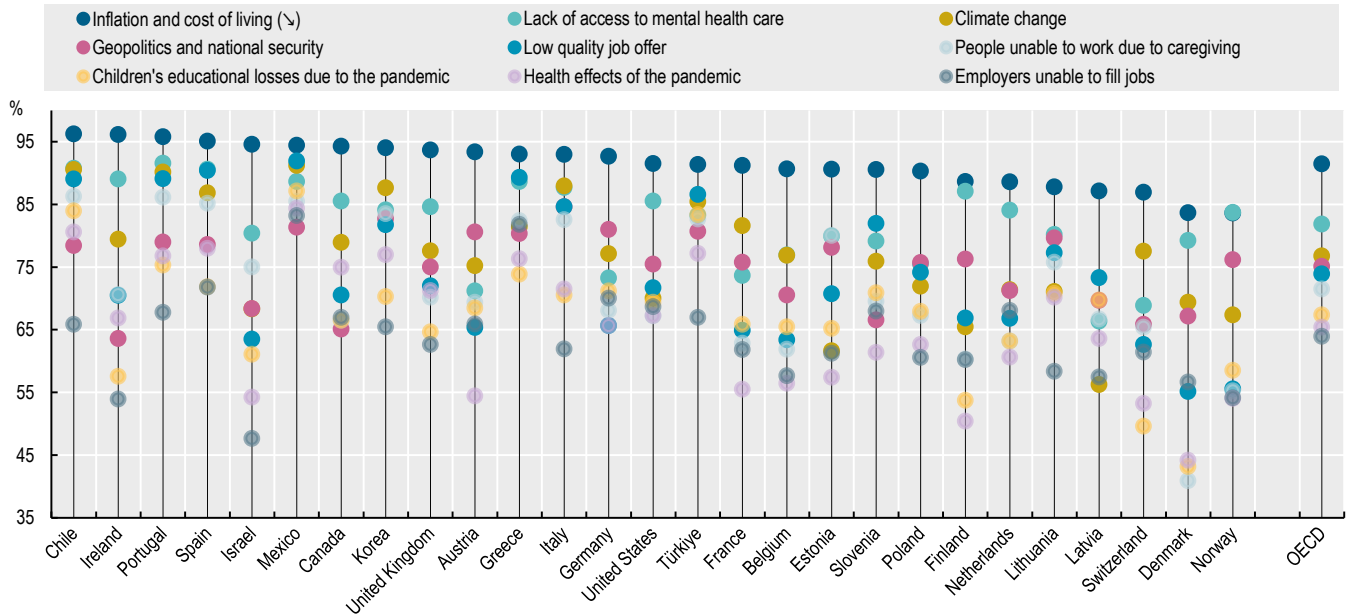
Figure 3.2. In the long term, respondents are most concerned about financial security in older age

Proportion of respondents indicating they are somewhat or very concerned by each identified risk over the next ten years, by country, 2022
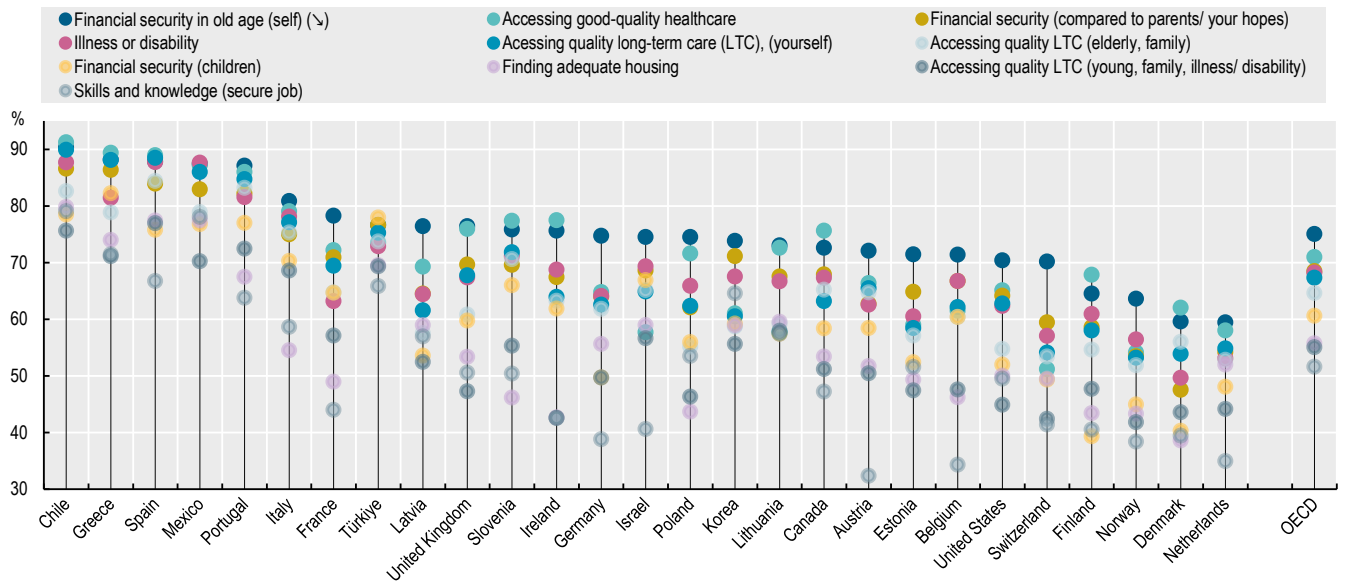
Source: OECD Risks that Matter Survey 2022, https://www.oecd.org/social/risks-that-matter.htm.

StatLink ⟶ https://stat.link/0y4ikt

Satisfaction with social policies and the government's covid response

Although the social protection system is advanced in most OECD countries compared to non-OECD countries, the Risks that Matter survey shows that satisfaction with some areas of social protection is relatively low, on average. In addition, the survey reveals that respondents in most countries are dissatisfied with their government's reaction to the COVID-19 pandemic.

Many respondents are dissatisfied with their governments' actions during the COVID-19 pandemic (Figure 3.3). On average across countries, under half (45%) think that government did enough, while 33% think government did too much, and 14% think government did too little. In eight countries a (slight) majority thinks governments did enough, with rates highest in Ireland and Portugal, at 64%. By contrast, the satisfied share is comparably small in Latvia (30%) and Poland (29%). Poland also has the largest share of respondents (55%) who do not think that government did enough. Respondents in only two countries (Denmark and Finland) are more likely to say that governments did *too* much rather than too little to deal with the pandemic overall. Of course, in both of these countries, overall satisfaction levels with social protection and government are historically relatively high.

Looking more generally, when questioned about general social benefit accessibility after the lockdowns during COVID-19, respondents do not perceive benefits access as straightforward (Figure 3.4). Close to half (46%) of respondents report that they don't think they could easily receive public benefits if they needed them, and about one-quarter (26%) say that they are ambivalent about whether they could receive benefits if needed. Accessing benefits is seen as particularly hard in countries like Israel and Portugal, while this is less so in countries like the Netherlands and Norway.

When asked about their satisfaction with social protection in specific policy areas, respondents are relatively dissatisfied (Figure 3.5). Fewer than half of respondents think that they would have access to good-quality and affordable public services in *any* of these areas: education, public safety, health, employment, family support, long-term care for older people, disability/incapacity-related needs, and housing.

Satisfaction with the quality and affordability of public services tends to be highest in the areas of education, public safety, and health across countries, which is consistent with findings from the 2020 wave of Risks that Matter. A majority of respondents are satisfied with their access to good-quality and affordable education in 11 countries (in descending order of satisfaction): Finland, Canada, Estonia, Switzerland, Austria, the United States, the Netherlands, Norway, Ireland, Slovenia and Spain (Figure 3.5). Some countries stand out in terms of certain policy areas, such as relatively high satisfaction with public health services in Belgium (55%), the Netherlands and Switzerland (both at 53%).

By contrast, respondents are less satisfied with public housing, disability and incapacity-related services, and long-term care services for older people. For instance, very few respondents feel that they have access to good-quality and affordable public housing services in Portugal and Ireland (both at 17%). Portugal and Ireland also have among the lowest satisfaction

with public disability, incapacity- and long-term care services, along with Greece (Figure 3.5).

Facing current challenges after a period of structural problems with supply shortages and underinvestment, governments will need to take some concrete action to ensure sustainability of housing security for more households.

Definition and measurement

For Figure 3.3, respondents were asked: Q23. "Overall, how do you think your government handled the COVID-19 pandemic: Did the government do too much, the right amount, or not enough?". Respondents could choose between: "Government did too much"; "Government did enough"; "Government did not do enough"; and, "Can't choose".

For Figure 3.4, respondents were asked: Q13. "To what degree do you agree or disagree with the following statement? If you currently are receiving services or benefits, please answer these questions according to your experience. If you are not receiving them, please answer according to what you think your experience would be if you needed them: I feel I could easily receive public benefits if I needed them".

For Figure 3.5, Respondents were asked: Q10. "Please indicate the degree to which you agree or disagree with the following statement: "I think that my household and I have/would have access to good quality and affordable public services in the area of […], if needed."

For both Figure 3.4 and 3.5, respondents could choose between: "Strongly disagree"; "Disagree"; "Neither agree nor disagree"; "Agree"; "Strongly agree"; and, "Can't choose".

Source: Background Questionnaire from OECD Risks That Matter survey 2022, https://www.oecd.org/social/risks-that-matter.htm. See also Chapter 2 for more information about the survey.


Further reading

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OECD (2019), *Main Findings from the 2018 Risks that Matter Survey*, OECD Publishing, Paris, https://doi.org/10.1787/9266e48a-en.

Figure 3.3. Looking back, under half of respondents are happy with their government's actions during the COVID-19 pandemic

Proportion of respondents who report thinking that their government did too much, too little, or just enough to handle the COVID-19 pandemic overall, by country, 2022

Source: OECD Risks that Matter Survey 2022, https://www.oecd.org/social/risks-that-matter.htm.

StatLink 🔗 https://stat.link/byksh0
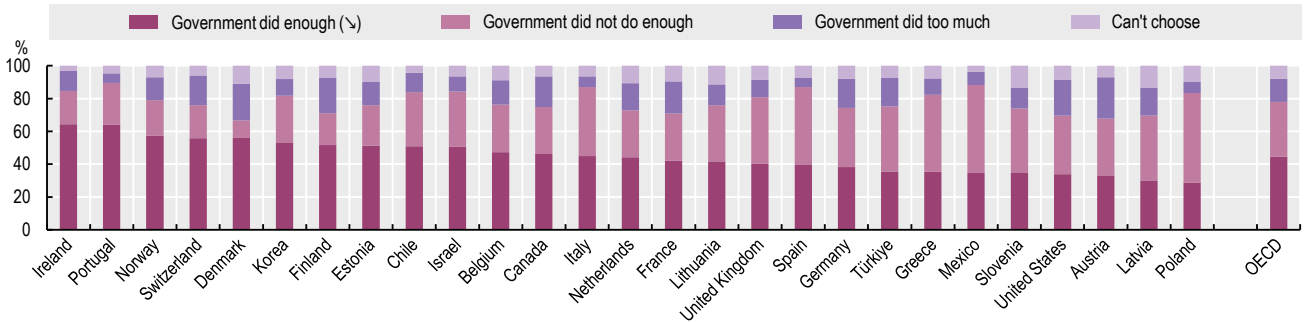
Figure 3.4. Few respondents feel that they could access public benefits in times of need

Proportion of respondents who agree or disagree with the statement: "I feel that I could easily receive public benefits if I needed them", by country, 2022

Source: OECD Risks that Matter Survey 2022, https://www.oecd.org/social/risks-that-matter.htm.

StatLink 🔗 https://stat.link/pev5na
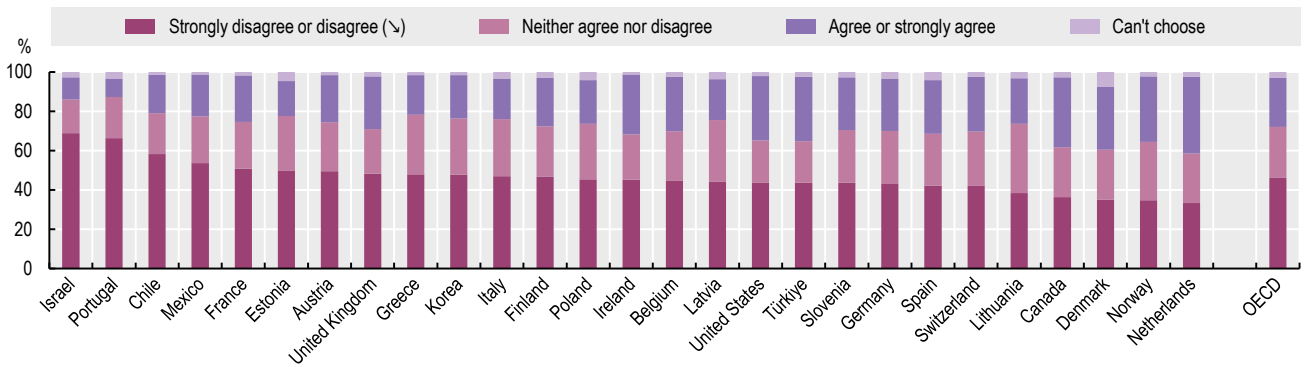
Figure 3.5. Satisfaction tends to be higher for education, public safety, and health

Proportion of respondents who agree or strongly agree with the statement "I think that my household and I have/would have access to good quality and affordable public services in the area of..., if needed", by country, 2022
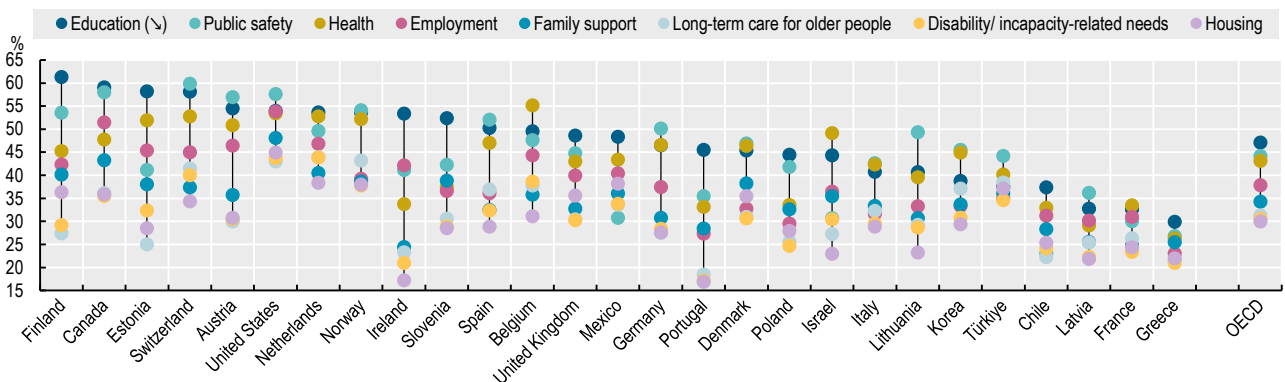
Source: OECD Risks that Matter Survey 2022, https://www.oecd.org/social/risks-that-matter.htm.

StatLink 🔗 https://stat.link/giwfmz

Preferences for government intervention and social policies

Similar to findings in previous RTM waves, many respondents support more government intervention in the area of social protection. RTM also sheds light on how respondents prioritise government intervention, both for urgent challenges and for more long-term investments by policy area.

When asked to think about urgent challenges faced by their countries today, a majority of RTM respondents thought governments should give a greater priority to helping people deal with the 2022 cost-of-living crisis (Figure 3.6). 73% of respondents reported that they think their government should prioritise "helping people deal with rising costs of living" more or much more in the coming year. Similarly, respondents also think that their government should prioritise supporting vulnerable older people and low-income people, groups which will have been disproportionately affected by the cost-of-living crisis.

Climate change is also seen as a high-priority policy area in the "current events module", with 59% of respondents calling for government to prioritise the issue, on average across countries. By contrast, issues that are directly related to the COVID-19 crisis, including addressing its longer-run mental and physical health effects, and helping parents adapt to their children's fluctuating school and childcare situations, are prioritised less (not included in the figure).

Countries where higher proportions of respondents want the government to do more to ensure their household's social and economic security and well-being also tend to be countries with higher proportions of respondents concerned about paying for essentials (food, housing, energy, and paying down debt) (Figure 3.7). Similarly, in 2022 more respondents were worried about costs of living in countries where the social safety net has historically been weaker.

When prioritising different policy areas, health services, old-age pensions and long-term care services for older people stand out as areas in which respondents would like to improve provision and access to services (Figure 3.8). Specifically, 43% of respondents would prioritise health services, 37% would prioritise old-age pensions, and 30% would prioritise long-term services for older people when financing improved provision and access through an additional 2% of their income in additional taxes. Improved access to health services remains the most selected policy area, with a majority of respondents reporting that they are willing to forgo 2% of their income for better healthcare in five countries: Chile, Greece, Ireland, Portugal, and Spain.

The support for additional investments in the pensions system is even relatively large in countries that show little support for further investments in other social policy areas, such as Switzerland, Germany and Lithuania. In Switzerland, the special focus on old-age pensions in RTM corresponds with relatively large income gaps in poverty rates among those aged 65 and over and working-age people. Indeed, in Switzerland, 46% of respondents report being willing to pay an additional 2% of their income for better old-age pension provision, which is on par with support in Greece (46%), and only lower than support in two other RTM countries: Chile (51%) and Slovenia (48%) (Figure 3.8).

Definition and measurement

For Figure 3.6, Respondents were asked: Q24. "Thinking about global challenges today, to what degree should your government prioritise the following in the coming year?''. Data show the share of responses who report "prioritise more" or "prioritise much more" for the five categories of priorities that were the most commonly chosen on average across countries.

For Figure 3.7, respondents were asked: Q22. "In thinking about costs of living in 2022, how worried are you about your household's ability to pay for: Essential food products; Housing costs; Home energy costs; Rising costs of paying off/paying down debt". Data show the share of respondents who indicated "somewhat concerned" or "very concerned" to all four of the response choices. Respondents were also asked: Q17. "Do you think the government should be doing less, about the same, or more to ensure your economic and social security and well-being?". Data present the share of respondents who indicated that "government should be doing more" or "government should be doing much more".

For Figure 3.8, respondents were asked: Q19. "Would you be willing to pay an additional 2% of your income in taxes/social contributions to benefit from better provision of and access to […]".The figure shows the five policy areas that were the most commonly chosen on average across countries.

Source: Background Questionnaire from OECD Risks That Matter survey 2022, https://www.oecd.org/social/risks-that-matter.htm. See also Chapter 2 for more information about the survey.

Further reading
OECD (2023), *Main Findings from the 2022 OECD Risks that Matter Survey*, OECD Publishing, Paris, https://doi.org/10.1787/70aea928-en.

OECD (2019), Poverty rate (indicator). https://doi.org/10.1787/0fe1315d-en.

Figure 3.6. This year, respondents think that governments should prioritise helping people deal with the living cost crisis

Proportion of respondents who think that their government should prioritise each category more or much more in the coming year, by country, 2022

Source: OECD Risks that Matter Survey 2022, https://www.oecd.org/social/risks-that-matter.htm.

StatLink 🔗 https://stat.link/1i76z9
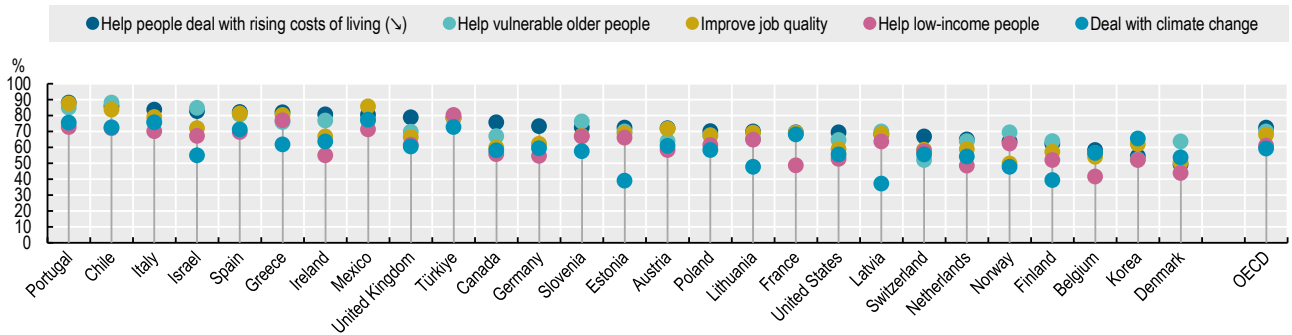
Figure 3.7. Where concerns about paying for essentials are widespread, so is the perceived need for more government intervention

Proportion of respondents who report being somewhat or very concerned about their household's ability to pay for all four essentials (food, housing, home energy, and debt), by the proportion of respondents thinking that the government should be doing more or much more to ensure their economic and social security and well-being, 2022

Source: OECD Risks that Matter Survey 2022, https://www.oecd.org/social/risks-that-matter.htm.

StatLink 🔗 https://stat.link/koqwts
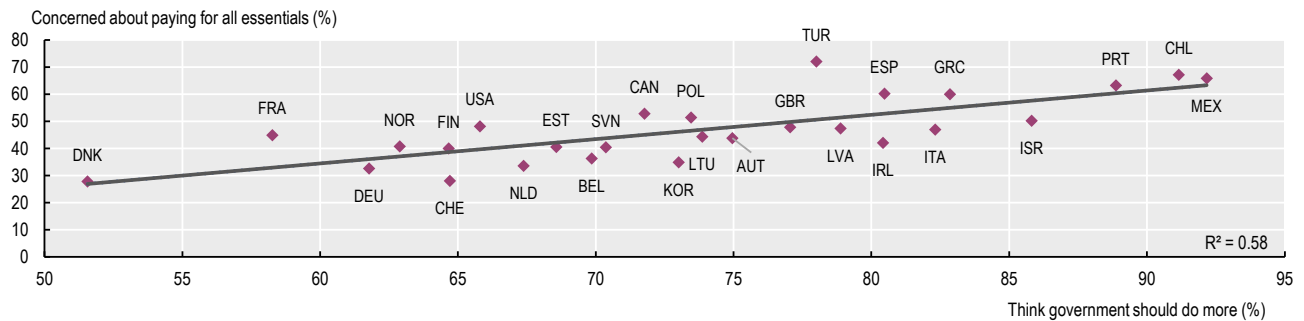
Figure 3.8. Respondents want to see more spending on healthcare and support for older adults, when respondents are asked to make an increase of 2% of their income in tax and social contributions for better access

Proportion of respondents who report being willing to pay an additional 2% of their income in taxes/social contributions to benefit from better provision of and access to the top five most selected public services, by country, 2022

Source: OECD Risks that Matter Survey 2022, https://www.oecd.org/social/risks-that-matter.htm.

StatLink 🔗 https://stat.link/ytcuh9

4 General context indicators

Figure 4.1. Median income varies by a factor eight across OECD countries

Annual median equivalised disposable income, in 2021, USD at PPP rates
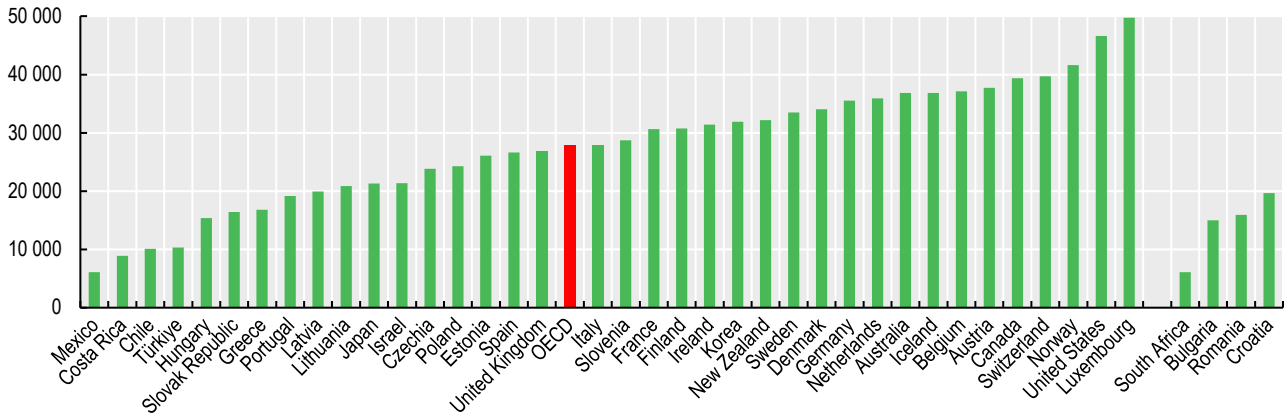

Source: Calculations based on OECD Income Distribution Database, www.oecd.org/social/income-distribution-database.htm.

StatLink ⟶ https://stat.link/1or2b8

Figure 4.2. Over the past 30 years, incomes of the bottom 10% grew slower than mean, median and top incomes

Real income growth by income position, OECD-20 average (1995 = 100%)
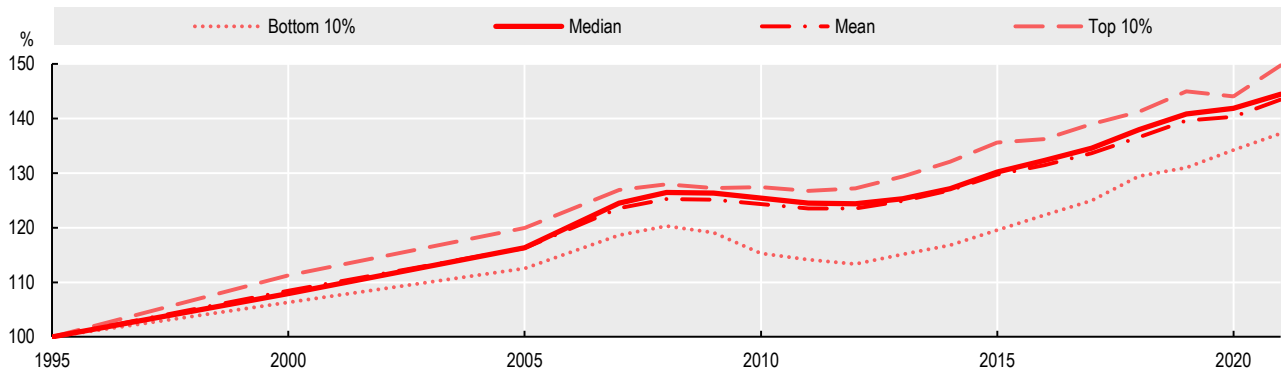
Source: Calculations based on OECD Income Distribution Database, www.oecd.org/social/income-distribution-database.htm.

StatLink ⟶ https://stat.link/6jn1ik

Figure 4.3. Inflation outpaced household income growth in most countries in 2022

Annual growth of prices (inflation) and nominal household income per capita, 2021-Q4 to 2022-Q4
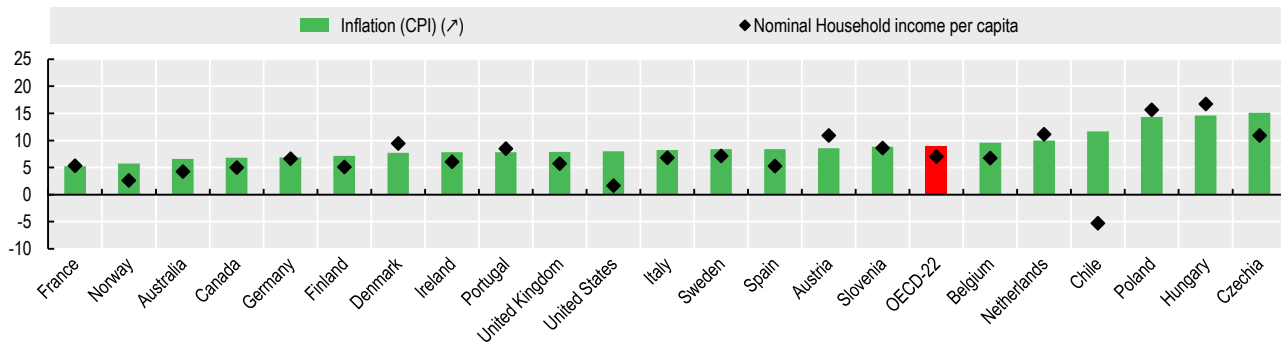
Source: OECD (2023), OECD Household Dashboard, https://stats.oecd.org/Index.aspx?DataSetCode=HH_DASH; OECD (2023), OECD Consumer Price Indices (CPIs), https://stats.oecd.org/Index.aspx?DataSetCode=PRICES_CPI.

StatLink ⟶ https://stat.link/y8dbzu

Fertility

The total fertility rate (TFR) indicates the average number of children born per woman over a lifetime given current age-specific fertility rates, assuming no female mortality during reproductive years. The population is replaced at a total fertility rate of about 2.1 children per woman.

Fertility has declined over the past decades across OECD countries, falling from an average of 3.3 children per woman of childbearing age in 1960 to 1.5 in 2022 (Figure 4.4). The decline was particularly pronounced in Colombia, Costa Rica, Korea, Mexico and Türkiye, where previously between four and five children were born per woman on average. In 2021, TFRs increased slightly in two-thirds of OECD countries from a historic low in 2020, then decreased again in 2022 in 31 out of 33 OECD countries for which rates are available, except in New Zealand and Portugal.

In 2022 the highest rate was recorded in Israel at 2.9, the only OECD country with a TFR above the replacement fertility rate. France and Ireland have the highest fertility rates in Europe, with Anglophone and Nordic countries also typically being at the higher end of the scale. The lowest fertility rates are recorded in Southern Europe and Japan, with Korea having the lowest TFR at around 0.78 children per woman. Fertility rates are generally higher in key partner economies than in OECD countries; rates are above replacement levels in Indonesia, Saudi Arabia and South Africa. Fertility decreased in all key partner economies between 1990 and 2022.

Access to contraception, increasing female education, time needed to establish oneself in the labour market, barriers to balancing work and family life, and lower housing affordability have all played a role in declining fertility. The delay in having children is reflected in age-specific fertility trends. Since 2000, fertility rates have been declining for women under 30 years, whereas they have been rising for those aged 30 years and older (Figure 4.5). In the last decade or so, the average TFR across the OECD of women aged between 30-34 exceeded the TFR of 25-29 year-olds, and the rate of women aged 35-39 was also higher when compared to 20-24 year-olds. Furthermore, in recent years, the average TFR of women aged 40-44 years across the OECD surpassed the adolescent fertility rate. The adolescent fertility rate has fallen to low levels at under two births per 1 000 adolescents in Denmark, Korea, the Netherlands, Norway and Switzerland, but it remains high at around 50 in Colombia and Mexico.

The fact that people are starting families later is also reflected in the increase in the mean age of women at first childbirth. Between 2000 and 2022, the mean age of women at first birth has risen by three years on average in the OECD, from 26.4 to 29.5 years old (Figure 4.6). In 2022, mean ages of women at first birth were lowest at around 27 years in the Slovak Republic and Türkiye, compared to around 32 years in Italy and Spain and 33 years in Korea.

Definition and measurement

The total fertility rate is the average number of children born per woman over a lifetime given current age-specific fertility rates, assuming no female mortality during reproductive years. It is calculated by summing up the age-specific fertility rates defined over five-year intervals. Assuming there is no net migration or changes in mortality, the total fertility rate of 2.1 children per woman ensures broad population stability ("replacement rate").

The age-specific fertility rates are the number of births per 1 000 women of a given age in a given year. They are presented here per five-year age group.

Fertility data typically come from civil population registers or other administrative records. The data are harmonised according to United Nations and Eurostat recommendations.

Mean ages of women at first birth are from the OECD Family Database, based on Eurostat demographic statistics and national statistical offices.

Further reading

OECD (2023), "SF2.1 Fertility rates", OECD Family Database, www.oecd.org/social/family/database.htm.

OECD (2023), "SF2.3 Age of mothers at childbirth and age-specific fertility", OECD Family Database, www.oecd.org/social/family/database.htm.

OECD (2023), *Exploring Norway's Fertility, Work, and Family Policy Trends*, OECD Publishing, Paris, https://doi.org/10.1787/f0c7bddf-en.

Figure notes

Figure 4.4: Data for 2021 instead of 2022 for Chile, Colombia, Costa Rica, Mexico, the United Kingdom, Brazil, China, India, Indonesia, Peru, South Africa, Argentina and Saudi Arabia.

Figure 4.6: Data for the United Kingdom refer to England and Wales only; instead of 2022, 2021 for Australia and Chile, 2020 for the United Kingdom, and 2016 for Canada.

Figure 4.4. Fertility rates across the OECD are typically below the population replacement rate

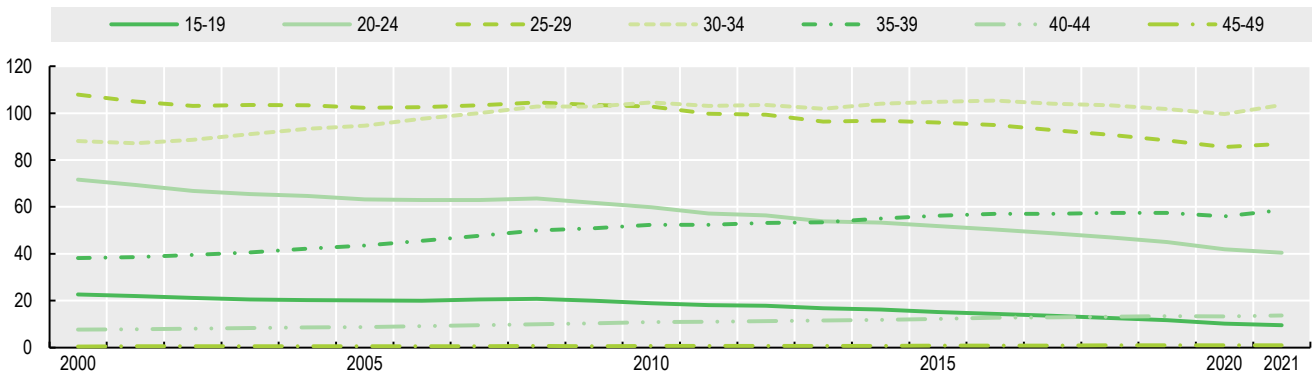Number of children per woman aged 15 to 49, in 1980, 2000 and 2022 or nearest years
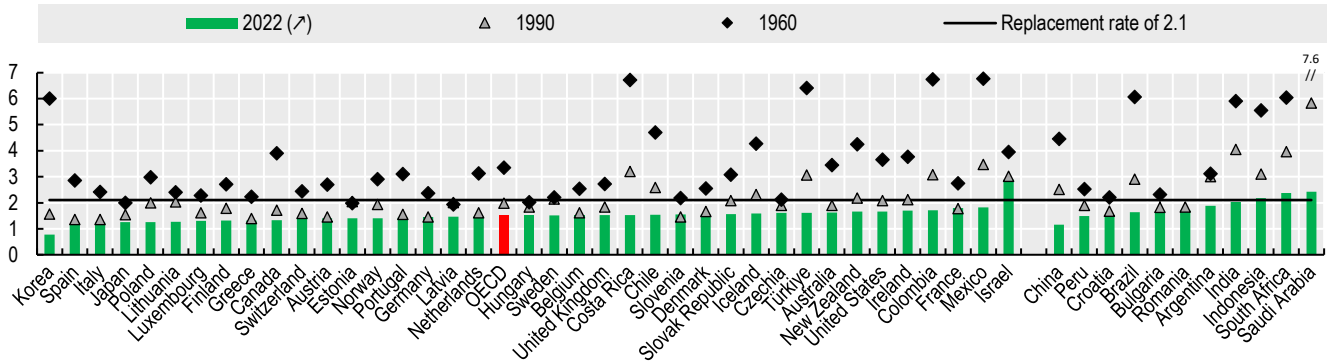
Source: OECD (2023), "SF2.1 Fertility rates", OECD Family Database, www.oecd.org/social/family/database.htm.

StatLink 🔗 https://stat.link/6h1btc

Figure 4.5. Fertility rates fell for young women but increased for those 30 to 49 years of age

Births per 1 000 women by five-year age group, 2000 to 2021 or nearest year, OECD average

Source: OECD (2023), "SF2.3 Age of mothers at childbirth and age-specific fertility", OECD Family Database, www.oecd.org/social/family/database.htm, based from Eurostat demographic statistics, https://ec.europa.eu/eurostat/databrowser/view/DEMO_FRATE/default/table?lang=en and National Statistical Offices.

StatLink 🔗 https://stat.link/w8uoz9

Figure 4.6. The mean age of women at first birth has risen by 3 years within two decades

Mean age of women at first birth, 2000 and 2022 or nearest year
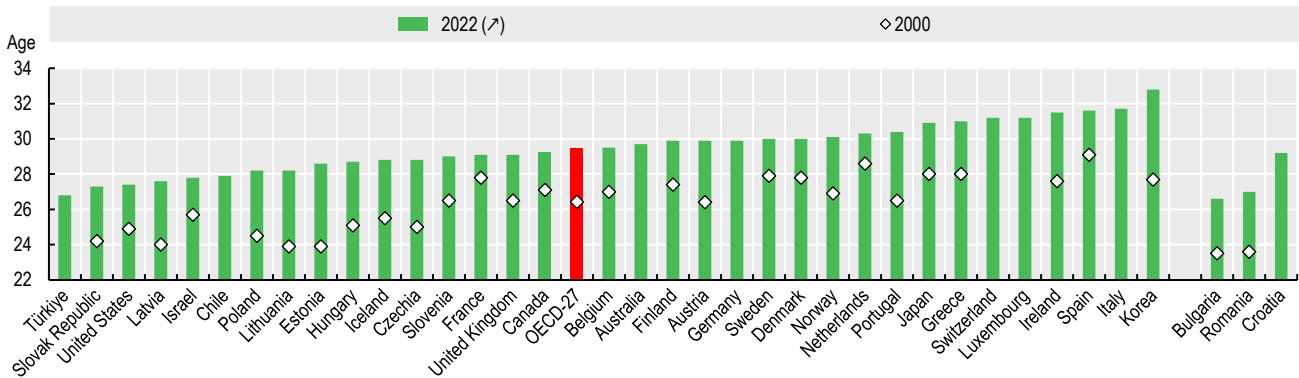
Source: OECD (2023), "SF2.3 Age of mothers at childbirth and age-specific fertility", OECD Family Database, www.oecd.org/social/family/database.htm, based from Eurostat demographic statistics, (https://ec.europa.eu/eurostat/databrowser/product/view/DEMO_FIND and National Statistical Offices.

StatLink 🔗 https://stat.link/afg357

Migration

Annual new permanent migration flows represent less than 1% of the population in nearly all OECD countries (Figure 4.7). Only five countries have permanent migration flows above 1.5%, three of which have the smallest populations in the OECD (Estonia (2.4%), Iceland (3.6%), and Luxembourg (4.4%)), alongside New Zealand (3.0%) and Switzerland (1.7%). Japan, Mexico and the Slovak Republic are the only three OECD countries where permanent migration represented less than 0.1% of the population.

Across OECD countries, permanent migration flows increased by 26% in 2022 and permanent migration to OECD countries reached its highest level since 2005. The record high levels of permanent migration were driven by increased humanitarian and labour migration, the latter being in part related to labour and skills shortages experienced by many OECD countries. As a result, in most OECD countries, permanent migration relative to population was higher in 2022 than over the period of 2013-19 (Figure 4.7). New permanent migration flows increased by over 1 percentage point between 2013-19 and 2022 in Estonia and Iceland, which received increasing inflows in the last years, and New Zealand, due to an exceptional increase in permanent migration based on a one-off residence visa system for certain temporary work visa holders in 2022.

On average in the OECD, more than 10% of the population was foreign-born in 2022 (Figure 4.8). The share of foreign-born within the population was highest in Australia, Luxembourg, New Zealand and Switzerland, where at least one-in-four people were foreign-born. Luxembourg is the country with the highest share of foreign-born people – almost 50% of its population. Over the past decade, the share of foreign-born persons in the total population increased in all OECD countries except Greece, Israel and the Baltic States. Over two-thirds of OECD countries have an immigrant population exceeding 10% of the population, while only three countries (Japan, Mexico and Poland) have a share below 3%. On average, 17% of immigrants have lived in their host country for up to five years.

Although foreign-born women have higher fertility levels than native-born women in most OECD countries, migrants' TFR is below the replacement rate (2.1 children per woman) in two-thirds of OECD countries (Figure 4.9). The differences in fertility levels between native- and foreign-born women vary across OECD countries. Costa Rica has the largest gap in TFR between native- (1.4 children per woman) and foreign-born women (3.7 children per woman) at 2.3, while the Netherlands has the smallest gap at 0.04. The TFR of native-born women was higher than among their foreign-born peers in only nine countries – Australia, Denmark, Estonia, Hungary, Iceland, Israel, Japan, the Slovak Republic and Türkiye.

Definition and measurement

Permanent movements refer to entries for long-term residents either for labour, family, humanitarian or free mobility reasons and include only foreign nationals. These inflows include status changes, namely persons in the country on a temporary status who obtained the right to stay on a longer-term basis. This standardised definition has been designed, when data were available, to make the scale and composition of migration most comparable across countries. Immigrants are, in the first instance, defined as those who are foreign-born, whatever their citizenship at birth. In general, the foreign-born population is substantially larger than the share of foreign nationals. Immigrants' offspring include different categories of people: i.e. they can either be born in their parents' host country to two foreign-born parents; or to mixed parentage (one foreign-born parent); be foreign-born and arrived as children; or be foreign-born and arrived as adults. Data are also available by duration of stay among immigrants.

Research shows that the fertility of foreign-born women may be disrupted, as women with a migration project usually prefer to delay their first birth until right after settling in the new host country. Therefore, the TFRs may be mechanically higher than what the "lifetime fertility" (children ever born at the end of fertile life of a specific cohort) would be. See "Fertility" for the definition of the total fertility rate (TFR).

Further reading

OECD (2023), *International Migration Outlook 2023*, OECD Publishing, Paris, https://doi.org/10.1787/b0f40584-en.

OECD/European Commission (2023), *Indicators of Immigrant Integration 2023: Settling In*, OECD Publishing, Paris, https://doi.org/10.1787/1d5020a6-en.
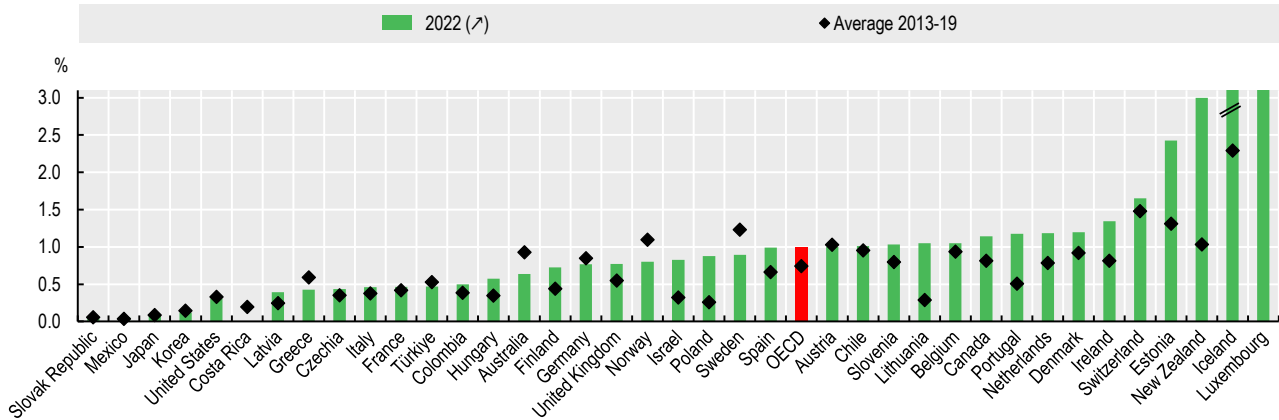
Figure notes

Figure 4.7: Data for Chile, Colombia, Costa Rica, Greece, Hungary, Iceland, Latvia, Lithuania, Poland, the Slovak Republic, Slovenia and Türkiye are unstandardised.

Figure 4.8: OECD average refers to the weighted average. Data refer to 2012 or the closest available year, and to 2022 or the most recent available year. For Japan and Korea, the data refer to the foreign population rather than the foreign-born population. Japanese data by duration of stay distinguish migrants who stay in the host-country for 5 years or less versus those who stay for 6 years or more. Data on Korea includes immigrants who have been naturalised in the past 5 years. In Colombia, recent migrants are defined as those who have lived in another country five years ago.

Figure 4.9: Data for all countries are from 2019, except for Australia, Canada, Costa Rica, Israel, Japan, Korea, the United States (2020), France (2021) and the United Kingdom (2018). Data for Japan refer to the nationality of the mother. Biases associated with TFR as a fertility measure, explained above, are particularly strong for France given the relative importance of family (spouse) migration.

Figure 4.7. In most OECD countries, annual migration flows represent less than 1% of the population

Permanent migration flows of OECD countries, as a percentage of the total population, 2022

Source: OECD (2023), *International Migration Outlook 2023*, https://doi.org/10.1787/b0f40584-en.

StatLink https://stat.link/wsl9hg

Figure 4.8. One in ten of the OECD population is foreign-born

Foreign-born shares as percentage of total populations, 2012 and 2022, and percentages of recent immigrants, 15- to 64-year-olds, 2020
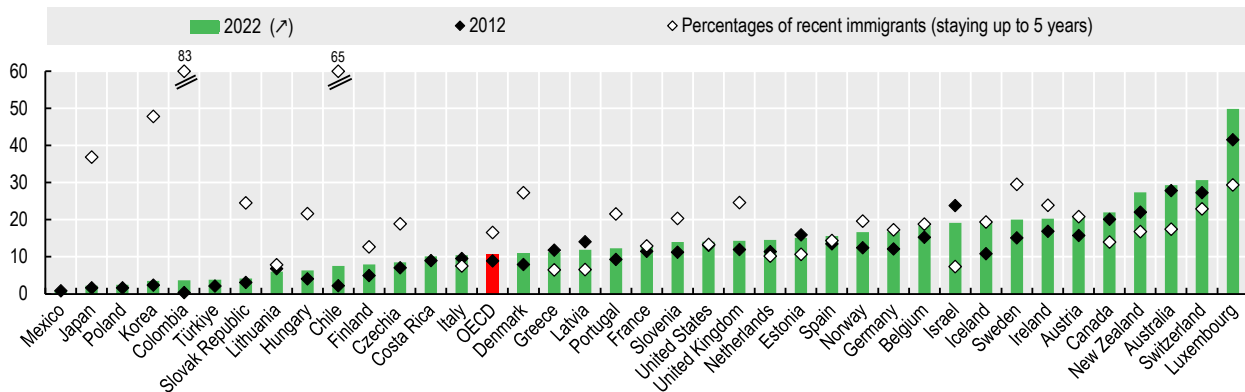
Source: OECD/European Commission (2023), *Indicators of Immigrant Integration 2023: Settling In*, https://doi.org/10.1787/1d5020a6-en. OECD (2023), *International Migration Outlook 2023*, https://doi.org/10.1787/b0f40584-en.

StatLink https://stat.link/zgy3h9

Figure 4.9. In two-thirds of the OECD countries, migrants' fertility rates are below replacement rate

Total Fertility Rate (TFR) of native- and foreign-born women, 2020 or latest year available

Source: OECD (2023), *International Migration Outlook 2023*, https://doi.org/10.1787/b0f40584-en.

StatLink https://stat.link/g8xp5n
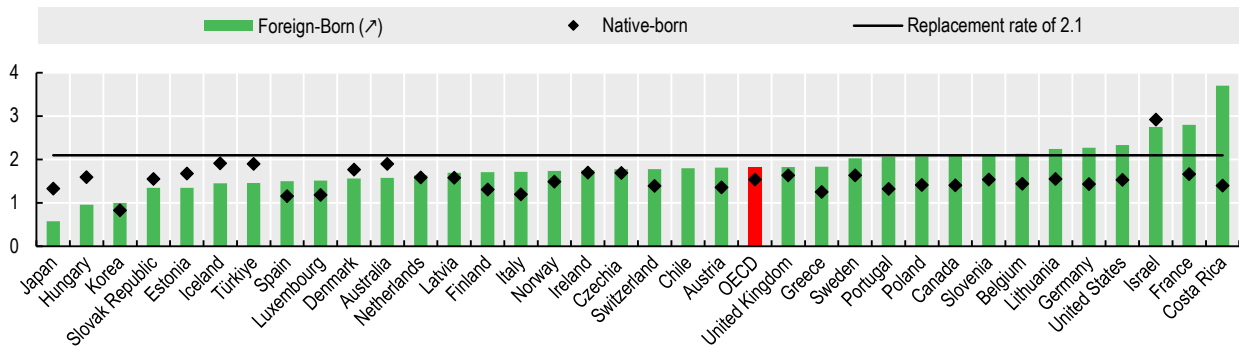
Marriage and divorce

Marriage and divorce rates are important indicators of societal trends, reflecting shifts in relationships, family structures, and the overall well-being of individuals and communities.

In 2022, crude marriage rates were between 3 and 5 marriages per 1 000, with the OECD average standing at 4.3 (Figure 4.10). The marriage rate is very low in Colombia at 1.4 marriages per 1 000 people, while rates are at 6 per 1 000 or above in Hungary, Latvia, Türkiye and the United States. In 1990, most OECD countries had a marriage rate of 5 to 7 marriages per 1 000 people. Only Hungary and Iceland experienced an increase in marriage rates between 1990 and 2022.

Crude divorce rates also vary across countries, from as low as 0.6 divorces per 1 000 people in Colombia to 3.6 per 1 000 in Chile in 2022. Between 1990 and 2022, the picture was mixed: the rates increased in 13 OECD countries but decreased in 16 others. The decline was most pronounced in the United States, while the increase was highest in Italy, Portugal and Spain.

Restrictions put in place during the first year of the COVID-19 pandemic including social distancing requirements, size limits on gatherings and travel restrictions had a direct impact on marriage-rates in 2020 in most countries. On average across 35 OECD countries for which data are available, marriage rates declined by 25%. In 2021, marriage rates increased again by 10%. On average across OECD countries, divorce rates declined by 10% in 2020.

Declining marriage rates and stabilising divorce rates are accompanied by higher ages of marriage. Across the OECD, the average age at which people get married has significantly increased (Figure 4.11). At the start of the 1990s, the average age at first marriage across OECD countries was 25 years of age for women and 28 for men. By 2021, this average age has increased to close to 32 years of age for women and to 34 for men. Despite common declining trends in increasing ages at first marriage, there remain notable differences between countries. The average age is very high in most Mediterranean and Nordic countries. In Israel and Türkiye, by contrast, the average age at first marriage is around 25 for women and less than 28 for men. The difference between countries points to a variety of transition paths towards the formation of long-term partnerships: cohabitation has become an important form of long-term partnership in, for example, the Nordic countries, where people are postponing and frequently replacing marriage as the partnership standard.

No OECD country allowed same-sex partners to marry in 1999, but by 2022 same-sex marriages were formally recognised in 25 OECD countries or at least in some parts of their national territories (Table 4.1). On average across 20 OECD countries with available data, same-sex marriages represented 2.2% of all marriages in 2021/22, varying from 1.2% in Iceland to over 3% in Australia and the United Kingdom. In all but four countries (Costa Rica, Iceland, Portugal. and Switzerland), there were more female same-sex marriages than male same-sex marriages in the early 2020s. On average, 56% of same-sex marriages were among women.

Definition and measurement

The crude marriage rate is defined as the number of marriages each year per 1 000 people. The crude divorce rate is defined as the number of marriages that are dissolved each year per 1 000 people.

The mean age at first marriage is defined as the mean average age in years of a person at the time of first marriage. This measure is disaggregated by sex with separate averages for men and women.

The shares of same-sex marriages are during a given year. Data are collected from national statistical offices; most dates from OECD (2020), *Over the Rainbow? The Road to LGBTI Inclusion,* https://doi.org/10.1787/8d2fd1a8-en.

Further reading

OECD (2023), Family Database,
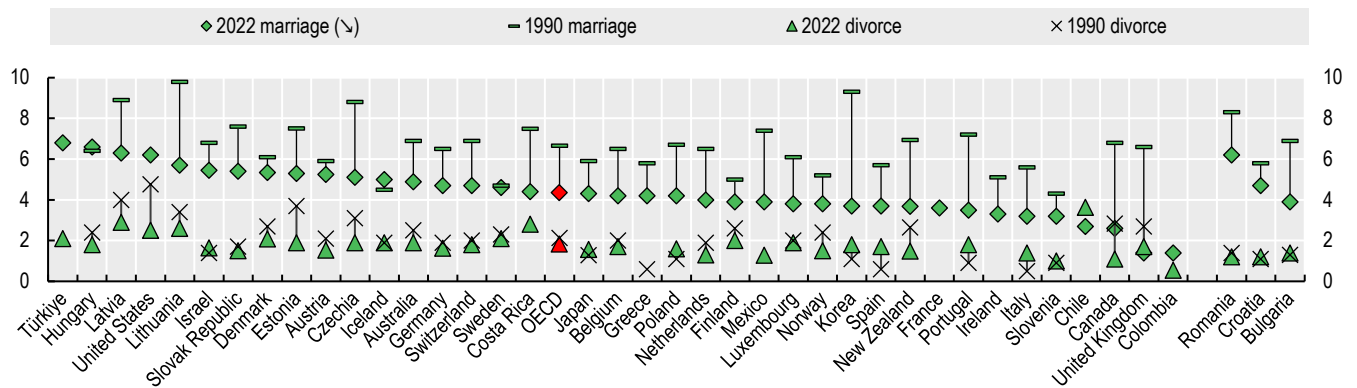www.oecd.org/social/family/database.htm.

Figure notes

Figure 4.10: 2021 for Chile, Israel and Ireland; 2020 for Canada, Iceland, Japan and the United Kingdom.

Figure 4.11: see StatLink for specific years. Data for Mexico refer to all marriages rather than first marriages, and for Australia, New Zealand and the United States to median age at first marriage.

Table 4.1: Data for Australia, Colombia, Costa Rica, Iceland, Luxembourg, Mexico, the Netherlands and Portugal refers to 2021. Data for the United Kingdom concern 2020 data for England, Scotland and Wales. In Mexico 2010 refers to Mexico City; it is 2016 in Jalisco, 2021 in Veracruz, 2022 in Mexico State. It is now allowed in 26 federal entities (out of 32).

Figure 4.10. Marriage rates declined while divorce rates stabilised over the last decades

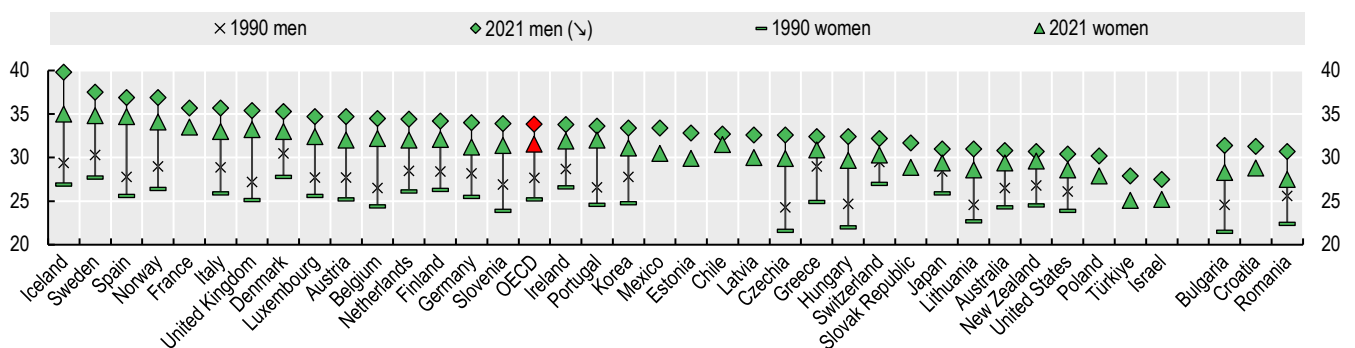Crude marriage and divorce rates, per 1 000 people, 1990 and 2022 (or nearest year)

Source: OECD Family Database – Indicator SF3.1 – based from national statistical offices and Eurostat, www.oecd.org/social/family/database.htm.

StatLink 🔗 https://stat.link/vxuy5j

Figure 4.11. The mean age at first marriage for both women and men rose by 6 years since 1990

Mean age at first marriage, by gender, 1990 and 2021 (or nearest year)

Source: OECD Family Database – Indicator SF3.1 – based from national statistical offices and Eurostat, www.oecd.org/social/family/database.htm.

StatLink 🔗 https://stat.link/9asbw8

Table 4.1. Same-sex marriages are formally recognised in 25 OECD countries in 2022

Basic statistics on same-sex marriages in OECD countries, in 2022 or closest year available

	Date of legal recognition	Share of all marriages	Share of female same-sex marriages		Date of legal recognition	Share of all marriages	Share of female same-sex marriages
Australia	2017	3.2%	62%	Ireland	2015	2.7%	51%
Austria	2019	1.7%	57%	Luxembourg	2015	1.9%	69%
Belgium	2003	2.9%	51%	Mexico	2010 in Mexico City	1.0%	57%
Canada	2005	..	..	Netherlands	2001	2.1%	56%
Chile	March 2022	..	..	New Zealand	2013	2.4%	..
Colombia	2016	1.9%	..	Norway	2009	2.1%	60%
Costa Rica	May 2020	3.4%	46%	Portugal	2010	1.9%	48%
Denmark	2012	1.5%	58%	Spain	2005	3.4%	57%
Estonia	January 2024	-	-	Slovenia	July 2022	..	..
Finland	2017	1.9%	69%	Sweden	2009	1.5%	62%
France	2013	2.9%	..	Switzerland	July 2022	..	47%
Germany	2017	2.6%	54%	United Kingdom	2014	3.3%	57%
Iceland	2010	1.2%	45%	United States	2015	..	..
				Average		**2.3%**	**56%**

Source: OECD Family Database – Indicator SF3.1 – based on data from national statistical offices and Eurostat, www.oecd.org/social/family/database.htm.

Demographic trends

Age ratios are a measure of the age structure of the population, and trends and projections of these ratios provide information about the demographic shifts that have characterised OECD countries in the past and that are expected in the future.

OECD populations became older and will continue to become older in the coming decades. In 2020, on average across OECD countries, there were 30 persons aged 65 and over for every 100 persons aged 20 to 64; up from 20% in 1980 (Figure 4.13). Cross-country differences are large, varying from less than 15% in Colombia, Mexico and Türkiye, to 40% in Finland and Italy, and to 55% in Japan. By 2060, the average old-age to working-age ratio is projected to double in the OECD area (to 59%) and to quadruple in Korea. By 2060, the old-age to working-age ratio will reach 82% in Japan and 96% in Korea while remaining below 45% in Israel and Mexico. This increase will exert upward pressure on public spending on health, long-term care, and pensions.

Conversely, the youth- to working-age ratio declined between 1980 and 2020. In 2020, there were 38 persons aged below 20 for every 100 persons aged 20 to 64 on average across OECD countries, down from 64 in 1980 (Figure 4.14). In 2020, the youth to working-age ratio ranged between 25-30% in Italy and Korea and 60% and over in Israel and Mexico. In most OECD countries, this ratio will stop declining, reaching an average level of 36% in 2060, except in Colombia, Costa Rica, Israel, Mexico and Türkiye. Lower youth to working-age ratios mean lower public spending in education and towards families. But overall, the declines are not large enough to offset higher public spending towards the elderly.

In emerging economies, old-age to working-age ratios are in general lower, and youth to working-age ratios higher than in OECD countries, particularly in India, Indonesia, Saudi Arabia and South Africa.

Figure 4.15 also presents the past, current, and future shares of youth aged 15 to 29 – the age-group that enters the labour market – as a percentage of the total population. On average, the share declined from 25% in 1980 to 18% in 2020, with strongest declines in Canada, Korea, Poland and Slovenia. The average ratio is forecast to decline even further to 15% of

the total population by 2060, with the strongest declines in countries that will become considerably older in the next decades, like Chile, Colombia, Costa Rica, Mexico and Korea.

Definition and measurement

Age-dependency ratios relate the number of individuals who are likely to be "dependent" on the support of others for their daily living – elderly or youth – to the number of those individuals who often can provide such support.

The old-age to working-age ratio measures the number of individuals aged 65 and over as a percentage of the population aged 20 to 64. The youth to working-age ratio relates the number of individuals aged less than 20 to the population aged 20 to 64. An additional ratio is shown here: the share of youth aged 15-29 as a percentage of the total population.

Estimates prior to 2020 and projections for 2060 are drawn from the United Nations, World Population Prospects – 2022 Revision. Projections used here are based on the most recent "medium fertility variant" population projections, which for each country corresponds to the median of several thousand projected trajectories of each demographic component.

Further reading

OECD (2023), *Pensions at a Glance 2023: OECD and G20 Indicators*, OECD Publishing, Paris, https://doi.org/10.1787/ca401ebd-en.

OECD (2023), *Beyond Applause? Improving Working Conditions in Long-Term Care*, OECD Publishing, Paris, https://doi.org/10.1787/27d33ab3-en.

United Nations (2022), *World Population Prospects: 2022 Revision*, Washington DC, http://esa.un.org/unpd/wpp.

Figure 4.12. The demographic old age to working age ratio will double over the next four decades

Number of people of retirement age (65+) per 100 people of working-age (20-64), in 1980, 2020 and 2060
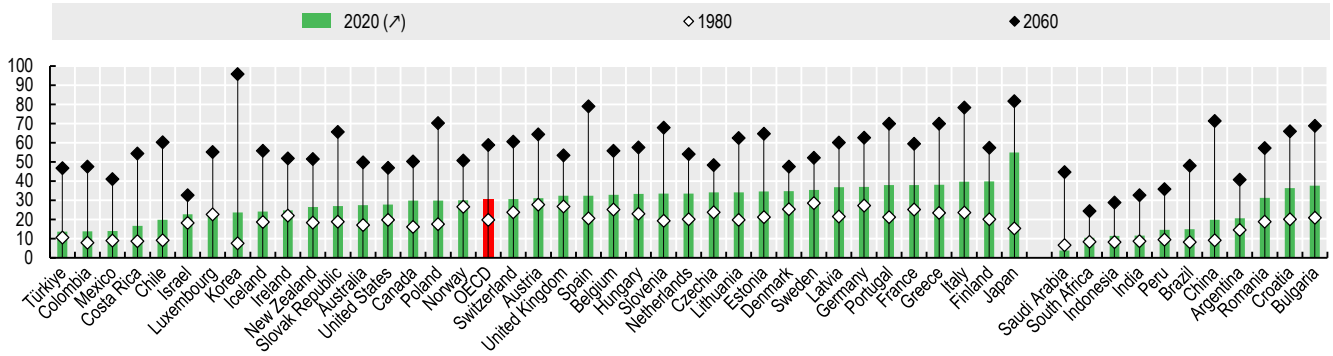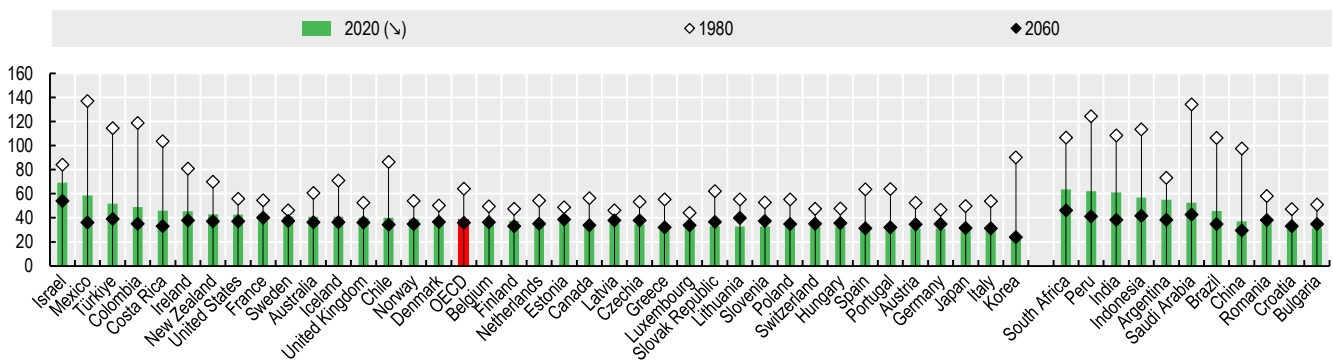

Source: Calculations from United Nations, World Populations Prospects – 2022 Revisions.

StatLink 🔗 https://stat.link/uqrmyt

Figure 4.13. The strong decline in the youth to working-age ratio has stopped

Number of young people (under 20) per 100 people of working-age (20-64), in 1980, 2020 and 2060

Source: Calculations from United Nations, World Populations Prospects – 2022 Revisions.

StatLink 🔗 https://stat.link/kjlawc

Figure 4.14. The share of youth in the total population declines in most countries

Number of young people (15-29) in total population, percentages, in 1980, 2020 and 2060
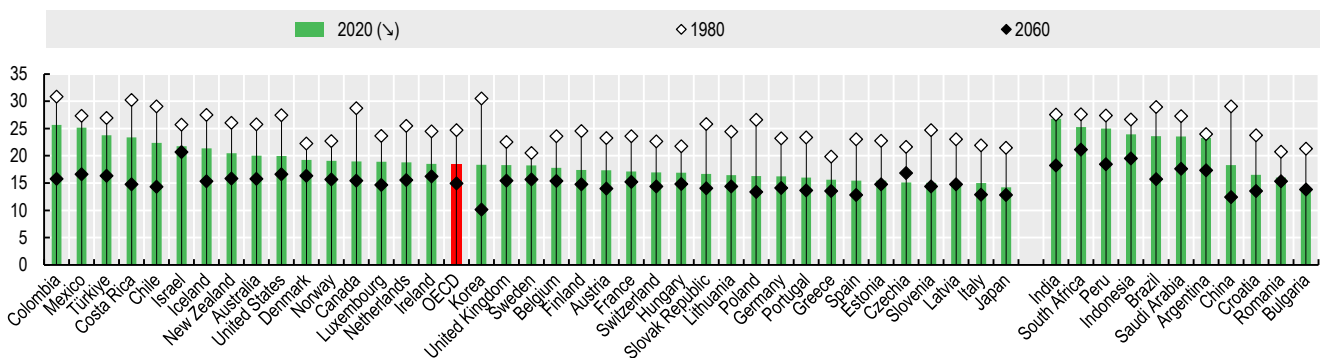
Source: Calculations from United Nations, World Populations Prospects – 2022 Revisions.

StatLink 🔗 https://stat.link/41vwit

5 Self-sufficiency indicators

Employment

Employment is a key factor in self-sufficiency. In the last quarter of 2023, seven out of ten working-age adults in the OECD area were employed on average (Figure 5.1). In Iceland, the Netherlands and Switzerland more than eight out of ten persons of working age are employed, compared with five out of ten in Türkiye. Employment levels are generally above the OECD average in Nordic and Anglophone countries, and below average in Mediterranean, Latin American and non-Member countries.

In all countries men have higher employment rates than women, except for Finland where Q4 2023, the employment rate was about half a percentage point higher for women than for men. In all other countries, the gender gap in employment rates is smallest (below 3 percentage points) in Estonia, Latvia and Lithuania. The gap is largest in Türkiye (over 35 percentage points) and still relatively high in Costa Rica and Mexico (above 25 percentage points).

Labour market conditions have generally continued to improve after the strong impact of the COVID-19 pandemic crisis of 2020. In Q4 2023, the OECD average employment rate was 1.3 percentage points above its pre-crisis level in Q4 2019. Employment levels increased particularly in Greece, Ireland and Poland (over 4 percentage points), but they are still below pre-crisis levels in Colombia and Costa Rica (below 2.5 percentage points).

Across the OECD, maternal employment rates tend to increase with the age of the mother's youngest child (Figure 5.2). In most OECD countries, employment rates are lower for mothers whose youngest child is aged between 0 and 2 than for mothers whose youngest child is between 3 and 5 and between 6 and 14, although the size of the gap varies across countries. In some OECD countries (e.g. Luxembourg, the Netherlands and Portugal), differences by the age of the youngest child are relatively small. In others, they are very large. In Czechia, for example, the employment rate for mothers with a youngest child aged 0-2 was 21% in 2021, while mothers with youngest children aged 3-5 and 6-14 have employment rates of 75% and 92%, respectively. Relatively large differences across the youngest age groups can be found in Estonia, and to a slightly lesser extent in Finland.

Digitalisation is reducing demand for routine and manual tasks while increasing demand for low- and high-skilled tasks and problem-solving and interpersonal skills. Recent results from an OECD survey revealed that 27% of jobs have a high risk of automation on average in the OECD (Figure 5.3). The study found that high-skill occupations have the lowest risk of automation, and low- and middle-skilled jobs are the most at-risk. Risks vary across countries, ranging from 35% or more in three Central and Eastern European countries (Czechia, Hungary and the Slovak Republic) to under 20% in Luxembourg and the United Kingdom.

Definition and measurement

A person is employed if working for pay, profit or family gain for at least one hour per week, even if temporarily absent from work because of illness, holidays, or industrial disputes. The basic indicator for employment is the proportion of the population aged 15-64 who are employed during the reference week.

Information is also presented for mothers aged 25-54 years old following ILO guidelines, with all people who during a specified reference period were either in paid employment or were self-employed for at least one hour being classified as "employed". The recorded employment status of workers on maternity, paternity or parental leave can differ; in principle, many individuals on statutory maternity or paid parental leave (legal or contractual) should be counted as employed. The European Labour Force Survey considers parents as employed if they are either receiving job-related income or benefits, or if their leave is expected to last 3 months or less.

National definitions broadly conform to this generic definition but may vary depending on national circumstances. For more information, see www.oecd.org/els/emp/LFSNOTES_SOURCES.pdf from www.oecd.org/employment/database.

The shares of jobs at high risk of automation are based on a 2021 survey of experts who evaluated the degree of automatability for 98 skills and abilities. The risk of automation measure is then computed by occupation as the average rating for each skill or ability used in the occupation across all expert responses weighted by the skills or abilities' importance in the occupation as rated by O*NET.

Further reading

OECD (2023), *OECD Employment Outlook 2023*, OECD Publishing, Paris, https://doi.org/10.1787/08785bba-en.

OECD Family Database, Indicator LMF1.2 Maternal employment, https://www.oecd.org/social/family/database.htm.

Lassebie and Quintini (2022), "What skills and abilities can automation technologies replicate and what does it mean for workers?: New evidence", https://doi.org/10.1787/646aad77-en, based on OECD Expert Survey on Skills and Abilities Automatability and O*NET.

Figure notes

Figure 5.2: For Canada and the United States, data refer to women with children aged 0-17. For Canada, the age groups for the youngest child are 0-5 and 6-17, for Israel 0-1, 2-4 and 5-14, and for the United States 0-2, 3-5 and 6-17. For Sweden, data refer to 2020; for Bulgaria, for the United Kingdom to 2019.

Figure 5.1. Employment rates in late 2023 were generally above pre-COVID-19 levels

Employment rate, percentage of the working-age population (aged 15-64), by gender, Q4 2019 and Q4 2023
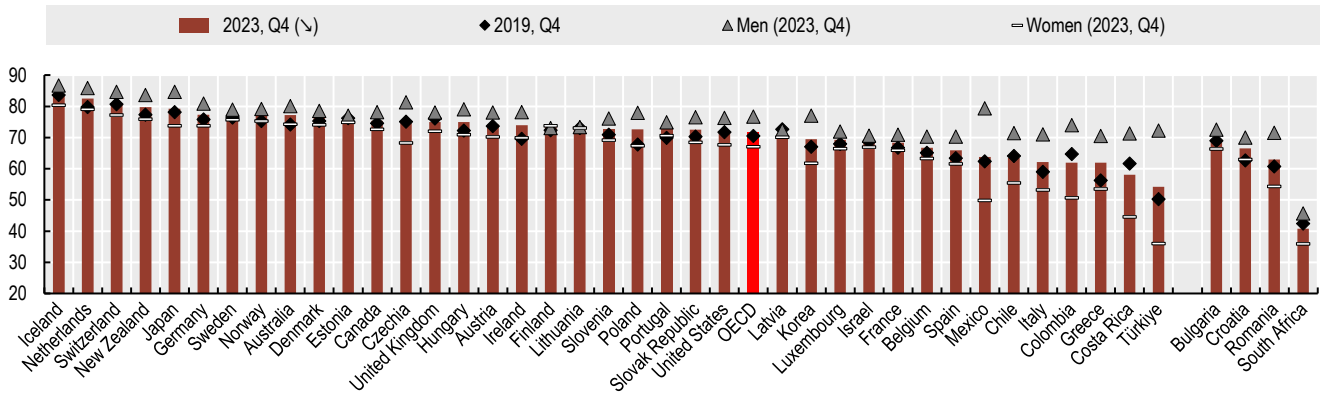
Source: OECD Employment Database, www.oecd.org/employment/database and Eurostat, https://ec.europa.eu/eurostat/en/.

StatLink https://stat.link/s8z3dw

Figure 5.2. Maternal employment rates tend to increase with the age of the youngest child

Employment rates (%) for women (25-54 year-olds) with children (0-14 year-olds), by age of the youngest child, 2021 or nearest year
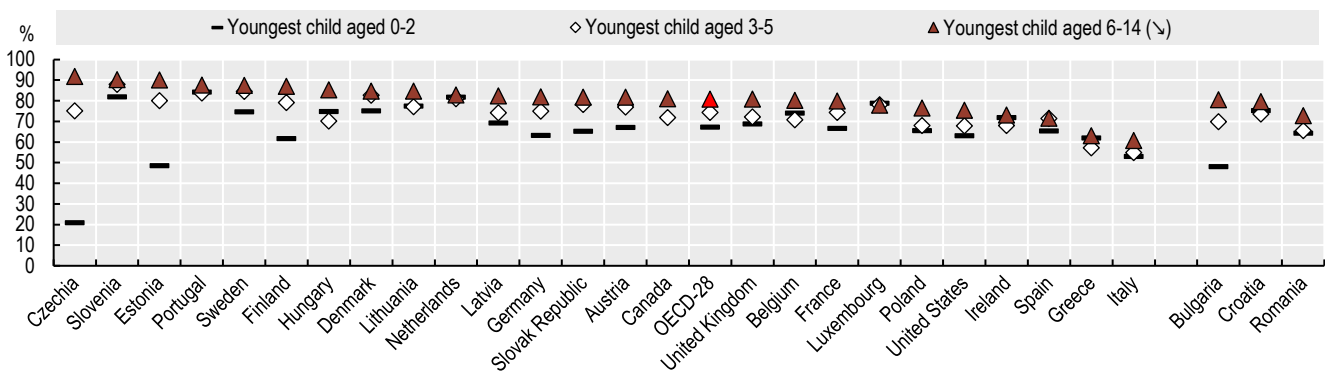
Source: OECD Family Database, indicator LMF1.2, https://www.oecd.org/social/family/database.htm, based on national and European Labour Force Surveys.

StatLink https://stat.link/d31qj7

Figure 5.3. On average across the OECD 27% of jobs have a high risk of automation

Percentage of jobs at high risk of automation, 2021
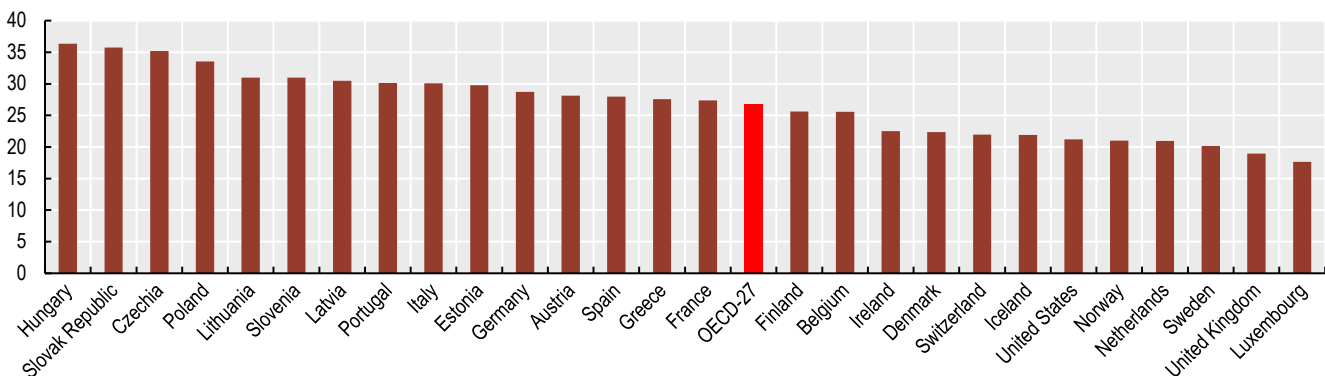
Source: Lassebie and Quintini (2022), "What skills and abilities can automation technologies replicate and what does it mean for workers?: New evidence", https://doi.org/10.1787/646aad77-en, based on OECD Expert Survey on Skills and Abilities Automatability and O*NET.

StatLink https://stat.link/cr8jf2

Unemployment

In addition to putting a strain on household and public finances, unemployment can have a demoralising effect on individuals and diminish their career prospects. The COVID-19 pandemic of 2020/21 led to record unemployment rates across the OECD. Even if unemployment rates are below (or close to) pre-crisis levels in many countries, over 5.5% of the active working-age population was unemployed in January 2024 on average across the OECD (Figure 5.4).

The rates in Japan, Korea, Mexico and Poland are below 3%, while many countries cluster around 4%. Unemployment is highest at two-digit levels in Colombia, Greece and Spain. Nevertheless, these countries have seen impressive falls in unemployment since the peak in spring 2020 during the COVID-19 crisis. The decline in unemployment has also been substantial in Canada and the United States.

A broader measure of labour market slack is "broad labour underutilisation", which enables quantification of the degree to which available labour resources are either not utilised (i.e. joblessness) or underutilised, such as people who wish to and are available to work more hours than they usually do and are working part-time (i.e. underemployment). On average across OECD countries, more than one in eight persons (12%) of working-age is "underutilised" (Figure 5.5). The share is lowest in Poland at below 5% and is highest in Chile, Spain and Türkiye at above 20%. Compared to the last quarter of 2019 (before the COVID-19 crisis), 2023 rates are 4 percentage points higher in Estonia and 5 percentage points higher in Czechia and the United Kingdom in the third quarter of 2023. Over the same period, rates particularly decreased in Australia and Italy (by 4 and 5 percentage points) and Greece (8 percentage points).

Unemployment as well as inactivity is not uncommon among young people. The share of 15-to-29-year-olds who were neither employed, nor in education or training (NEET) in 2022 reached 12.5% on average across OECD countries, almost 1 percentage point lower than in 2019 at 13.3% (Figure 5.6). A disaggregation of NEETs into those actively seeking a job (unemployed NEETs) and those who are not (inactive NEETs) shows that in most countries the majority of NEETs are not looking for work. Lower skills make young people particularly vulnerable to unemployment and inactivity, as young people with no more than lower-secondary education are three times more likely to be NEET than those with a university-level degree.

Figure notes
Figure 5.4: data for December 2023 instead of January 2024 for Chile, Iceland and the United Kingdom. Data for the last quarter of 2023 instead of January 2024 for New Zealand. Data for February 2024 for Canada, Korea and the United States.

Figure 5.5: Data from Q2 of 2023 instead of Q3 for Iceland.

Figure 5.4. Unemployment rates remain low across the OECD countries

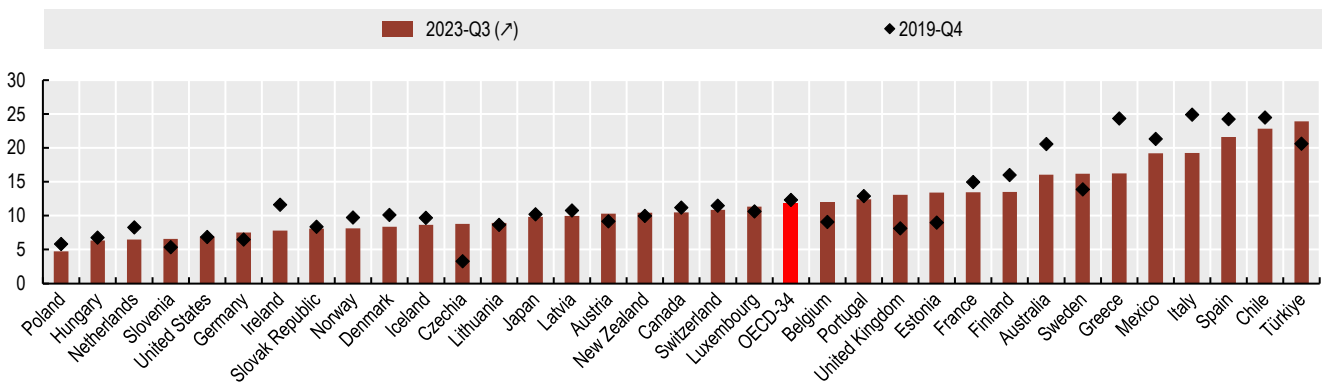Unemployment rate, percentage of the labour force (aged 15 or more), seasonally adjusted
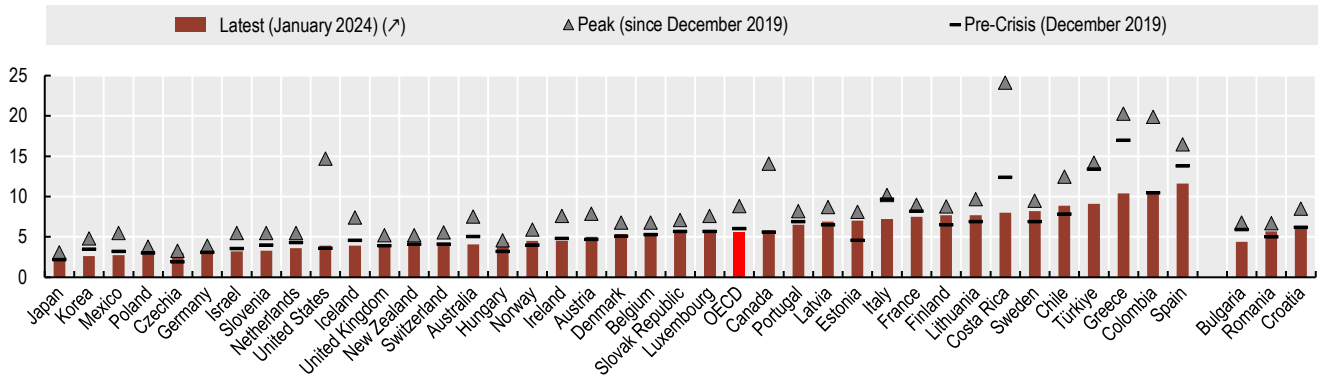
Source: OECD Employment Database, www.oecd.org/employment/database.

Figure 5.5. On average one in eight persons (12%) in the workforce is "underutilised"

Labour underutilisation rate, percentage of the labour force (aged 15 or more), seasonally adjusted
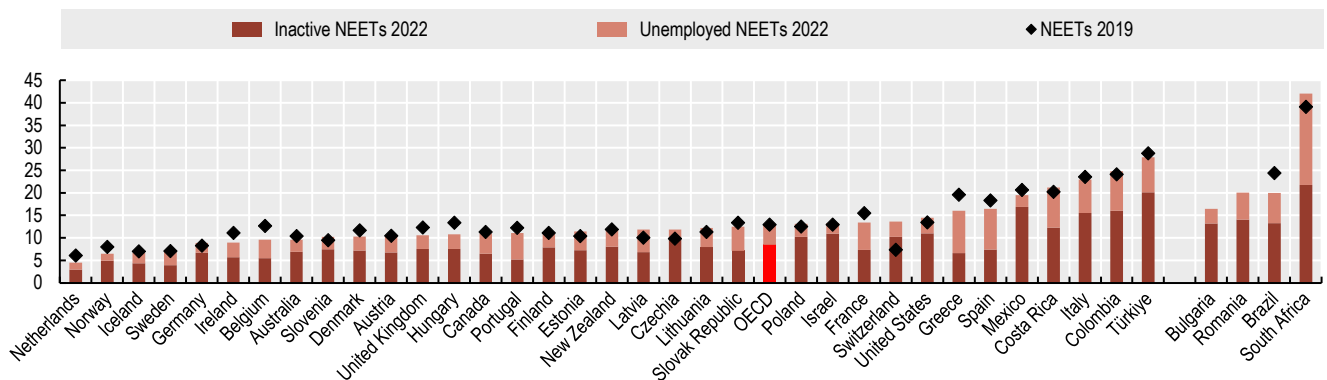

Source: OECD online Household Dashboard, https://stats.oecd.org/Index.aspx?DataSetCode=HH_DASH based on National and European Labour Force surveys.

Figure 5.6. On average, one in eight young people (12%) are not employed nor in education or training

Share of 15-29s not in employment, education or training (NEETs), 2022 and 2019

Source: OECD Education Statistics, Transition from school to work, https://stats.oecd.org/index.aspx?queryid=70953.

Skills

Globalisation, technological progress, and demographic change are having a profound impact on the world of work. These mega-trends are affecting the number and quality of available jobs, how they are carried out and the skills that workers will need in the future to succeed in an increasingly competitive landscape.

On average across the OECD countries covered by the Skills for Jobs database, more than five out of ten jobs that are hard-to-fill ("in shortage") are found in high-skilled occupations (Figure 5.7). These jobs range from managerial positions to highly skilled professionals in the healthcare, teaching or ICT sectors. A relatively large share of occupational shortage (approximately 41% of total jobs that are hard-to-fill across the OECD) is also found in medium-skilled occupations, such as personal service workers or electrical and electronic trades workers. Fewer than one out of ten jobs in shortage across the OECD are found, instead, in low-skilled occupations. The intensity of occupational shortages, however, varies significantly across OECD countries. In Belgium and Estonia, more than nine out of ten jobs in shortage are of the "high-skilled" type. In Mexico, the demand for highly skilled professionals is significantly lower, with less than one out of ten jobs in shortage being "high-skilled" and the majority of jobs in shortage being found, instead, in "medium" to "low-skilled" occupations.

On average across 14 countries for which data are available, the share of online vacancies demanding Artificial Intelligence (AI) skills was very small and highest in the United States at 0.84% in 2022. However, the share of AI-related online vacancies grew by 33% between 2019 and 2022 on average across countries – with only Austria and Sweden not reporting growth over this period (Figure 5.8). The demand for AI-related jobs is highly concentrated, and often concerns positions in Information and Communication Technology (ICT) and Professional Services, with most sought after skills being related to Machine Learning – the systematic application of algorithms to synthesize the underlying relationships among data and information.

In most OECD countries, women participate more in education and training programmes than men in the 4 weeks prior to being interviewed (Figure 5.9). On average across OECD countries, women are 3.5 percentage points more likely to participate in adult learning. In Sweden and Iceland, the gap exceeds 10 percentage points in favour of women. The Slovak Republic and Türkiye are the only two countries in which men participated more than women in education and training. While there are significant benefits in terms of wages and employability in participating in educational and training programmes for both men and women, research has found that women who participate in job-related training earn higher wages than their male counterparts.

Definition and measurement

The OECD Skills for Jobs database (www.oecdskillsforjobsdatabase.org) defines skills as either hard-to-find (in shortage) or easy-to-find (in surplus). The occupational shortage indicator is a composite indicator that ranks occupations in shortage or in surplus within each country based on the analysis of five sub-components: wage growth, employment growth, hours worked growth, unemployment rate, change in under-qualification. Information on skill requirements in each occupation are extracted from the O*NET database which provides categorical data about the skills required to perform the tasks of more than 800 different occupations.

Vacancies requiring AI skills are vacancies in which at least two generic AI skills or at least one AI-specific skill were required. Such skills were identified on basis of pre-identified AI keywords (for a full listing see Borgonovi et al. (2023)). Generic skills include AI-related skills that may also be common in roles that do not primarily deal with the development or maintenance of AI systems. These include, for instance, "machine learning", "artificial intelligence", "computer vision" and "machine translation". Specific skills encompass instead AI skills that are likely to relate to specific applications, methods, or tools used by workers in AI-related roles, such as "gradient boosting", "natural language processing", "convolutional neural networks", and "deep learning".

The participation rate in education and training measures the share of adults (25-64 year-olds) who participated in formal and non-formal education and training. Formal education and training is defined according to the International Standard Classification of Education 2011 as "education that is institutionalised, intentional and planned through public organisations and recognised private bodies and – in their totality – constitute the formal education system of a country." Non-formal education and training constitutes any institutional, organised learning activity such as seminars, workshops, or private lessons, excluding on-the-job training.

Further reading

Borgonovi, F., et al. (2023), "Emerging trends in AI skill demand across 14 OECD countries", OECD Artificial Intelligence Papers, No. 2, OECD Publishing, Paris, https://doi.org/10.1787/7c691b9a-en.

OECD (2023), *OECD Employment Outlook 2023*, OECD Publishing, Paris, https://doi.org/10.1787/08785bba-en.

OECD (2019), *OECD Employment Outlook 2019: The Future of Work*, OECD Publishing, Paris, https://doi.org/10.1787/9ee00155-en.

Figure notes

Figure 5.8: Data for the United Kingdom refers to 2019 and Türkiye to 2020.

Figure 5.7. More than five-out-of-ten jobs in shortage are found in high-skilled occupations

Percentage of employment in high demand, by skill level, 2019 or closest year available
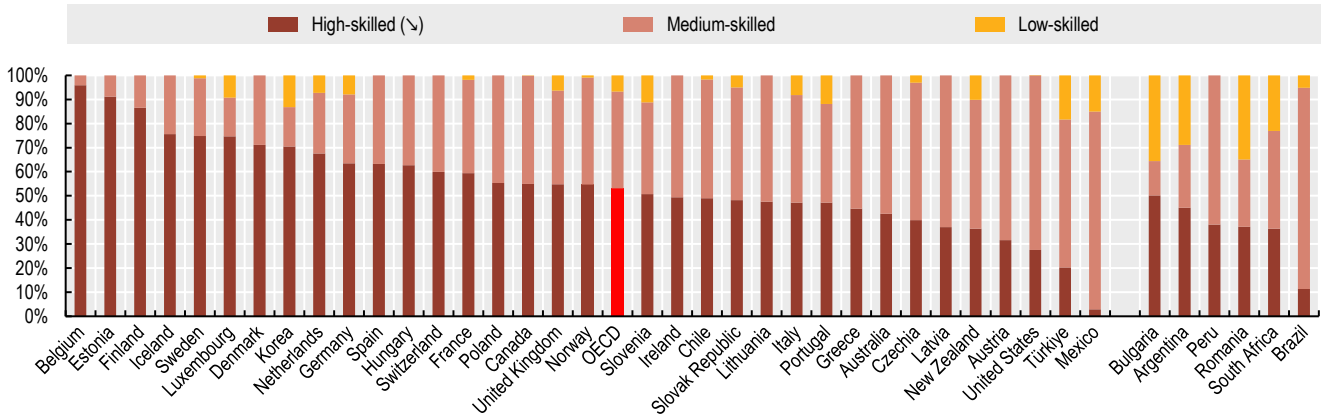
Source: Calculations based on the OECD Skills for Jobs database, www.oecd.org/employment/skills-and-work.htm.

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Figure 5.8. The share of online vacancies demanding AI skills is small but increasing

Percentage of online vacancies advertising positions requiring AI skills, 2019 and 2022
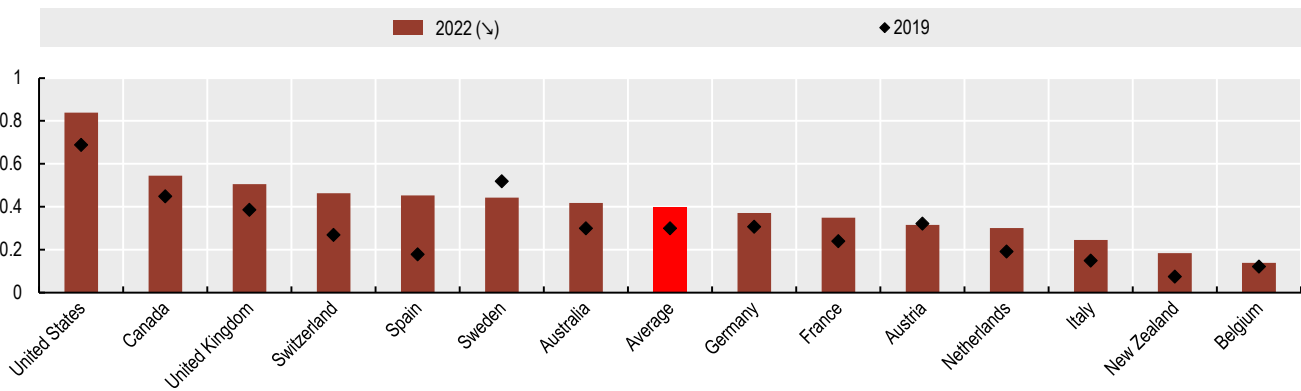
Source: Calculations based on Lightcast (2022), Lightcast™, https://lightcast.io/ (accessed December 2022), in Borgonovi et al. (2023), "Emerging trends in AI skill demand across 14 OECD countries", https://doi.org/10.1787/7c691b9a-en.

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Figure 5.9. In most OECD countries, women participate more than men in education and training

Participation rate (%) of 25-64 year-olds in education and training in the last 4 weeks by gender, 2022 or nearest year
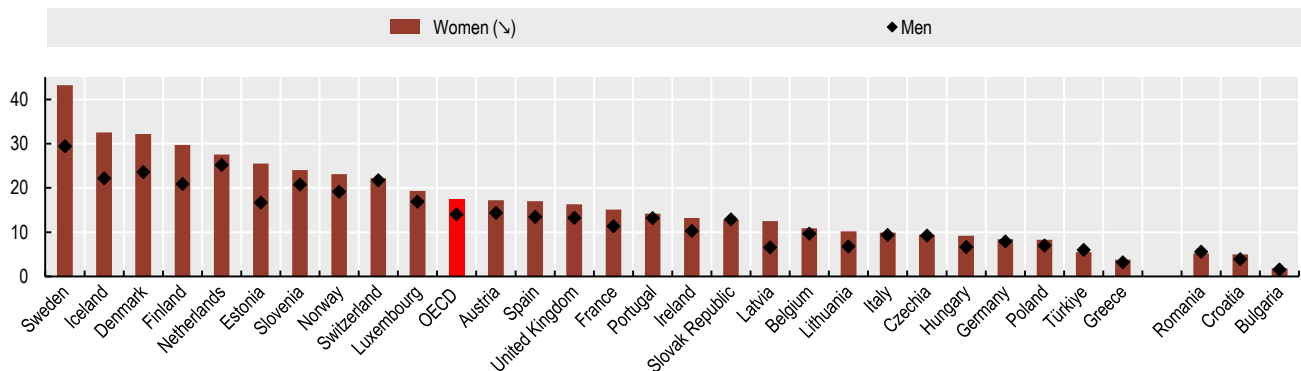
Source: Eurostat (2023), European Labour Force Survey, https://ec.europa.eu/eurostat/web/main/data/database?node_code=employ.

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Student performance

Student performance at age 15 has long term implications for self-sufficiency. Student performance in the OECD PISA tests reflects the cumulative effect of educational inputs from family, schools, peers and the community up to age 15.

The 2022 PISA edition was the first after the COVID-19 pandemic. On average across OECD countries, the mean score dropped by almost 15 points in mathematics and 10 points in reading between 2018 and 2022, while it did not significantly change in science (Figure 5.10, Panel A, B, and C). In mathematics, Japan and Korea achieved the highest scores both in 2018 and 2022 (Figure 5.10, Panel A), whereas the Latin American countries (Chile, Colombia, Costa Rica and Mexico) recorded the lowest scores in both years. Country scores for reading and science followed a similar pattern to those of mathematics, with certain exceptions. In reading (Figure 5.10, Panel B), in 2022, Canada and Finland dropped to the fifth and tenth highest scores from the second highest scores in 2018. In science, the Netherlands experienced a 15-point drop since 2018 (Figure 5.10, Panel C). Colombia, Costa Rica and Mexico recorded the lowest scores for reading and science within OECD countries in both 2018 and 2022. In non-OECD economies, Macao (China) and Hong Kong (China) achieved the highest scores in mathematics, reading, and science in the same period.

Disparities in student performance between boys and girls are another indicator of fairness in education. Across OECD countries in 2022, boys outperformed girls by 9 score points in mathematics, girls outperformed boys by 24 score points in reading and the difference was non-significant in science (Figure 5.11). Boys achieved a higher score than girls in mathematics in 26 OECD countries and the widest gaps in performance in favour of boys (15 scores points or more) were observed in Austria, Chile, Costa Rica and Italy. In contrast to mathematics, girls performed better than boys in reading in all PISA participating countries; however, in Chile and Costa Rica the difference in reading performance between boys and girls was not statistically significant. Within OECD economies, the widest gaps in reading performance in favour of girls (40 score points or more) were recorded for Finland, Norway and Slovenia. The difference in science performance between boys and girls was significant in 12 OECD economies (but **not** across the OECD). In non-OECD countries, Macao (China) recorded the highest score difference in favour of boys in mathematics, whereas Bulgaria and Croatia recorded the highest score difference in favour of girls in science and reading, respectively.

An additional indicator for measuring equity in education is student's socio-economic status. This is measured in PISA through the index of economic, social, and cultural status (ESCS). On average across the OECD, performance differences in mathematics, reading, and science between students at the top and the bottom quarter of the ESCS have increased since 2018 (Figure 5.12). This indicates greater disparity in performance between socio-economically advantaged and disadvantaged students. In Austria, Italy, the Slovak Republic and the United States, the gap particularly increased in sciences. However, for many countries, results in 2022 were not statistically different from the results in 2018. Within non-OECD economies, performance differences between students at the top and bottom quarter of the ESCS decreased for all three subjects in Argentina since 2018.

Definition and measurement

Student performance is assessed through results from the OECD Programme for International Student Assessment (PISA). Launched in 1997, PISA is a triennial survey of 15-year-old students conducted across over 80 countries that assesses key knowledge and skills essential for full participation in social and economic life. The assessment has traditionally focused on three domains: mathematics, reading, and science -with one domain more extensively assessed than the others. In addition, creative thinking was included as a subcategory for assessment in 2022.

Disparities in performance between boys and girls in mathematics, reading and science are calculated by subtracting the mean score of girls from the mean score of boys.

In PISA, a student's socio-economic status is measured by the PISA index of economic, social, and cultural status (ESCS). The higher the value of ESCS, the higher the socio-economic status. ESCS is a composite score that combines into a single score information from three components: parents' highest level of education; parents' highest occupational status; and home possessions. Information about these three components for each student was collected through the student questionnaire, a survey that students answered after completing the PISA cognitive assessment.

A difference in mean scores (or in other population-level estimates of performance in PISA) is considered statistically significant if it is unlikely that such a difference could be observed when, in fact, no true difference exists in the populations from which student samples were drawn.

Further reading

OECD (2023), PISA 2022 Results (Volume I): The State of Learning and Equity in Education, PISA, OECD Publishing, Paris, https://doi.org/10.1787/53f23881-en.

OECD (2023), *PISA 2022 Assessment and Analytical Framework*, OECD Publishing, Paris, https://doi.org/10.1787/dfe0bf9c-en.

Figure notes

Figure 5.10, Figure 5.11 and Figure 5.12: For Australia, Canada, Denmark, Ireland, Latvia, the Netherlands, New Zealand, the United Kingdom, the United States and Hong Kong (China), caution is required when interpreting the estimates for reading, mathematics, and science because one or more PISA sampling standards were not met (see Reader's Guide, Annexes A2 and A4).

Figure 5.10 and Figure 5.12: The OECD average-35 refers to the average across OECD countries, excluding Costa Rica, Luxembourg and Spain).

Figure 5.11 and Figure 5.12: Values that are statistically significant are coloured; values shown with a white background are not statistically significant.

Figure 5.12: ESCS refers to the PISA index of economic, social, and cultural status.

Figure 5.10. Between 2018 and 2022, performance in mathematics and reading has considerably dropped across OECD countries
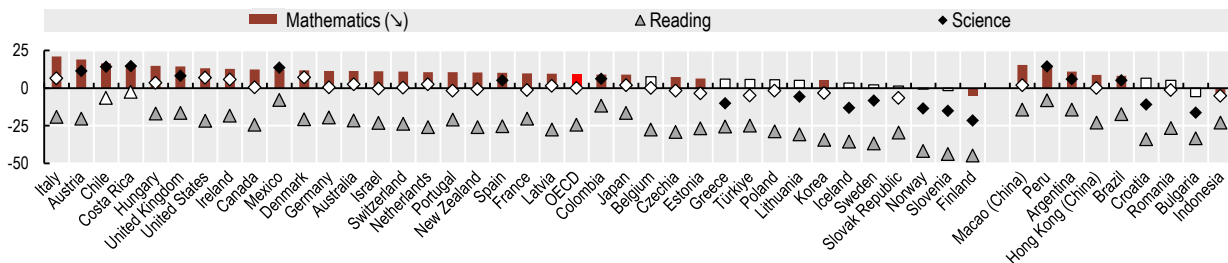
Mean student PISA performance in reading, mathematics, and science, 2018 and 2022
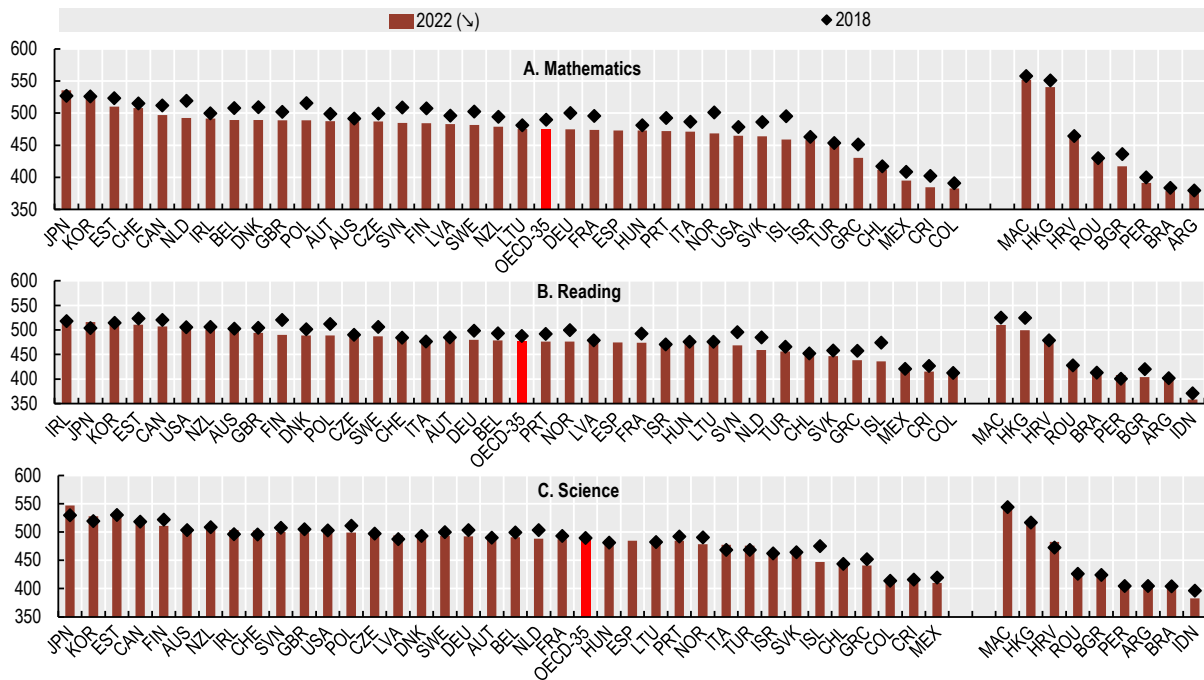
Source: Table I.B1.5. Changes in performance and equity in education and long-term trends annex tables in OECD (2023), *PISA 2022 Results (Volume I)*, https://doi.org/10.1787/53f23881-en.

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Figure 5.11. Gender gaps in performance vary across subjects in OECD countries

Score differences in mathematics, reading, and science between boys and girls, PISA 2022 (boys-girls)

Source: Table I.B1.5. Changes in performance and equity in education and long-term trends annex tables in OECD (2023), *PISA 2022 Results (Volume I)*, https://doi.org/10.1787/53f23881-en.

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Figure 5.12. Score differences in mathematics, reading, and science between the top and bottom quarter of the ESCS have widened since 2018, but significance varies across countries

Change in mean performance between the top and bottom quarter ESCS between 2018 and 2022
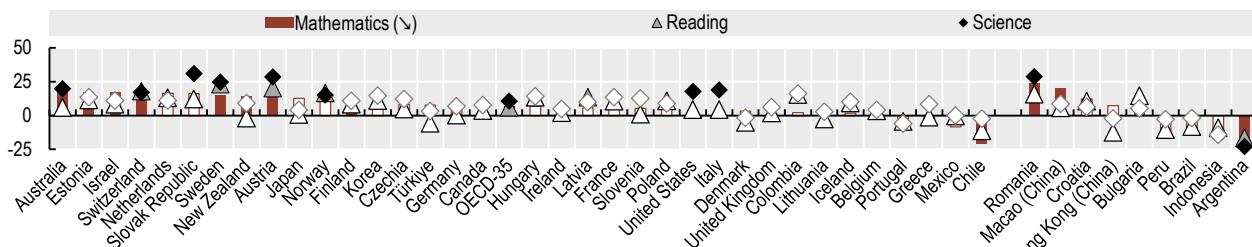
Source: Table I.B1.5. Changes in performance and equity in education and long-term trends annex tables in OECD (2023), *PISA 2022 Results (Volume I)*, https://doi.org/10.1787/53f23881-en.

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Expected years after labour market exit

The indicator of expected years after labour market exit illustrates the average years of remaining life expectancy from the age a person leaves the labour market. The indicator illustrates a link between the labour market exit and financial pressure on pension systems, in the context of an ageing population.

On average across OECD countries, women can expect to live over four years more after labour market exit than men (22.8 years for women compared to 18.4 years for men) (Figure 5.13). In Costa Rica, Colombia, Greece, Hungary and Poland, the gender gap was at least six years. This gap is related to a higher life expectancy and a lower labour market exit age among women. However, longer periods after labour market exit expose women to old-age poverty.

The expected years after labour market exit in non-OECD economies is generally lower than in the OECD. For men, it varies from 9 years in Indonesia to above 15 years in Brazil, China and Croatia. For women it ranges from 11 years in Indonesia to around 24 years in China and Croatia – the latter two is above the OECD average.

The average expected number of years after labour market exit across OECD countries has increased over time. In 1980, men in OECD countries spent, on average, 14 years in retirement and by 2022, this average had increased to 18 years (Figure 5.14, Panel A). The increase in the expected years after labour market exit was similar for women, increasing from 18 years on average in 1980 to almost 23 years in 2022 (Figure 5.14, Panel B).

Figure 5.13. Women spend 4.5 more years after labour market exit than men

A. Expected years after labour market exit for men in 2022

B. Expected years after labour market exit for women in 2022

Source: OECD (2023), *Pensions at a Glance 2023: OECD and G20 Indicators*, https://doi.org/10.1787/ca401ebd-en.

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Figure 5.14. Men and women spend 4.5 more years after labour market exit in 2022 than in 1980

Trend in age at labour market exit and years after labour market exit, 1980 to 2022, OECD average
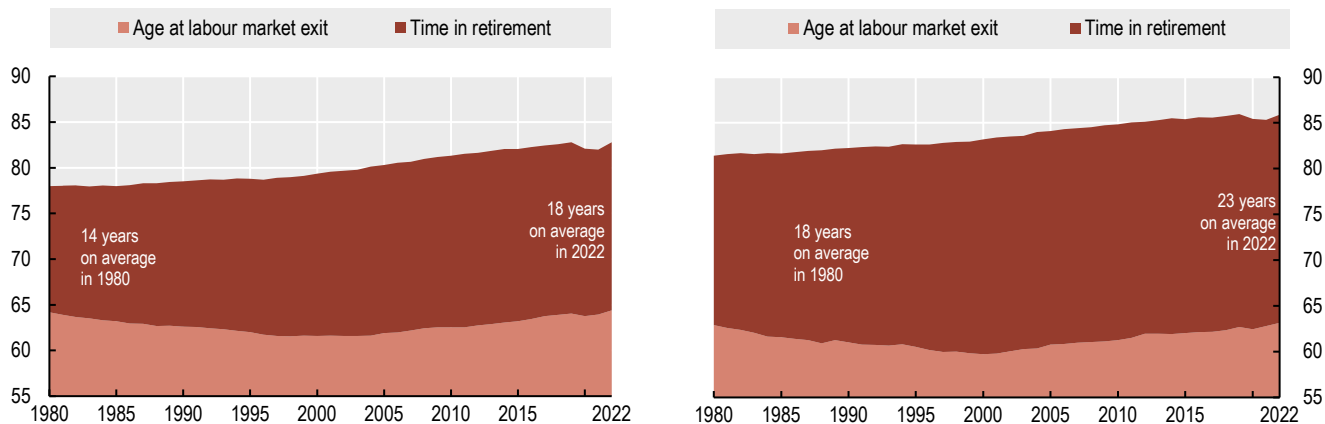
Source: OECD (2023), *Pensions at a Glance 2023: OECD and G20 Indicators*, https://doi.org/10.1787/ca401ebd-en.

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6 Equity indicators

Income and wealth inequalities

Inequalities of outcomes, such as income and wealth, and inequalities of opportunities go hand in hand, largely because wider inequality curbs social mobility and opportunities for the poor and people from disadvantaged backgrounds.

Income inequality varies considerably across OECD countries. In 2021, the Gini coefficient ranged from around 0.22 in the Slovak Republic to more than twice that value in Chile and Costa Rica (Figure 6.1). The Nordic and some central European countries had the lowest inequality levels of disposable income, while income inequality was highest among Latin American countries, Türkiye and the United States. Alternative indicators of income inequality suggest similar rankings. The ratio of the average income of the richest 10% and the poorest 10% of the population was 8.4 to 1 on average across OECD countries in 2021.This ratio ranged from 5 to 1 in the Slovak Republic and Slovenia, to over 20 to 1 in Chile and Costa Rica.

Income inequality also varies across partner economies: the Gini ranges from 0.29 in Croatia (below the OECD average) to 0.32 in Bulgaria, and 0.38 in Romania. Income inequality is pronounced in South-Africa where the Gini stood at 0.62 in 2017.

Household wealth is much more unequally distributed than income. On average, households in the top 10% of the wealth distribution own more than half (52%) of all total household wealth, and this share is as high as 79% in the United States (Figure 6.2). In comparison, the richest 10% of income earners get on average close to 25% of all income. While wealth inequality is higher than income inequality in all countries reviewed, countries with lower income inequality levels are not necessarily those with low wealth concentration.

The Opportunities module of the 2022 OECD Risks that Matter survey provides novel insights into people's concerns about disparities household income and wealth. On average, over 60% of respondents declared that disparities in income and in wealth were too high or far too high in their country (Figure 6.3). In all countries but Latvia and Lithuania, individuals' average levels of concerns are fairly similar for both income and wealth. In these two countries, the proportion of respondents indicating that income inequality is too high or far too high exceeds by more than 15 percentage points that of wealth inequality.

Definition and measurement

The main indicator of income distribution used is the Gini coefficient. Values of the Gini coefficient range from 0 in the case of "perfect equality" (each person receives the same income) and 1 in the case of "perfect inequality" (all income goes to the person with the highest income). Gini coefficients are based on disposable equivalised household incomes – i.e. after taxes and social cash transfers, and adjusted for differences in the needs of households of different sizes with an equivalence scale that divides household income by the square root of household size. An alternative indicator is the S90/S10 income decile share, corresponding to the gap between the average incomes of the richest and the poorest 10% of the population, also based on equivalised disposable income. Income data are from the OECD Income Distribution Database, www.oecd.org/social/income-distribution-database.htm.

Wealth data refers to net private household wealth, that is the value of all assets owned by a household less the value of all its liabilities at a particular point in time, around 2018 here. Country differences may be affected by methodological issues, such as coverage of households at the very top of the distribution, or differences in the share of social security and occupational pensions, which are excluded from the definition of net private household wealth but play a more important role in some countries. Data are from the OECD Wealth Distribution database, www.oecd.org/social/income-distribution-database.htm.

Respondents from Opportunities module of the OECD Risks that Matter Survey 2022 were asked the question: "Thinking about different types of inequality, please indicate whether you think that each of the following is too high or too low in your country". See Chapters 2 and 3 for more information about the survey.

Further reading

OECD Income Distribution Database, www.oecd.org/social/income-distribution-database.htm.

OECD Wealth Distribution Database; www.oecd.org/social/income-distribution-database.htm.

OECD (2021), Inequalities in Household Wealth and Financial Insecurity of Households, Policy Insights, https://www.oecd.org/social/income-distribution-database.htm.
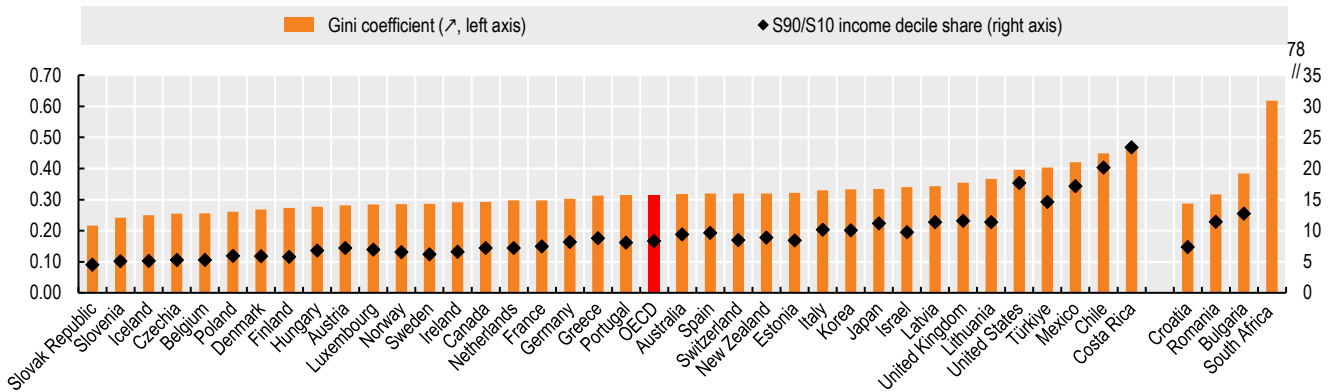
Figure notes

Figure 6.1: The latest available data refer to 2021 for all countries except Chile, Costa Rica and the United States (2022); Australia, Germany, Israel, Mexico, Switzerland and Türkiye (2020); Denmark, (2019); Japan (2018); Iceland and South Africa (2017).

Figure 6.2: See above for the latest data available for the top 10% income. The latest data available for the top 10% wealth share refer to: 2016 for Finland, Italy, Lithuania and Poland; 2017 for Austria, Belgium, Chile, Estonia, France, Germany, Hungary, Latvia, Portugal, the Slovak Republic, Slovenia and the United Kingdom; 2018 for Australia, Greece, Ireland, Luxembourg, New Zealand, Norway and Spain; 2019 for Canada, Denmark, Japan, the Netherlands and the United States.

Figure 6.1. There are large differences in levels of income inequality across the OECD

Gini coefficient of household disposable income and gap between richest and poorest 10%, in 2021
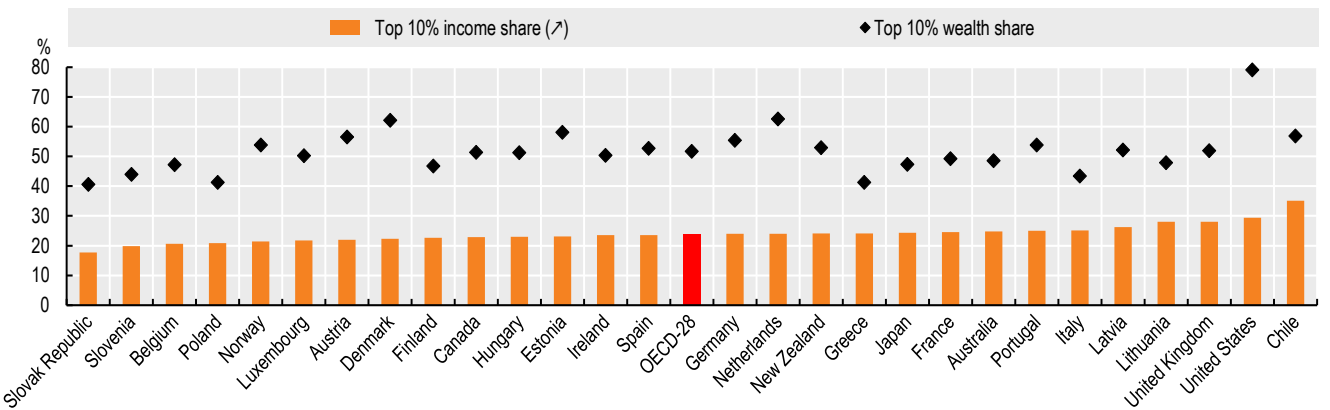

Source: OECD Income Distribution Database, https://www.oecd.org/social/income-distribution-database.htm.

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Figure 6.2. Wealth is more concentrated at the top than income

Share of top 10% of household disposable income and top 10% of household net wealth, late 2010s

Source: OECD Wealth Distribution Database, https://www.oecd.org/social/income-distribution-database.htm.

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Figure 6.3. On average, over 60% of respondents declared that disparities in income and in wealth were too high

Percentage of respondents thinking that inequality is far too high or too high in their country, for income and wealth, in 2022
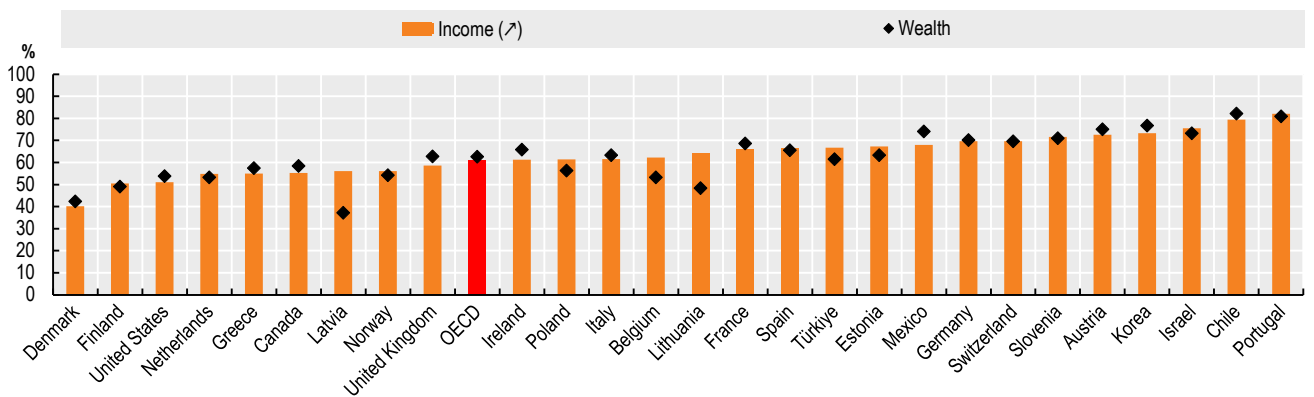
Source: OECD (2023), "Working hand in hand? Exploring people's views of the role of different actors in fighting inequality", https://doi.org/10.1787/dbd54315-en.

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Income poverty

Income poverty rates measure the share of people at the bottom end of the income distribution. Society's equity concerns are typically greater for the relatively disadvantaged. As a result, poverty measures often receive more attention than income inequality measures, with greater concerns for certain groups like older people and children, who have no or limited options for working their way out of poverty.

The average relative poverty rate (i.e. the share of people living with less than half the median disposable income in their country) was 11.4% in 2021 for the OECD countries (Figure 6.4). Poverty rates were highest in the United States (18%) and Costa Rica (21%), while in Czechia, Denmark, Finland, Hungary and Iceland poverty affected only 5-7% of the population. Mediterranean countries, Baltic countries and Latin American countries have relatively high poverty rates. Among partner countries, poverty is highest in South Africa.

Relative poverty rates vary by gender. In 2021, the average poverty rate for women equalled 12.1% while it was 10.7% for men. Women face a higher risk of poverty than men in all OECD countries and key partners, except in Denmark, Finland, Iceland and Ireland. The largest gender poverty gaps are observed in Estonia, Latvia and Lithuania, where poverty rates among women are 4 to 5 percentage points higher than for men.

Relative poverty rates also vary by age group. On average across OECD countries, poverty is lowest among adults of working age (age 26-65) at around 10%, while it is higher at 12% for children and youth, and almost 15% for the elderly (Figure 6.5). Child poverty is low in Nordic countries, however it is relatively high in Chile, Costa Rica, Israel, Spain, Türkiye and the United States, where more than one in five children is income poor. Poverty rates amongst youth were particularly high in Denmark, Finland and Norway, which may be explained by the fact that youth generally leave the parental home around age 18, which is early compared to many other OECD countries (see Chapter 1. in this volume). Relative poverty rates of people aged over 65 were around 40% in Estonia and Korea, and above 30% in Latvia. In contrast, Denmark, Iceland and Norway had the lowest relative poverty rates among older people – all below 5%. These numbers are based on income data and the considerable country differences in wealth (housing or otherwise) held by older people are not reflected in income poverty rates.

Another OECD indicator to assess poverty risk is "financial insecurity". Individuals who are financially insecure are not income poor, but they risk falling into poverty if their income were to stop suddenly, e.g. because of unemployment, disability or family dissolution. Financially insecure individuals would lack sufficient liquid assets to live above the poverty line for more than 3 months in the event of such a sudden loss of income. Across OECD countries, 34% of individuals were financially insecure in 2018 (Figure 6.6), and this concerned more than 45% of the population in Greece, Hungary, Ireland, Latvia, Lithuania and Slovenia, and less than 15% of the population in Korea and the Netherlands.

Definition and measurement

As with income inequality, the starting point for poverty measurement is the concept of equivalised household disposable income (see "Definition and measurement" of the "Household income" or "Income inequality" indicators).

The poverty rate is a headcount of how many people fall below the poverty line. People are classified as poor when their equivalised disposable household income is less than 50% of the median in each country. The use of a relative income threshold means that richer countries have the higher poverty thresholds. Higher poverty thresholds in richer countries capture the notion that avoiding poverty means an ability to access to the goods and services that are regarded as customary or the norm in any given county. Poverty rates by age group are calculated based on the median income for the entire population.

Financially insecure people are those who are not income poor, but have insufficient liquid financial wealth to support them at the level of the income poverty line for more than three months – i.e. they have equivalised liquid financial assets below 25% of the national median income. Liquid financial wealth is defined as cash, quoted shares, mutual funds and bonds net of liabilities of own unincorporated enterprises.

Further reading

OECD Income Distribution Database, https://www.oecd.org/social/income-distribution-database.htm.

OECD Wealth Distribution Database; https://www.oecd.org/social/income-distribution-database.htm.

OECD (2023), *Pensions at a Glance 2023: OECD and G20 Indicators*, OECD Publishing, Paris, https://doi.org/10.1787/678055dd-en.
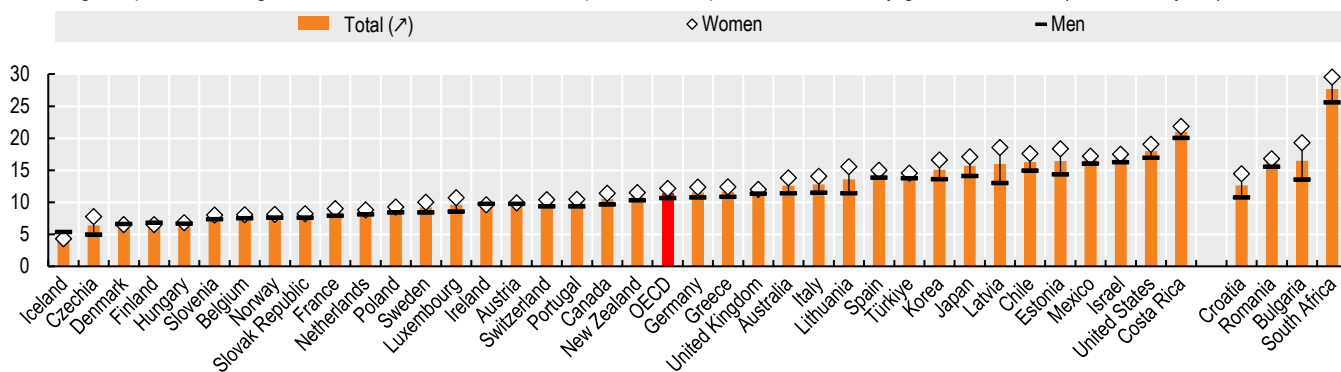
Figure notes

Figure 6.4 and Figure 6.5: The latest available data refer to 2021 for all countries except Chile, Costa Rica and the United States (2022); Australia, Germany, Israel, Mexico, Switzerland and Türkiye (2020); Denmark, (2019); Japan (2018); Iceland and South Africa (2017). 2021 data for the Netherlands are provisional, so are 2021 and 2022 data for the United States. Comparable data are not available for Colombia.

Figure 6.6: The latest available data refer to: 2016 for Finland, Italy, Lithuania and Poland; 2017 for Austria, Belgium, Estonia, France, Germany, Hungary, Latvia, Portugal, the Slovak Republic, Slovenia and the United Kingdom; 2018 for Australia, Greece, Ireland, Luxembourg, New Zealand, Norway and Spain; 2019 for Canada, Denmark, Japan, Korea, the Netherlands and the United States. The OECD average does not include Chile, Colombia, Costa Rica, Czechia, Iceland, Israel, Mexico, Sweden, Switzerland and Türkiye, as comparable data are not available.

Figure 6.4. There are large differences in levels of relative poverty across the OECD

Percentage of persons living with less than 50% of median equivalised disposable income, by gender, in 2021 (or nearest year)
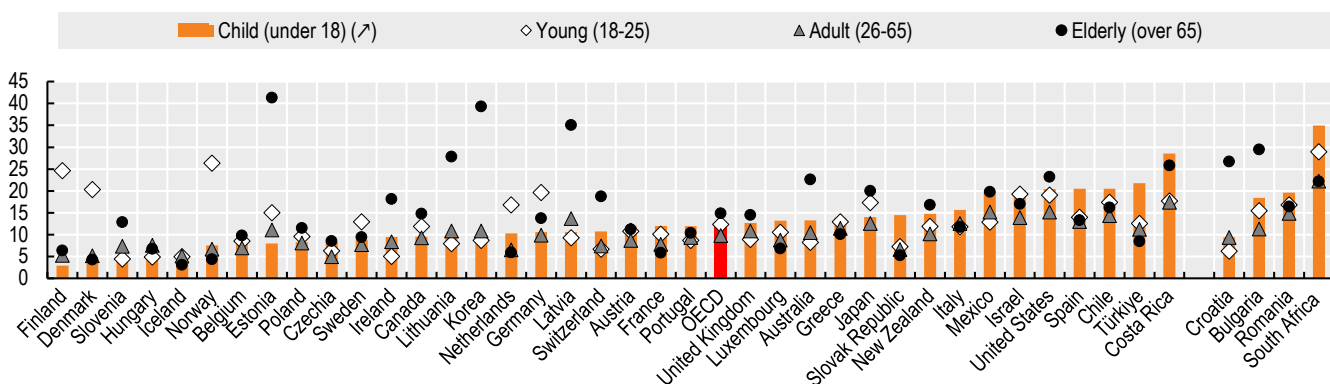

Source: OECD Income Distribution Database (IDD), https://www.oecd.org/social/income-distribution-database.htm.

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Figure 6.5. On average across the OECD, poverty is highest among the elderly and lowest among adults of working age

Percentage of persons living with less than 50% of median equivalised disposable income, by age group, in 2021 (or nearest year)
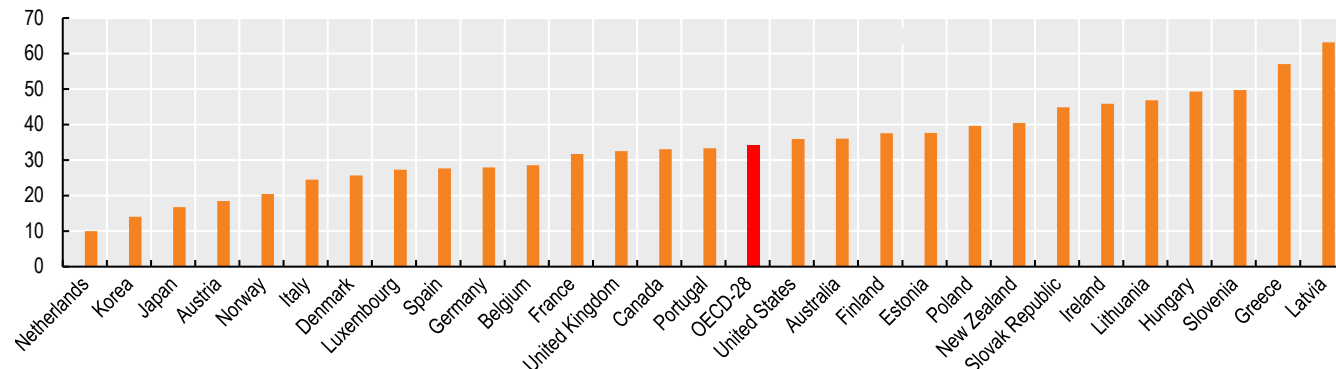

Source: OECD Income Distribution Database (IDD), https://www.oecd.org/social/income-distribution-database.htm.

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Figure 6.6. More than one-third of people in the OECD are at risk of falling into poverty

Percentage of individuals who are financially insecure, 2018 or latest available year (↗)

Source: Wealth Distribution Database (WDD), https://www.oecd.org/social/income-distribution-database.htm.

StatLink 🔗 https://stat.link/g87iq2

Unemployment and social safety net benefits

Public cash transfers can provide an income safety net in case of unemployment. In most countries, two layers of support are available: (contributory) unemployment insurance benefits and (non-contributory) social safety net benefits.

In a large majority of OECD countries, payment rates of unemployment insurance benefits are typically significantly higher than social safety net benefits (Figure 6.7). On average across the OECD, the net replacement rate (NRR) in unemployment, i.e. the proportion of net in-work income retained after a given period of unemployment, is 58% in the initial phase of the unemployment spell for a single person without children with previous earnings at the average wage, but it falls to 37% once they become long-term unemployed.

Social safety net benefits are sometimes significantly lower than commonly used poverty thresholds (Figure 6.8). Payment rates of social/unemployment assistance and housing allowances for a single person without children who has exhausted their entitlement to unemployment insurance benefits amount to less than 20% of median household income in Canada, Hungary, Portugal, the Slovak Republic and the United States. For those living in rented accommodation, housing-related benefits like rent allowances can provide further income assistance, levelling up incomes above the poverty line in Japan and the Netherlands. However, in all countries, non-contributory social safety net benefits alone are insufficient to escape poverty.

The number of working hours needed to escape poverty at the average hourly wage rate for recipients of social safety net benefits differs across countries and family types. On average across the OECD, a single person without children benefiting from social safety net benefits need to work 10 weekly hours at average national wage to escape poverty (Figure 6.9). Couples with two children where one partner is out of work need 17 hours. This difference is particularly significant in countries like Czechia, the Netherlands, New Zealand and Norway. In Denmark, Finland, Germany, Lithuania and the United Kingdom, couples need to work fewer hours than single people to escape poverty.

Definition and measurement

The net replacement rate (NRR) measures the fraction of net income from work that is maintained when unemployed. It is defined as the ratio of net income while out of work divided by net income while in work. The NRR presented here corresponds to a 40-year-old single person without children who was working full time at the average wage before becoming unemployed. The "initial phase" of

unemployment refers to the second month of benefit receipt following any waiting period, and "long-term unemployment" refers to the 24th month of benefit receipt. Results include housing benefits for tenants, calculated assuming an annual rent equal to 20% of the average wage. Family incomes are calculated using the OECD tax-benefit model (www.oecd.org/social/benefits-and-wages.htm).

One way of assessing the adequacy of countries' social protection systems is to compare the maximum social safety net benefit entitlements with commonly used relative poverty thresholds, calculated as 50% or 60% of the median of the disposable income distribution. The maximum social safety net benefit entitlements is the level of income support that can be received by a jobless family with one or two working-age adults, with no other income sources, no assets, and no entitlement to contributory benefits such as unemployment insurance. Benefit entitlements include housing benefits for tenants, calculated assuming a rent equal to 20% of the average wage. All benefit entitlements are net of any income tax payments and/or compulsory social contributions. Results are calculated using the OECD tax-benefit model, taking into account all possible interactions between means-tested benefits and between taxes and benefits. The median of the disposable income distribution (before housing costs) is from the OECD Income Distribution Database (www.oecd.org/social/income-distribution-database.htm).

The weekly hours that a family receiving social safety net benefits (including housing benefits and temporary "into-work" benefits, i.e. benefits paid to support a recent transition from unemployment to employment) needs to work to exit poverty are calculated for two family types assuming an average hourly wage rate. The poverty line is calculated as 50% of the median equivalised disposable income.

Further reading
OECD Tax-Benefit models, www.oecd.org/els/soc/benefits-and-wages.htm.

Figure notes
Figure 6.7, Figure 6.8, Figure 6.9: data refers to 2022 instead of 2023 for Australia, Belgium, Canada, Denmark Israel, Japan, Portugal and the United States. Up to date information on Chile, Colombia, Costa Rica and Mexico is not available in the OECD tax-benefit database.

Figure 6.7. In most countries, benefit income declines significantly for people with long unemployment spells

Net income in unemployment, in percentage of the net income in work ("net replacement rate in unemployment"), single person with previous earnings equal to the average wage, in 2023
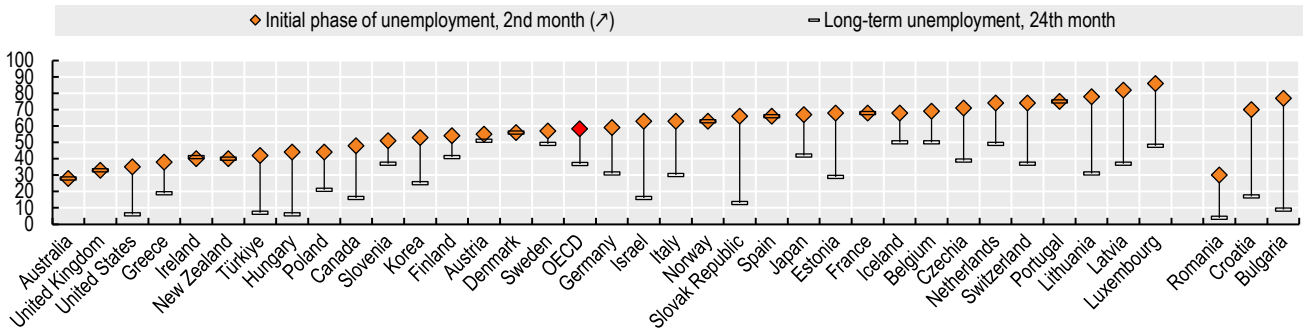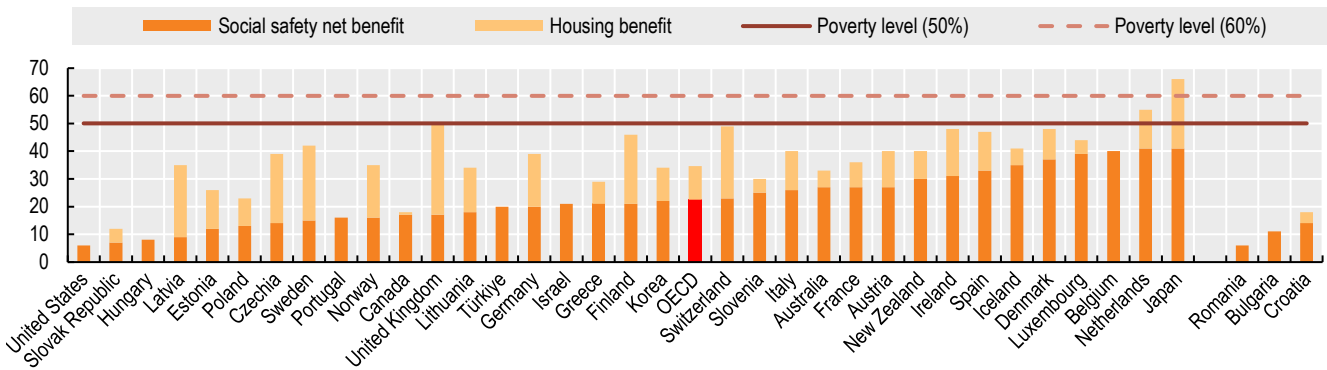

Source: OECD Tax-Benefit model, www.oecd.org/els/soc/benefits-and-wages.htm.

StatLink https://stat.link/qetyb2

Figure 6.8. Social safety net benefits alone cannot prevent income poverty

Net income level provided by social safety net benefits, in percentage of median disposable income, for a single person living in a rented accommodation, in 2023
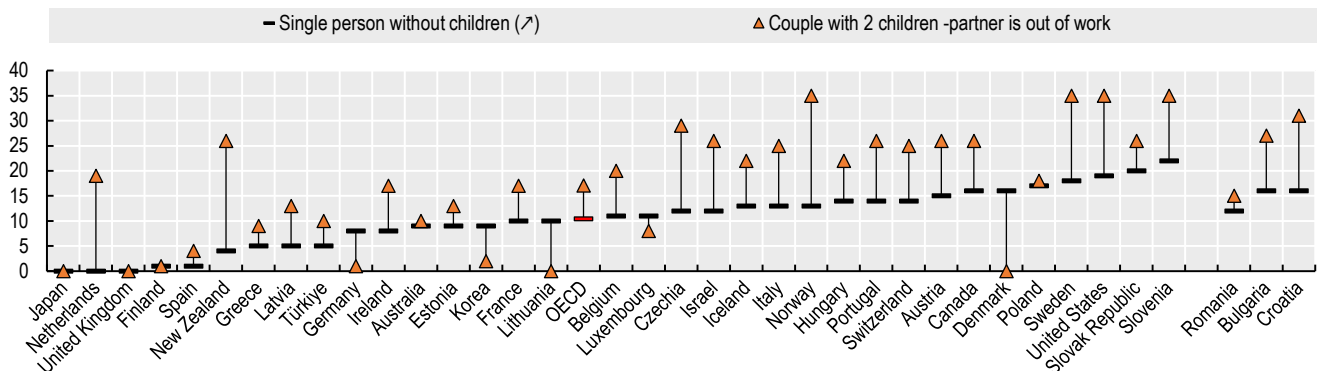

Source: OECD Tax-Benefit model, www.oecd.org/els/soc/benefits-and-wages.htm.

StatLink https://stat.link/xiqc6l

Figure 6.9. Couples with two children where a partner is jobless generally need a significantly larger number of working hours to escape poverty than single persons

Weekly working hours needed to escape poverty (50% of median equivalised disposable income) for recipients of social safety net benefits, by family type, at average hourly wage, in 2023

Source: OECD Tax-Benefit model, www.oecd.org/els/soc/benefits-and-wages.htm.

StatLink https://stat.link/t97kmi

Social spending

Public social expenditure-to-GDP-ratios have changed rapidly in recent years. With the outbreak of the COVID-19 pandemic, the public social expenditure-to-GDP ratio increased by almost 3 percentage points from about 20% in 2019 to 23% in 2020 on average, across the OECD (Figure 6.10). About 2.5 percentage points of the 3 percentage point change was caused by an increase in public social spending, while 0.5 percentage points was related to a decrease in GDP. After the initial rise, spending-to-GDP ratios declined almost as rapidly as they increased: public social spending fell from 23% in 2020 to an estimate of 21% in 2022, on average across the OECD. This evolution contrasts starkly with the aftermath of the 2008/09 global financial crisis. Individual country experiences differ markedly. Canada, Spain and the United States recorded the highest increases in the public social spending-to-GDP ratio from 2019 to 2020 (more than 6 percentage points), while Denmark, Hungary and Sweden had the lowest increases (less than 1 percentage point).

Across the OECD on average, old-age and survivor pension payments (7.7% of GDP) and health (5.8% of GDP) are the largest areas of public social spending (Figure 6.11). They both account for two-thirds of total expenditure. At over 15% of GDP, public pension spending is highest in Greece and Italy and lowest in Chile, while Iceland, Korea and Mexico spend around 3% of GDP on pensions. In France, Germany, Japan and the United States public expenditure on health is over 8% of GDP, while it is less than 3% of GDP in Mexico, the Netherlands and Switzerland.

Accounting for the impact of taxation and private social benefits leads to some convergence of spending-to-GDP ratios across countries (Figure 6.11). Net total social spending is 20-26% of GDP in about half of countries. It is even higher for the United States at almost 30% of GDP, where the amount of private social spending and tax breaks with a social purpose is much larger than in other countries. Both in terms of gross (before tax) and net total social expenditure, France is the biggest social spender in the OECD, at 30% of GDP.

Cash benefits are not always tightly targeted to the poorest. In 2020, on average only 23% of public cash transfers received by working-age individuals went to households in the bottom 20% of the income distribution, while 20% went to households in the top 20% of the income distribution (Figure 6.12). These shares vary across countries. On the one hand, more than 40% of cash benefits go the poorest 20% in Australia, Finland and the Netherlands, countries with various income-tested benefits. On the other hand, less than 15% of cash benefits go the poorest 20% in Greece, Italy, Luxembourg, Portugal, Spain and Türkiye, countries with a strong social insurance dimension where most benefits are related to past earnings.

Definition and measurement

Social expenditure is classified as public when general government controls the financial flows. Sickness benefits financed by compulsory contributions to social insurance funds are considered "public", whereas sickness benefits paid directly by employers to their employees are classified as "private". The spending shown in Figure 6.10 is recorded before deduction of direct and indirect tax payments levied on these benefits and before addition of tax expenditures provided for social purposes. Data after considering the impact of private social spending as well as the tax system (Total Net social) are presented as a symbol in Figure 6.11. Spending by lower tiers of government may be underestimated in some federal countries. For detail on the underlying methodology regarding the detailed social expenditure programme data, see the manual of the OECD Social Expenditure database (SOCX).

"Poorest 20%" and "Richest 20%" refer to the share of public cash transfers received by working-age households at the bottom and top quintiles of the income distribution. Data come from the OECD Income Distribution Database.

Further reading

OECD (2023), Social Expenditure (SOCX) Update 2023: Private social expenditure and the influence of tax systems, OECD, Paris, https://www.oecd.org/social/expenditure.htm.

OECD (2023), "The rise and fall of public social spending with the COVID-19 pandemic", Social Expenditure (SOCX) Update 2023 OECD, Paris, https://www.oecd.org/social/expenditure.htm.

OECD (2022), Income support for working-age individuals and their families, OECD, Paris, https://www.oecd.org/social/Income-support-for-working-age-individuals-and-their-families.pdf.

Figure notes

Figure 6.10: 2018 instead of 2019 for Argentina, Brazil and Peru. 2020 and 2022 data are OECD estimates.

Figure 6.12: 2020 for all countries except Costa Rica, Finland, Latvia, the Netherlands and the United States (2021); Denmark, France, Germany, Switzerland and Türkiye (2019); Japan (2018); Chile and Iceland (2017) and Brazil (2016).

Figure 6.10. Public social spending is estimated to be worth 21% of GDP in 2022 on average across the OECD, but levels differ greatly across countries

Public social expenditure in percentage of GDP, in 2000, 2019, 2020 and 2022
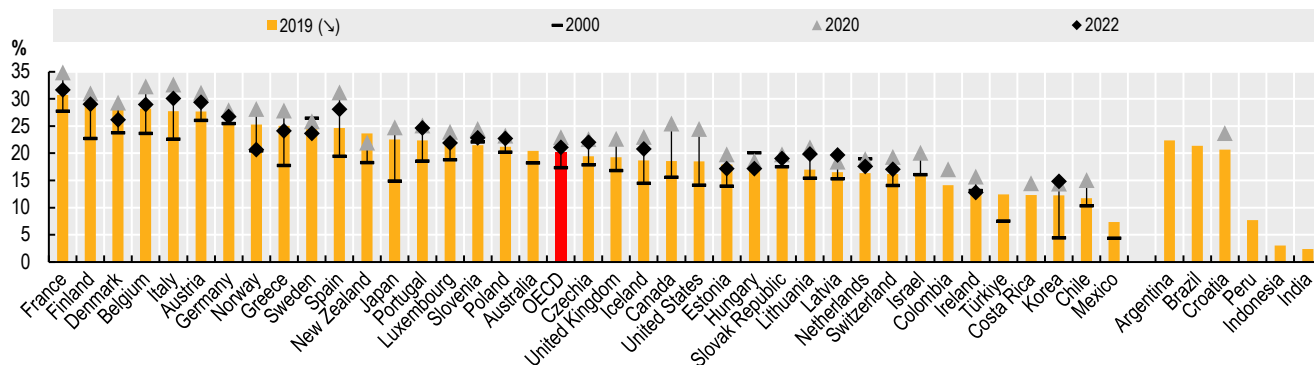
Source: OECD (2023), Social Expenditure database (SOCX), https://www.oecd.org/social/expenditure.htm; OECD (2022), *Society at a Glance: Asia/Pacific 2022*, https://doi.org/10.1787/7ef894e5-en; ECLAC, CEPAL STAT Public and private social spending (SOCX methodology).

StatLink 🔗 https://stat.link/8l09xh

Figure 6.11. Most spending goes to pensions and health

Public social spending by broad policy area and net total social spending, in 2019, in percentage of GDP
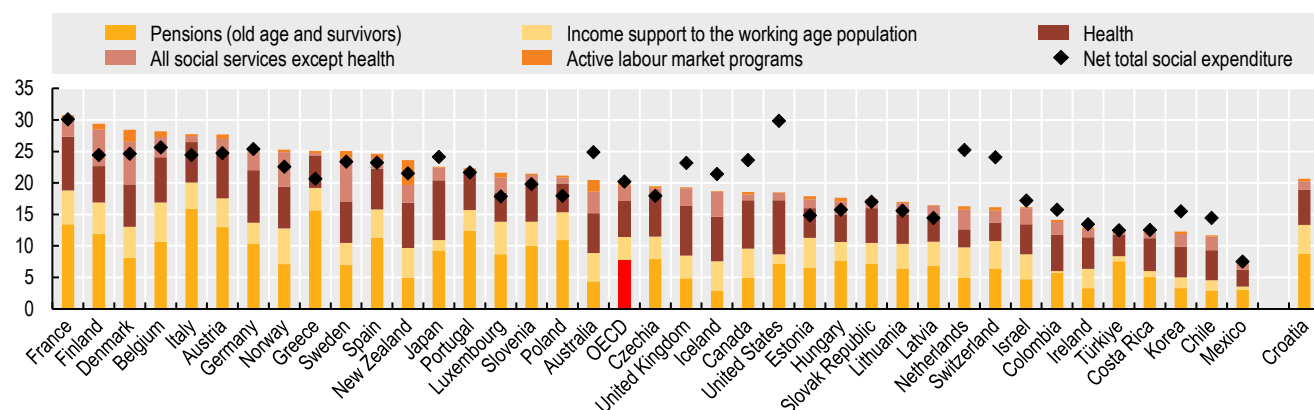
Source: OECD (2023), "Private social expenditure and the influence of tax systems", Social Expenditure (SOCX) Update 2023, https://www.oecd.org/social/expenditure.htm.

StatLink 🔗 https://stat.link/ybxras

Figure 6.12. Cash support is not always tightly targeted to the poorest

Share of public cash transfers received by working-age individuals in low and high-income groups, in 2020
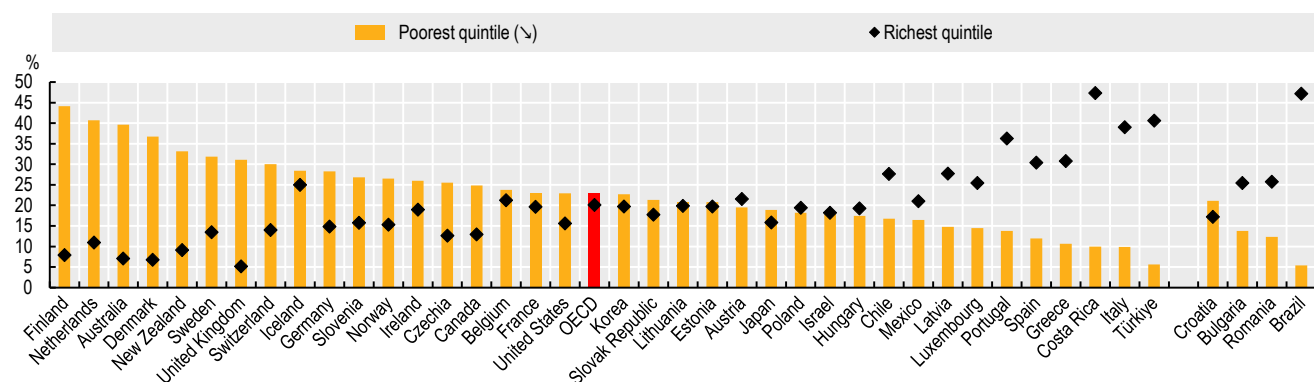
Source: Calculations based on OECD Income Distribution Database, https://www.oecd.org/social/income-distribution-database.htm.

StatLink 🔗 https://stat.link/kemgdb

Affordable housing

Housing trends vary considerably across the OECD, in terms of tenure, affordability and quality, representing diverse historical contexts, household preferences and policy priorities across countries.

In most OECD countries, owning a home is much more common than renting. On average, 71% of households across the OECD either owned their dwelling outright or with a mortgage in 2022, compared to 24% of households who rented, either in the private rental market or as subsidised rental housing (Figure 6.13). A number of Central and Eastern European countries – including Hungary, Latvia, Lithuania, the Slovak Republic and Poland – record a very high rate of homeownership, with over 70% of households owning their dwelling outright, a result of the historic sales of state-owned housing in the 1990s. In 2022, owners with a mortgage outnumbered outright homeowners in Belgium, Canada, Denmark, Iceland, Luxembourg, the Netherlands, Norway, Sweden, Switzerland and the United States.

In contrast, just about 24% of households across the OECD rented their home on average in 2022. Only Switzerland and Germany are home to a majority of renters (62% and 55%, respectively), with Denmark, Austria and the Netherlands each recording more than 40% of households renting. Subsidised rental housing (social rental housing) is present in 31 OECD countries, yet the size of the social housing stock varies widely across countries. According to the 2023 OECD Questionnaire on Affordable and Social Housing, social housing plays a major role in the Netherlands, Austria, Denmark and the United Kingdom, comprising more than 15% of the total housing stock (see indicator PH4.2 in the Affordable Housing Database).

Affordable housing is a challenge for many households across the OECD, but low-income dwellers face a significant housing cost burden. In eight OECD countries, more than 40% of low-income owners with a mortgage spent over 40% of their disposable income on a mortgage in 2022. The same was true for low-income renters in private rentals in 13 OECD countries (Figure 6.14). In nearly all OECD countries with available data, low-income tenants paying subsidised rent were less likely than tenants in the private market to spend over 40% of their disposable income on housing costs.

The importance placed by individuals on finding and maintaining adequate housing varies per age cohorts and across countries. On average across the OECD in 2022, 60% of individuals aged 18 to 29 reported to be somewhat concerned or very concerned by not being able to find and maintain adequate housing, whereas 49% of those aged 30 to 54 and only 38% of people aged 55 to 64 shared the same concern (Figure 6.15). In countries for which data are available, only in Estonia did people aged 30 to 54 worry more than those aged 18 to 29 about finding and maintaining adequate housing (47.45% to 46.5%). Similarly, in Türkiye, 73% of people between 55 and 64 shared this worry, whereas only 63% of people between 18 and 29 did.

Definition and measurement

Housing affordability can be measured in different ways. Indicators often focus on the ratio between housing costs and household income. Two common indicators are: i) the housing cost burden (used here), which is the share of households spending more than 40% of their disposable household income on rent or mortgage; and ii) the share of housing-related expenditures (housing, water, electricity, gas, etc.) relative to overall final consumption expenditures of a household. Other indicators may aim to measure other dimensions of housing affordability, such as the share of households that cannot afford to keep their dwelling adequately warm.

The subsidised rental market, also characterised as social rental housing, is defined as residential rental accommodation provided at sub-market prices and allocated according to specific rules (see Fitzpatrick, S. and H. Pawson, 2014). The private rental market is defined as the for-profit segment of the rental market, in which rental housing is provided at market rates.

To assess housing-related worries, respondents of the Risks that Matter survey were asked: "Thinking about the next year or two, how concerned are you about each of the following? Not being able to find/maintain adequate housing". Respondents could choose between: "Not at all concerned", "Not so concerned", "Somewhat concerned", "Very concerned", or "Can't choose/not applicable". Figure 6.15 presents the share of respondents who report "somewhat concerned" or "very concerned."

Further reading

OECD Affordable Housing Database, www.oecd.org/housing/data/affordable-housing-database/.

OECD (2023), *Main Findings from the 2022 OECD Risks that Matter Survey*, OECD Publishing, Paris, https://doi.org/10.1787/70aea928-en

Salvi del Pero, A. et al. (2016), "Policies to promote access to good quality affordable housing in OECD countries", OECD Social, Employment and Migration Working Papers, No. 176, OECD Publishing, Paris, http://dx.doi.org/10.1787/5jm3p5gl4djd-en.

Fitzpatrick, S. and H. Pawson (2014), "Ending Security of Tenure for Social Renters: Transitioning to 'Ambulance Service' Social Housing?", Housing Studies, Vol. 29/5, pp. 597-615, http://dx.doi.org/10.1080/02673037.2013.803043.

Figure notes

Figure 6.13: In Sweden, tenants renting at subsidised and private rent do not capture the full extent of coverage. In Korea and Türkiye, outright owners of homes are lumped together with owners with mortgages.

Figure 6.14: In Chile, Colombia, Mexico, Korea and the United States gross income instead of disposable income is used. In Denmark, New Zealand and Sweden tenants at subsidised rate are included into the private market rent category. For both figures, data for Australia, Switzerland, the United Kingdom and the United States refer to 2021, for Norway to 2020, for Canada and Türkiye to 2019, for Iceland to 2018, for Israel and New Zealand to 2017, for Korea to 2012.

Figure 6.13. In most OECD countries, owning a home is much more common than renting

Share of households in different tenure types, in percentages, 2022 or latest year available
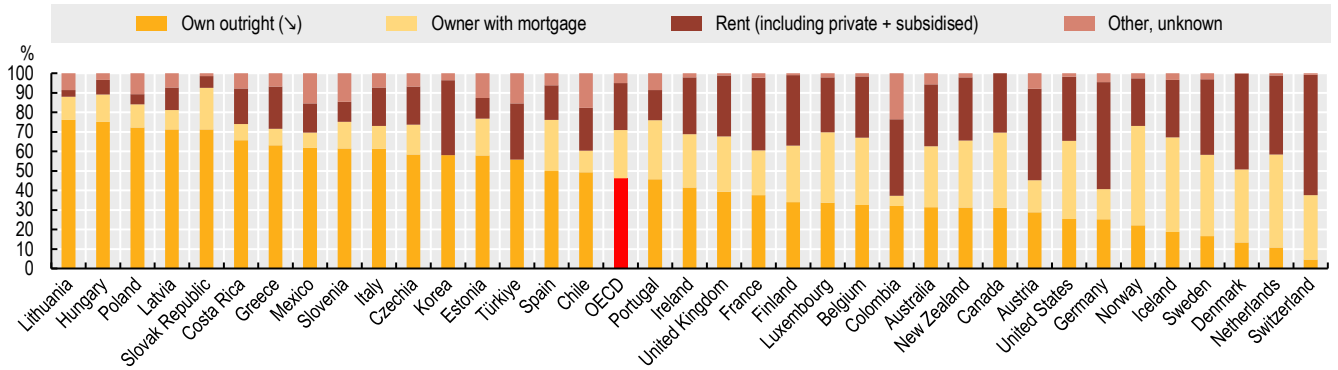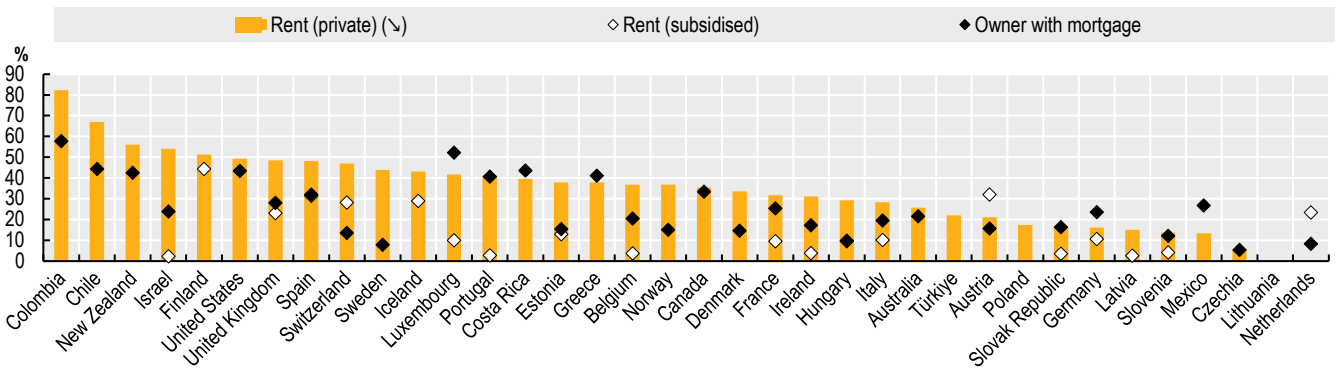

Source: OECD Affordable Housing database, Indicator HM1.3.

Figure 6.14. Low-income dwellers face a significant housing cost burden

Share of population in the bottom quintile of the income distribution spending more than 40% of disposable income on mortgage and rent, by tenure, in percent, 2022 or latest year
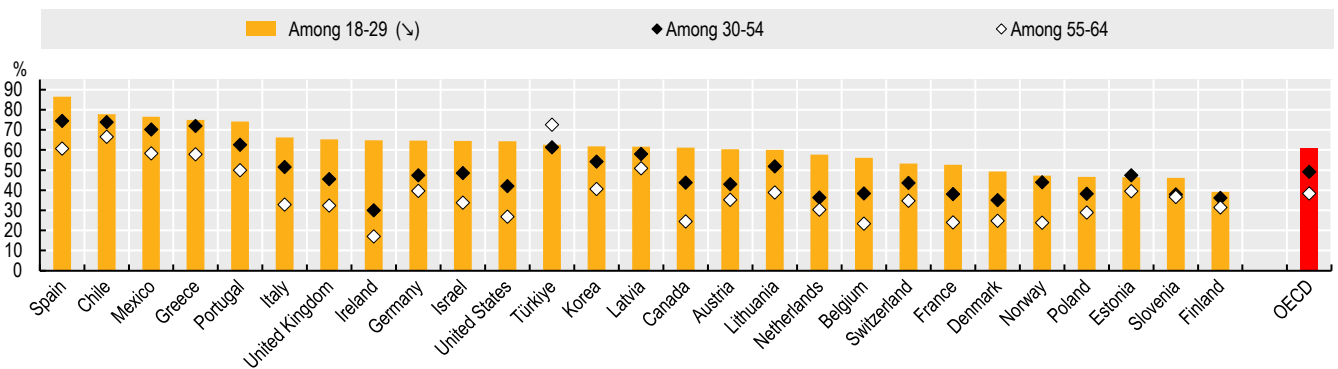

Source: OECD Affordable Housing database, Indicator HC1.2.

Figure 6.15. Housing is a key worry for young adults

Proportion of respondents who report that they are somewhat concerned or very concerned by not being able to find/maintain adequate housing, by age group, 2022

Source: OECD Risks that Matter Survey 2022, https://www.oecd.org/social/risks-that-matter.htm.

7 Health indicators

Life expectancy

In 2021, life expectancy at birth stood at 80.3 years on average across OECD countries (Figure 7.1). Life expectancy at birth exceeds 80 years in more than two-thirds of OECD countries, with Japan, Korea and Switzerland at the top of the ranking. The United States, Latin America and several Central and Eastern European countries have a life expectancy between 75 and 80 years. Among OECD countries, life expectancy is lowest in Hungary, Latvia, Lithuania and the Slovak Republic, at slightly below 75 years. In all partner countries, life expectancy remains below the OECD average, notably in South Africa (65.3), Indonesia (68.8) and India (70.2).

Life expectancy at birth varies by gender, at 83.0 years for women compared with 77.6 years for men in 2021 on average across OECD countries (Figure 7.1). The gap reaches an average of 5.4 years. These gender differences in life expectancy are partly due to greater exposure to risk factors among men, in particular greater tobacco consumption, excessive alcohol consumption and less healthy diets. Men are also more likely to die from violent deaths, such as suicide and accidents. Gender differences in life expectancy are particularly marked in Central and Eastern European countries, in particular Latvia, Lithuania and Poland with gaps of eight or more years. Gender gaps are relatively narrow in Iceland, and in Norway, at three years or less.

COVID-19 has had a major impact on life expectancy due to the exceptionally high number of deaths this pandemic has caused. Prior to the pandemic, life expectancy increased in all OECD and partner countries between 2010 and 2019, with an average increase of 1.7 years across OECD countries (Figure 7.2). However, much of these gains were lost with the pandemic. Between 2019 and 2021, life expectancy decreased by 0.7 years on average across OECD countries. Reductions were highest in Central and Eastern European countries and the United States. Seven OECD countries lost as many or more years of life expectancy during the first two years of COVID-19 than they had gained in the past decade (Czechia, Greece, Hungary, Latvia, Poland, the Slovak Republic and the United States). This was also the case in partner countries Argentina, Bulgaria, Croatia and Romania. Nevertheless, life expectancy between 2019 and 2021 did not decrease in all countries, but if gains were made, they were small.

Even before COVID-19, gains in life expectancy had been slowing down markedly in a number of OECD countries over the last decade. This slowdown was most apparent in the United States, France, the Netherlands, Germany and the United Kingdom (Figure 7.2). Longevity gains were slower for women than men in almost all OECD countries. The causes of this slowdown in life expectancy gains over time are multi-faceted. A principal cause is slowing improvements in treatment and prevention of heart disease and stroke. Rising levels of obesity and diabetes, as well as population ageing, have made it difficult for countries to maintain previous progress in reducing the number of deaths from such circulatory diseases.

On average across OECD countries in 2021, people at age 65 could expect to live a further 19.5 years. Life expectancy at age 65 is around 3.3 years higher for women than for men. Among OECD countries, life expectancy at age 65 in 2021 was highest for women in Spain (23.5 years) and for men in Iceland (20.5 years). It was lowest for women in the Slovak Republic (17.1 years) and for men in Latvia (12.7 years) (Figure 7.3).

The number of healthy life years at age 65 varies substantially across OECD countries. On average, the number of healthy life years at age 65 was 10 years for women and 9.6 for men in 2021 – a noticeably smaller difference between men and women than that for general life expectancy at age 65. Healthy life expectancy at age 65 was close to or above 14 years for both men and women in Norway and Sweden; for men, this was nearly 2 years above the next best performing countries (Iceland and Ireland). Healthy life expectancy at 65 was around 5 years or less for both men and women in the Slovak Republic and Latvia. In these countries, women spend nearly three-quarters of their additional life years in poor health, compared to one-third or less in Norway and Sweden.

Definition and measurement

Life expectancy at birth measures how long, on average, people can expect to live based on a given set of age-specific death rates. However, the actual age-specific death rates of any particular birth cohort cannot be known in advance. If age-specific death rates are falling (as has been the case over the past few decades), actual life spans will be higher than life expectancy calculated with current death rates.

Disability-free life expectancy (or "healthy life years") is defined as the number of years spent free of activity limitation. In Europe, this indicator is calculated annually by Eurostat for EU countries and some European Free Trade Association countries. The disability measure is based on the global activity limitation indicator (GALI) question in the EU-SILC survey. Data comparability can be limited because of cultural factors and different formulations of question in EU-SILC.

Further reading

OECD (2023), *Health at a Glance 2023: OECD Indicators*, OECD Publishing, Paris, http://dx.doi.org/10.1787/health_glance-2023-en.
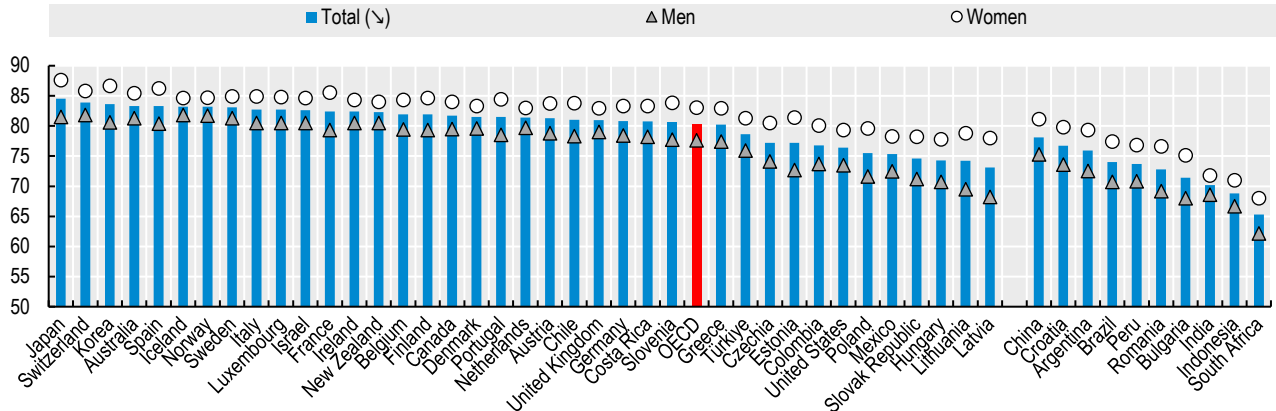
Figure notes

Figure 7.1: Data for Türkiye is for 2019. Data for Canada and the United Kingdom is for 2020.

Figure 7.3: Data for Iceland and the United Kingdom is for 2018. Data for Norway is for 2020.

Figure 7.1. Women continue to live over 5 years more than men on average across OECD countries

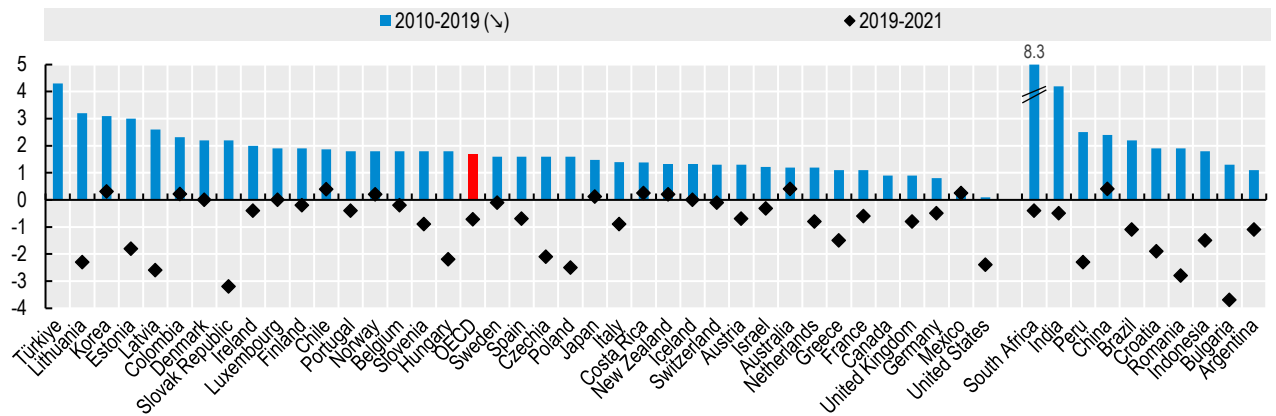Life expectancy at birth, by gender, in years, in 2021 (or nearest year)

Source: OECD Health Statistics 2023, https://doi.org/10.1787/health-data-en.

StatLink https://stat.link/e4l3hg

Figure 7.2. COVID-19 reduced life expectancy in many countries

Changes in life expectancy at birth, in years, 2010-19 and 2019-21

Source: OECD Health Statistics 2024 (forthcoming), provisional data, https://doi.org/10.1787/health-data-en.

StatLink https://stat.link/i0qs45

Figure 7.3. On average, the number of healthy life years at age 65 was 10 years for women and 9.6 for men, a noticeably smaller difference between men and women than that for general life expectancy at age 65

Life expectancy and healthy life years at 65, by sex, 2021 (or nearest year)
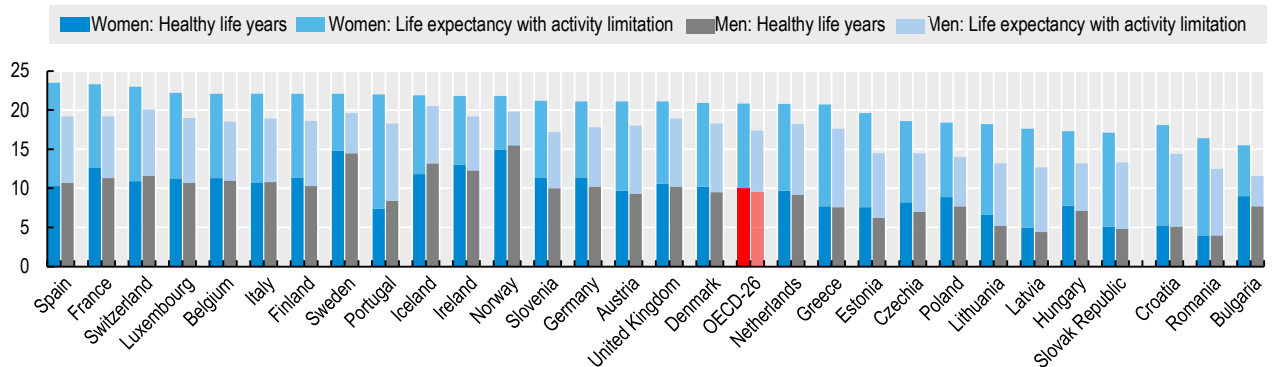
Source: Eurostat.

StatLink https://stat.link/cbgzj1

Suicides

Suicide is a significant cause of death in many OECD countries and accounted for over 154 000 deaths in 2020 (or the most recent year), which represents about 11 suicides per 100 000 people. The reasons for suicidal behaviour are complex, with multiple risk factors that can predispose people to attempt to take their own life. Mental ill-health can increase the risk of dying by suicide, as well as shocks such as pandemics, and financial crises.

In 2021, among OECD countries, suicide rates were lowest in Greece and Türkiye, at 5 or fewer deaths per 100 000 population (Figure 7.4). In contrast, Belgium, Japan, Slovenia, Lithuania and Korea had more than 15 deaths per 100 000 people caused by suicide.

While average suicide rates vary widely across OECD countries, they are always higher for men than for women (Figure 7.4). In Latvia and Poland, men are at least seven times more likely to die by suicide than women. While the gender gap is smaller in Iceland, Japan, the Netherlands, Norway and Sweden, suicide rates among men are still at least twice as high as among women.

On average across OECD countries, suicide rates peaked during the early 1980s (Figure 7.5). Since the mid-1980s, suicide rates decreased, with pronounced declines in Denmark, Luxembourg and Hungary. At the same time, suicide rates increased in Korea and Mexico. In Korea there was a sharp rise of average suicide rates in the mid- to late 1990s, coinciding with the Asian financial crisis, while rates have started to decline in more recent years. In Mexico, suicide rates have always been among the lowest across OECD countries and, although they remain low, they have increased since the 1980s.

In other countries, suicide rates have increased in the past decade. For instance, in Türkiye, suicide rates almost doubled from 2.4 per 100 000 in 2010 to 4.4 in 2019, in the United Kingdom they increased from 6.7 in 2010 to 8.4 in 2020; and similar trends can be observed in Chile, Greece and Spain. Estonia, Latvia, and Lithuania are good examples of countries that have achieved significant reductions in suicide rates over the past decades, although they remain high at over 10 deaths per 100 000 people.

On average, older people are more likely to take their own lives, with 18 people per 100 000 aged 75 years or more, compared to 10 suicides per 100 000 for people aged between 15 and 29 (Figure 7.6). The largest age gap in suicides is found in France and Portugal, where the average suicide rates of people aged 75 or more are 9 times higher than for teenagers (aged 15-19). In a minority of OECD countries like Costa Rica, Iceland, Ireland, Mexico and New Zealand, teenagers are more likely to take their own lives than older people. This is also the case in Peru and South Africa. Suicide rates among under 30s are the highest in Korea, New Zealand, Japan and Estonia with 17 or more suicides per 100 000 youth. The rates

are lowest in Mediterranean European countries, Israel and Luxembourg.

Differences in suicide rates between men and women become particularly considerable at older ages, mainly after 75 years old, where suicide rates are almost 7 times greater for men than for women on average across OECD countries. This worldwide pattern may reflect relatively high social isolation of older men compared to older women.

Definition and measurement

The World Health Organization defines suicide as an act deliberately initiated and performed by a person in the full knowledge or expectation of its fatal outcome. Comparability of data between countries is affected by a number of reporting criteria, including how people's intention of killing themselves is ascertained, who is responsible for completing the death certificate, whether a forensic investigation is carried out, and the provisions for confidentiality of the cause of death. Caution is required therefore in interpreting variations across countries, as the number of suicides in certain countries may be under-reported because of the stigma that is associated with the act, or because of data issues associated with reporting criteria.

Death rates are based on the numbers of deaths registered in a country in a given year divided by the size of the corresponding population. The rates have been age-standardised to the 2015 OECD population to remove variations arising from differences in age structures across countries and over time. The source for the death rates is the WHO Mortality Database.

Further reading

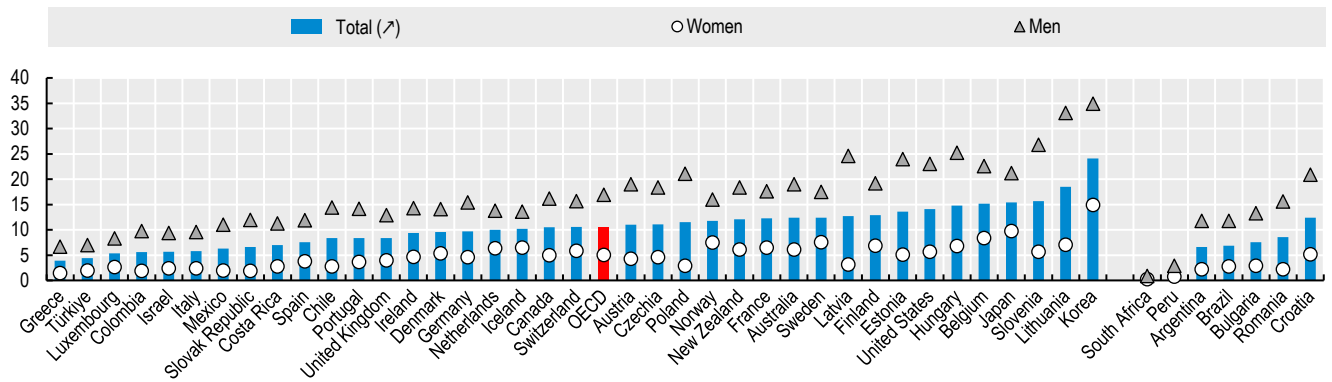OECD (2023), OECD (2023), *Health at a Glance 2023: OECD Indicators*, OECD Publishing, Paris, https://doi.org/10.1787/ae3016b9-en.

OECD/European Union (2022), *Health at a Glance: Europe 2022: State of Health in the EU Cycle*, OECD Publishing, Paris, https://doi.org/10.1787/507433b0-en.

Figure notes

Figure 7.4: instead of 2021: 2016 for New Zealand and Norway; 2017 for France and Italy; 2018 for Belgium, Ireland, South Africa, and Sweden; 2019 for Canada, Hungary, Portugal, Romania, the Slovak Republic and Türkiye; and 2020 for Argentina, Brazil, Bulgaria, Chile, Colombia, Costa Rica, Croatia, Denmark, Finland, Germany, Greece, Israel, Japan, Korea, Mexico, the Netherlands, Peru, Poland, Slovenia, Switzerland, the United Kingdom and the United States.

Figure 7.4. Suicide rates are between two and eight times higher for men than for women across OECD countries

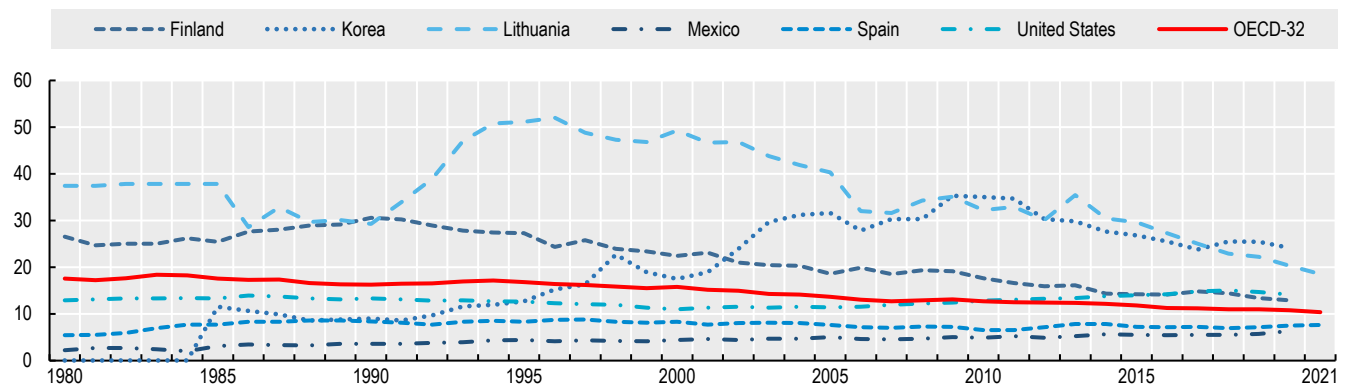Age-standardised suicide rate per 100 000 population, by gender, 2021 (or nearest year)

Source: OECD Health Statistics 2023, http://dx.doi.org/10.1787/health-data-en.

StatLink https://stat.link/h5f1cr

Figure 7.5. Suicide rates have been falling on average, but country trends can differ markedly

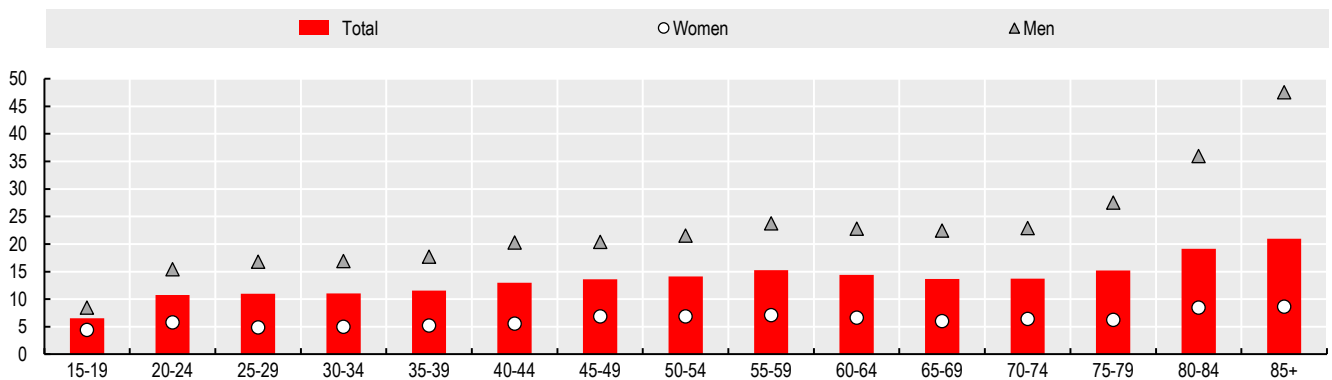Trends in age-standardised suicide rate per 100 000 population, selected OECD countries, 1980-2021

Source: OECD Health Statistics 2023, http://dx.doi.org/10.1787/health-data-en.

StatLink https://stat.link/89ioqv

Figure 7.6. Suicide rates generally increase with age

Suicide rate per 100 000 population, by age-group and gender, OECD average, 2021 (or nearest year)

Source: OECD Secretariat calculations from WHO Mortality database, www.who.int/healthinfo/mortality_data/en.

StatLink https://stat.link/k7x41w

Health spending

How much countries spend on health and the rate at which such expenditure grows from one year to the next reflects a wide array of economic and social factors, as well as countries' diverse financing and organisational structures of their health systems.

In 2022, the United States continued to outspend all other OECD countries by a wide margin, with the equivalent of USD 12 555 per person spent on health (Figure 7.7). This level of health spending is two-and-a-half times the OECD average (USD 5 000) and 55% higher than Switzerland, the next biggest spending country. Around three-quarters of countries fall within a per capita spending range of USD 3 000-8 000. Countries spending below USD 3 000 include several Central European and Latin American members of the OECD, together with Türkiye. The lowest per capita spender on health was Mexico with USD 1 200 per person (24% of OECD average). Among the key emerging economies, in 2022, China, Indonesia and India spent 20%, 8% and 4% of the OECD average on health, respectively, in per capita terms.

Figure 7.7 also shows the split of health spending based on the type of financing scheme. On average across OECD countries, about three-quarters of all health spending comes either from government schemes (Denmark, Iceland, Norway, Sweden, and the United Kingdom) or from some form of compulsory insurance (Germany, France, Japan and Luxembourg). On average, health spending through voluntary arrangements, such as private voluntary health insurance or household out-of-pocket payments, represents 22% of total spending. Trends in per capita health spending and GDP over the last 15 years reflect two shocks: the economic and financial crisis in 2008 and the COVID-19 pandemic in 2020 (Figure 7.8). While OECD economies sharply contracted in 2008 and 2009, health spending growth was maintained in the short term before hovering just above zero, as a range of different policy measures to reduce public spending on health were put in place between 2010 and 2012. This was followed by a return to somewhat stronger growth, both in health spending and GDP up until the pandemic. In 2020, widespread lockdowns and other public health measures that severely restricted economic activity and consumer spending sent many OECD economies into freefall. There was a rebound in 2021 with per capita GDP increasing by 5.8% on average. At the same time, real per capita spending on health accelerated from just over 4% in 2020 to 8% in 2021 as countries allocated additional funding to tackle the pandemic. With countries

emerging from the acute stage of the pandemic, on average health spending per capita is likely to have fallen by close to 1.5% in real terms in 2022.

In the years preceding the COVID-19 pandemic, annual average per capita spending on healthcare grew by an average of 2.6% across OECD countries (Figure 7.9). The emergence of COVID-19 in 2020 led to sharp increases in health spending, particularly from governments as they mobilised funds to slow down and tackle the effects of the pandemic. Between 2019 and 2022, average per capita spending growth in the OECD accelerated to 3.3% per year. However, diverging trends in the pattern of health spending growth across countries during the pandemic could be observed due to the severity of the various waves across different regions, and the extent and duration of containment policies. Around two-thirds of OECD countries saw higher spending growth during the pandemic than in the years immediately beforehand; only Mexico experienced reduced growth over the most recent three-year period.

Definition and measurement

Heath expenditure measures the final consumption of health goods and services. This measure includes spending by both public and private sources on medical services and goods, as well as public health and prevention programmes and administration, but excludes spending on capital formation (investments in infrastructure, machinery, and equipment, as well as software and databases).

To compare spending levels across countries, per capita health expenditures are converted to a common currency (US dollar) and adjusted to take account of the different purchasing power of the national currencies using Purchasing Power Parity (PPP) exchange rates.

For the calculation of growth rates in real terms, economy-wide deflators are used.
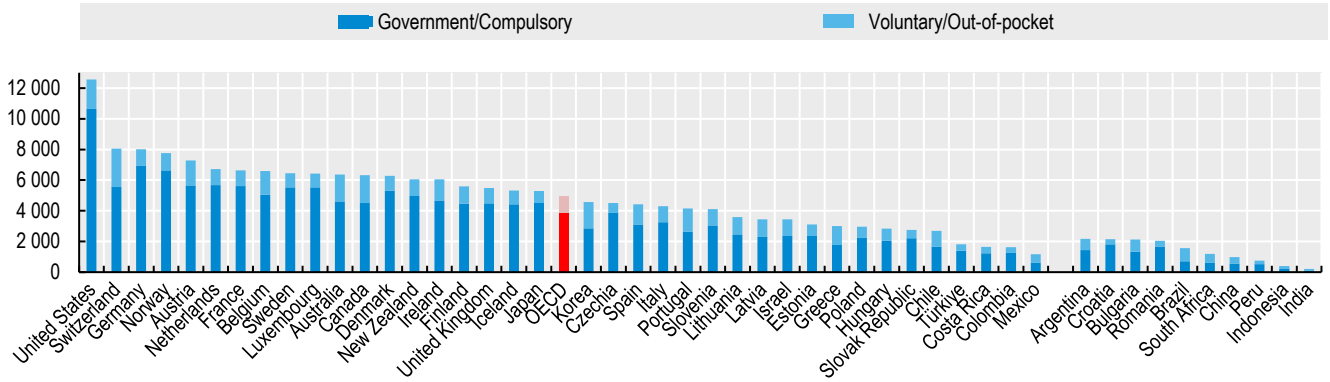
Further reading
OECD (2023), *Health at a Glance 2023: OECD Indicators*, OECD Publishing, Paris, http://dx.doi.org/10.1787/health_glance-2023-en.

Figure notes
Figure 7.7: 2020 instead of 2022 for non-OECD countries.

Figure 7.7. Large differences in health spending per capita across the OECD

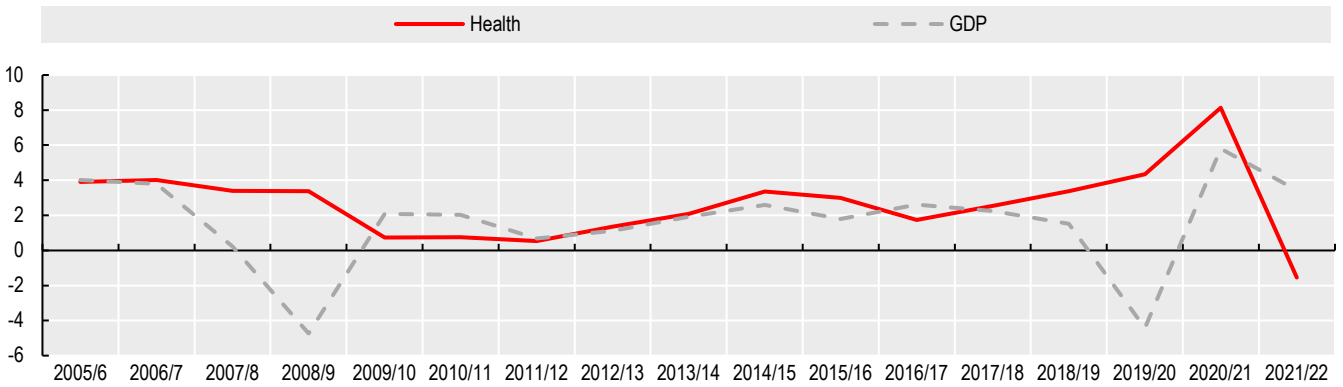Per capita health expenditure by financing scheme, in USD PPPs, 2022 (or nearest year)

Source: OECD Health Statistics 2023, https://doi.org/10.1787/health-data-en.

StatLink https://stat.link/pqyzf3

Figure 7.8. Real per capita spending on health increased in 2020 and 2021 to tackle the pandemic

Real annual average growth rate in per capita health expenditure and GDP, OECD average, in percentages, 2005-22

Source: OECD Health Statistics 2023, https://doi.org/10.1787/health-data-en.

StatLink https://stat.link/8a3fir

Figure 7.9. The emergence of COVID-19 led to increases in health spending in two-thirds of OECD countries

Real annual average growth rate in per capita health expenditure, in percentages 2015-19 and 2019-22

Source: OECD Health Statistics 2023, https://doi.org/10.1787/health-data-en.

StatLink https://stat.link/oxp9ej
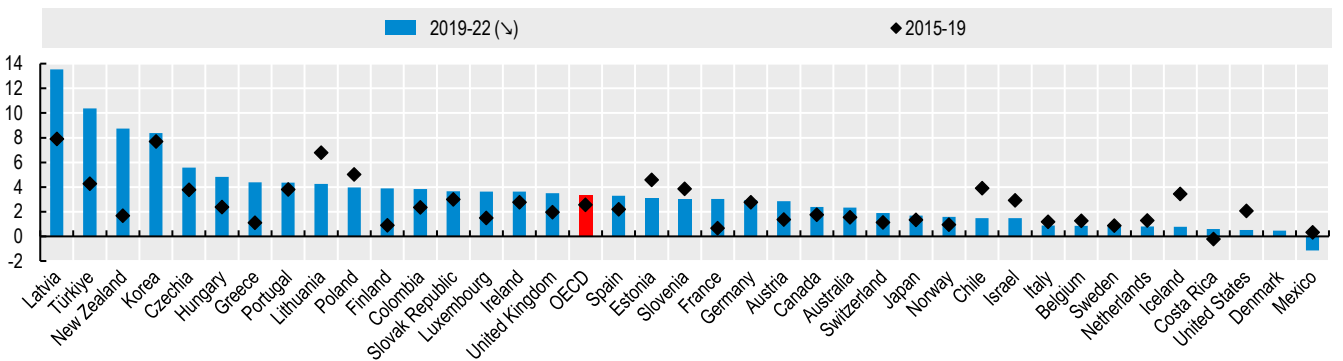
Health and care workforce

Health and long-term care systems employ around 10% of the total workforce across OECD countries. This includes doctors and nurses who play a central role in health systems, but also long-term care (LTC) workers.

In 2021, the average number of doctors per 1 000 population in OECD countries was 3.7 (Figure 7.10). This number ranged from 2.5 and below in Mexico, Colombia and Türkiye to over 5 in Norway, Austria, Portugal and Greece (though numbers for Greece in Portugal include non-practising doctors, see box on definitions and measurement). India, Indonesia, South Africa have less than 1 doctor per 1 000 population.

Nurses play a pivotal role in healthcare provision and make up the largest group of health workers in nearly all OECD countries. In 2021, there were 9.2 practising nurses per 1 000 population across the OECD on average (Figure 7.11) – around 2.5 times that of the average number of practising doctors. However, cross-country differences are considerable. In Colombia, Türkiye, Mexico, Chile and Greece, the ratio was under 4 nurses per 1 000 population whereas in Germany, the United States, Japan, Ireland, Australia and Iceland it was 12 or more nurses per 1 000 people. In a few countries (Norway, Finland and Switzerland), there were more than 18 nurses per 1 000 population.

In 2023, one-third of all doctors and one fourth of nurses in OECD countries were over 55 years of age (Figure 7.11). The share of doctors aged over 55 was above 40% in Belgium, Czechia, France, Germany, Hungary, Israel, Lithuania, Luxembourg and Poland. It was highest in Estonia, Italy and Latvia at above 45%. The share of nurses aged over 55 was highest in Latvia at almost 40%. Ageing of the medical workforce is a concern, as doctors and nurses aged 55 and over can be expected to retire in the following decade or so. Proper health workforce planning is required to ensure that a sufficient number of new doctors and nurses will become available to replace them. It is also important to note that many doctors may continue to practice beyond age 65, full time or part time, if the working conditions are adequate and if pension systems do not provide a disincentive for them to do so.

As for gender distribution along the health and care workforce, women amounted to half (50%) of doctors on average across OECD countries in 2021 (Figure 7.12). This proportion ranged from over 70% in the Baltic countries (Latvia, Estonia and Lithuania) to 25% or less in Japan and Korea. Women make up the bulk of the long-term care workforce. On average across the OECD in 2021, up to 87% of LTC workers were women, and this number ranged from 78% in Japan to 95% in Korea.

Definition and measurement

The data for most countries refer to practising doctors, defined as the number of doctors providing care directly to patients. In many countries (but not in Belgium and France), the numbers include interns and residents (doctors in training). Colombia, the Slovak Republic and Türkiye also include doctors who are active in the health sector even though they may not provide direct care to patients, adding another 5-10%. Chile, Greece and Portugal report the number of physicians who are entitled to practise, not just those who are currently practising, resulting in an overestimation of the number of practising doctors. The number of nurses includes those providing services directly to patients ("practising") and in some cases also those working as managers, educators, or researchers. They include professional nurses and associate professional nurses with lower level of qualifications in those countries that have two broad categories and levels of nurses (associate professional nurses make up between 33% and 50% of nurses in Croatia, Greece, Iceland, Korea, Mexico, Romania, Slovenia and Switzerland).

LTC consists of a range of medical, personal-care and assistance services that are provided with the primary goal of alleviating pain and reducing or managing the deterioration in health status for people with a degree of long-term dependency, assisting them with their personal care, and assisting them to live independently.

Further reading

OECD (2023), *Health at a Glance 2023: OECD Indicators*, OECD Publishing, Paris, https://doi.org/10.1787/ae3016b9-en.

OECD (2023), *Beyond Applause? Improving Working Conditions in Long-Term Care*, OECD Publishing, Paris, https://doi.org/10.1787/27d33ab3-en.

Figure notes

Figure 7.10: For Luxembourg, the latest data available is from 2017. Greece and Portugal refer to all doctors licensed to practice, resulting in a large over-estimation of the number of practicing doctors. Greece refers to nurses employed in hospitals only.

Figure 7.11 Years vary from 2020 to 2023. See StatLink for specific years.

Figure 7.12: The OECD data point is the unweighted average of the 25 OECD countries shown in the chart. Data is 2016 for Australia and Japan and 2019 for New Zealand. Data for Australia and New Zealand comes from OECD estimates based on national sources.

Figure 7.10. On average across the OECD, the number of nurses is about 2.5 times that of doctors

Practising doctors and nurses per 1 000 population, 2021 (or nearest year)
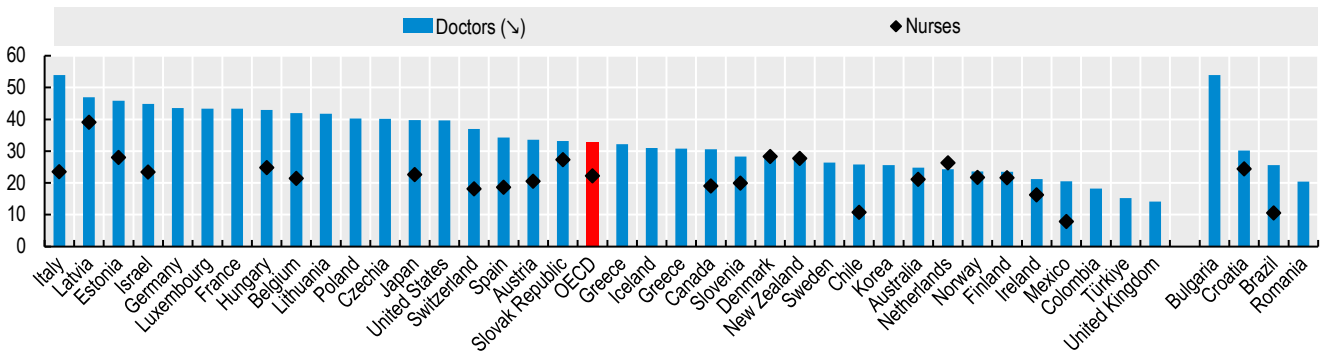
StatLink 🔗 https://stat.link/eji4wd
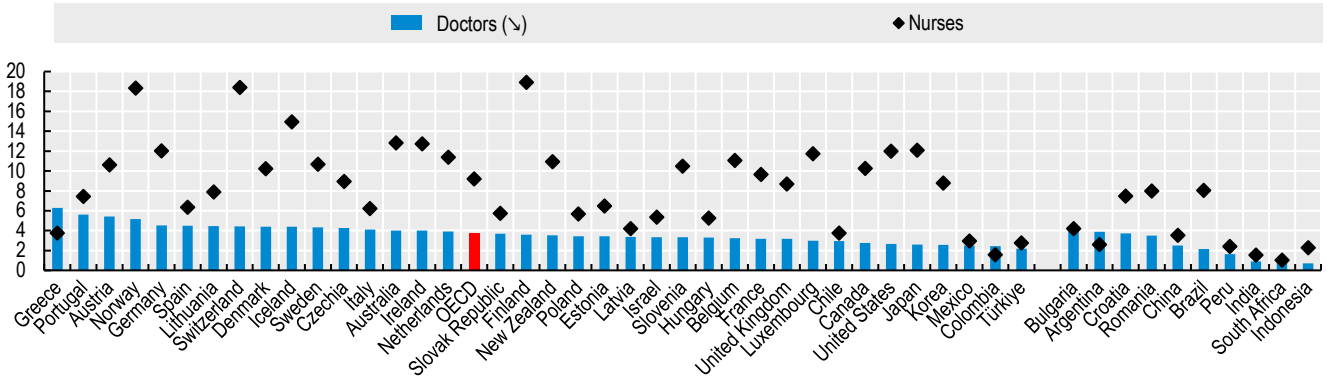
Figure 7.11. One-third of all doctors and a quarter of nurses in OECD countries were over 55 years of age

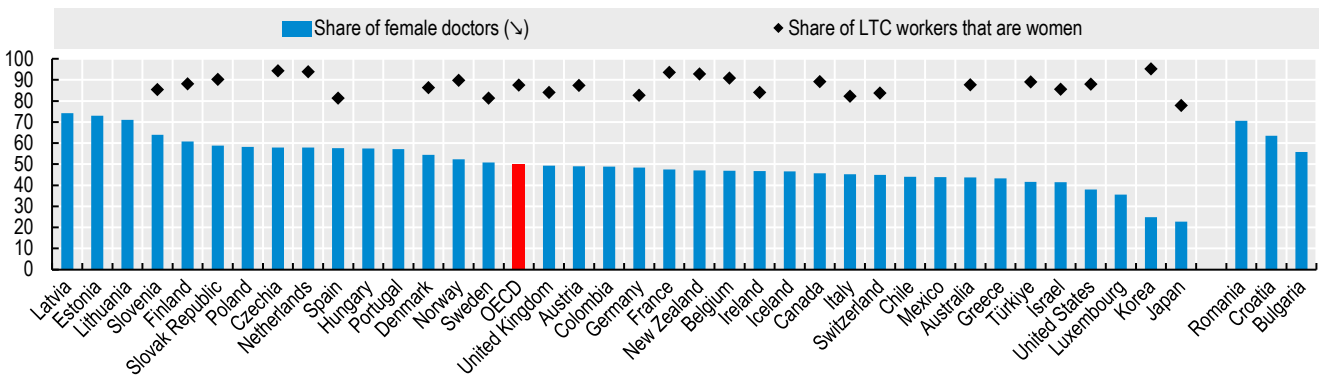Percentage of doctors and nurses aged 55 and older, 2023 (or nearest year)

StatLink 🔗 https://stat.link/i3gyn6

Figure 7.12. Half of the total number of doctors and 87% of long-term care workers across the OECD are women

Share of female doctors and female long term care workers, 2021 (or nearest years)

StatLink 🔗 https://stat.link/jrcgf9

Tobacco and alcohol consumption

Tobacco and alcohol are major risk factors for at least two of the leading causes of premature mortality – cardiovascular diseases and cancer.

In 2021, an average of about 16% of the adult population smoked on a daily basis (Figure 7.13). However, variations across OECD countries are large. Smoking rates range from less than 8% of the adult population in Costa Rica and Iceland to over 25% in France and Türkiye. Rates are higher among men than among women in nearly all OECD countries, except for Norway. Apart from Luxembourg, the Slovak Republic and Türkiye, all OECD countries have experienced a marked decline in smoking rates over the past ten years. On average, the rate decreased by nearly 5 percentage points, from 21% in 2011 to 16% in 2021. Particularly large reductions occurred in Estonia, Ireland, Korea, Norway and Peru by 8 or more percentage points.

Alcohol consumption, measured by recorded annual sales, stood at 8.6 litres of pure alcohol per adult, on average across OECD countries in 2021 (Figure 7.14). Latvia and Lithuania reported the highest consumption of alcohol with 12 litres or more per adult per year. Low alcohol consumption is recorded in Türkiye and Israel, as well as in India and Indonesia and India, where religious and cultural traditions restrict the use of alcohol for some population groups. Average alcohol consumption has declined in many OECD countries since 2011 – by about 0.3 litres per adult on average – with the largest decline of over 2 litres recorded in Ireland and Lithuania. However, alcohol consumption has risen by 1 litre or more in Latvia and Mexico, as well as in Bulgaria and Romania.

Adolescents establish addictions more quickly than adults and regular smoking and drinking is associated with poorer psychological, social, and physical health outcomes, as well as poorer educational outcomes, violence, injuries, drug use and risky sexual behaviour. On average, one in seven 15-year-olds reported smoking at least once a month, with girls being slightly more likely than boys to have reported smoking. Adolescent smoking rates ranged from around 4% in Iceland to over 25% in Hungary and Italy (Figure 7.15). Boys reported significant higher rates in Finland, while the opposite pattern prevailed in Hungary and Italy.

As for drunkenness, on average, almost one in five 15-year-olds reported that they had been drunk at least twice in their life. Rates ranged from 7% in Iceland to above 35% in Denmark and Hungary (Figure 7.16). Across the OECD on average, girls are slightly more likely to have been drunk than boys. Italy, Spain and the United Kingdom had girls reporting being drunk at a rate over 7 percentage points higher than their male counterparts, while Austria and Slovenia had more boys reporting drunkenness than girls (over 5 percentage points).

Definition and measurement

The proportion of daily smokers is defined as the percentage of the population aged 15 years and over who report smoking tobacco every day. Data for Italy include both daily and occasional smokers. Other forms of smokeless tobacco products, such as snuff in Sweden, Norway, Finland, Denmark and Iceland, are not taken into account.

Alcohol consumption is defined as annual sales of pure alcohol in litres per person aged 15 years and over. The methodology to convert alcoholic drinks to pure alcohol may differ across countries. Data come from national sources. Official data do not adjust for tourist consumption and unrecorded alcohol consumption, such as domestic or illegal production, with some exceptions. In particular, data for Estonia and Latvia are adjusted downward to account for tourist consumption; and alcohol consumption in Luxembourg is estimated as the average consumption in France and Germany.

Tobacco and alcohol consumption rates for 15-year-olds by gender are taken from the 2021/22 Health Behaviour in School-aged Children (HBSC) study, which collects information on many socio-economic factors that affect health behaviour among children for 27 OECD countries. Indicators shown here by gender are the percentage of 15-year-olds who have smoked in the last month and those who have been drunk on two or more occasions.

Further reading

OECD (2023), *Health at a Glance 2023: OECD Indicators*, OECD Publishing, Paris, https://doi.org/10.1787/ae3016b9-en.

OECD (2021), *Preventing Harmful Alcohol Use*, OECD Health Policy Studies, OECD Publishing, Paris, https://doi.org/10.1787/6e4b4ffb-en.

OECD (2015), *Tackling Harmful Alcohol Use: Economics and Public Health Policy*, OECD Publishing, Paris, http://doi.org/10.1787/9789264181069-en.
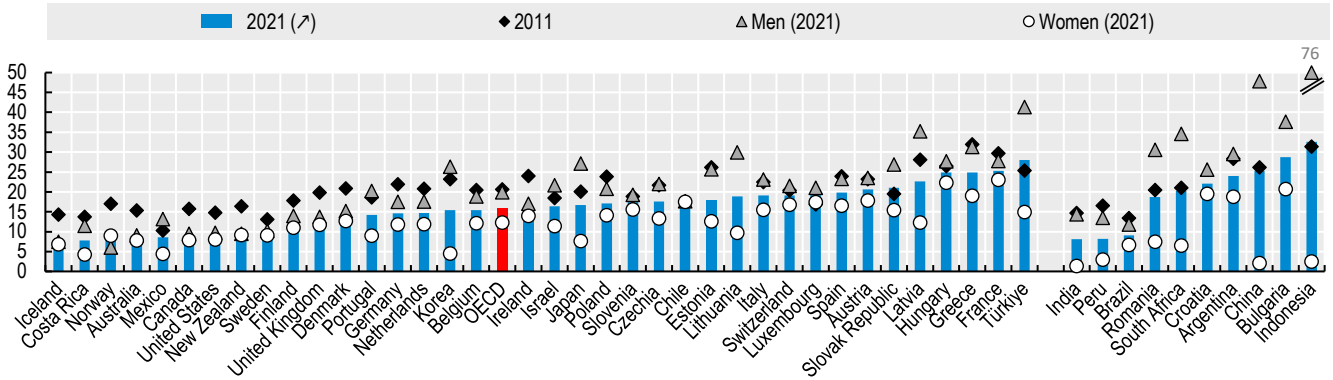
Figure notes

Figure 7.13: 2021 data refers to 2017 for Switzerland, 2018 for Belgium, 2019 for Austria, Bulgaria, Croatia, Greece, Hungary, Israel, Japan, Latvia, Lithuania, Poland, Portugal, Romania, the Slovak Republic, Slovenia and Türkiye, 2020 for Finland, and 2022 for Australia.

Figure 7.14: 2021 data refers to 2019 for Argentina, Australia, Belgium, Bulgaria, Chile, China, Colombia, Croatia, Germany, India, Indonesia, Israel, Peru, Portugal, Romania and South Africa.

Figure 7.15 and Figure 7.16: Data for Belgium were computed using population shares for Flemish (60%) and French (40%); data for the United Kingdom were computed using population shares for England (87%), Scotland (8%) and Wales (5%).

Figure 7.13. Marked decline in smoking rates among adults in most OECD countries

Percentage of population 15 years and over smoking daily, by gender, in 2011 and 2021 (or nearest years)
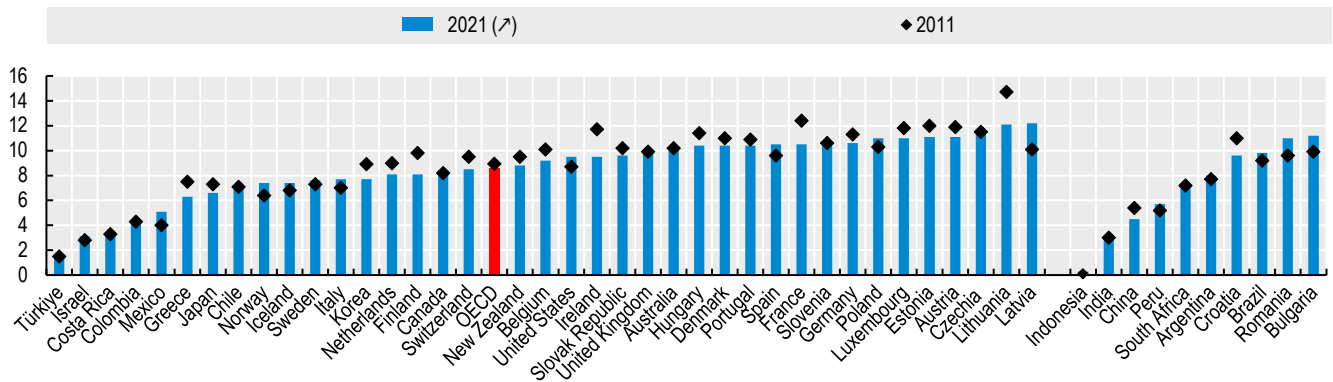

Source: OECD (2023), *Health at a Glance 2023: OECD Indicators*, https://doi.org/10.1787/7a7afb35-en.

StatLink https://stat.link/b98ns4

Figure 7.14. Slight decline in alcohol consumption among adults in many OECD countries

Litres of pure alcohol per person aged 15 years and over, 2011 and 2021 (or nearest years)
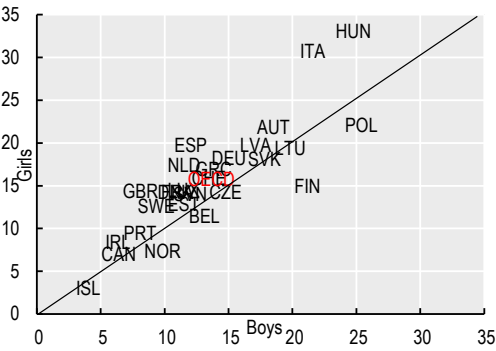

Source: OECD (2023), *Health at a Glance 2023: OECD Indicators*, https://doi.org/10.1787/7a7afb35-en.

StatLink https://stat.link/cy8p46

Figure 7.15. One in seven 15-year-olds smoke at least once a month

Percentage of 15-year-olds who have smoked in the last 30 days, by gender, in 2021/22
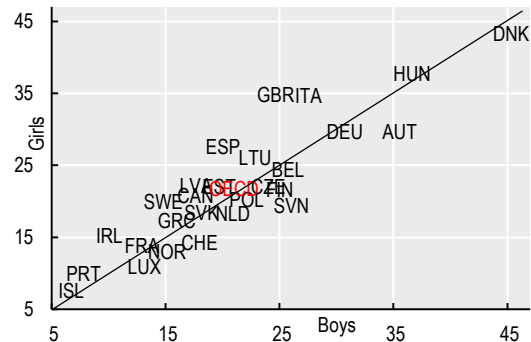

Source: Health Behaviour in School-aged Children (HBSC) 2021/22 survey.

StatLink https://stat.link/m6wkh4

Figure 7.16. Almost one in five 15-year-olds have been drunk at least twice in their life

Percentage of 15-year-olds who have been drunk at least twice by gender, in 2021/22

Source: Health Behaviour in School-aged Children (HBSC) 2021/22 survey.

StatLink https://stat.link/fkj29o

8 Social cohesion indicators

Life satisfaction

Life satisfaction measures how people evaluate their life as a whole and is a subjective indicator that complements more objective indicators on the quality of people's lives.

When asked to rate their general satisfaction with life on a scale from 0 to 10, people on average across the OECD gave it a 6.7 in 2021-22 (Figure 8.1). However, life satisfaction varies considerably across OECD countries. In 2021-22, people in Finland, Israel, Denmark and Iceland were most satisfied with their lives, with scales of 7.5 and higher, and the other Nordic countries were not far behind. The measured level of life satisfaction in Finland was about three "steps" (see box with definitions) higher than in Türkiye, the country ranked at the bottom. Other countries with low life satisfaction include Colombia and Greece. Life satisfaction also varies between emerging economies, from a scale above 6 in Argentina, Brazil and Saudi Arabia, to below 4 in India.

Life satisfaction varies by socio-demographic group (Figure 8.2). While men and women report similar levels of life satisfaction on average across OECD countries, various countries report gender gaps in life satisfaction. In Denmark and Lithuania men report higher levels than women, while in Japan, Korea, New Zealand and Türkiye women report higher levels than men. Life satisfaction tends to decrease with age and young people are on average more satisfied than older age groups. In 2021/22, youth from Israel and Lithuania were the most satisfied with their lives in the OECD, while people aged 50 and over in Türkiye reported the lowest levels. A full-time job, higher education, higher income and, to a lesser extent, living in an urban area rather than a rural area increase the likelihood of higher life satisfaction.

A snapshot of people's daily feelings, emotions and experiences is presented in Figure 8.3, using the positive and negative experience indexes of Gallup. Among OECD countries, the composite "positive experience" index is highest in Costa Rica and Mexico and lowest (by far) in Türkiye, while the "negative experience" index is highest in Türkiye and lowest in Estonia, Latvia and Lithuania. Across these countries, high values of the positive experience index tend to be associated with high scores of life satisfaction, while there is only a weak negative correlation between the positive and negative experience indexes.

Definition and measurement

The Gallup World Poll asks respondents to: "Imagine an 11-rung ladder where the bottom (0) represents the worst possible life for you and the top (10) represents the best possible life for you. On which step of the ladder do you feel you personally stand at the present time?" The main indicator used in this section is the average country score. The Gallup World Poll is conducted in more than 150 countries around the world based on a common questionnaire. With few exceptions, all samples are probability based and nationally representative of the resident population aged 15 years and over in the entire country.

The Gallup World Poll also presents the positive and the negative experience indexes. The positive experience index averages country responses to five questions about whether the respondent experienced a lot of enjoyment, smiled, or laughed a lot, felt well-rested and learned or did something interesting the day before the interview. However, it does not consider "relationship status" separately. The negative experience index averages country responses to five questions about whether the respondent experienced a lot of physical pain, worry, stress, sadness and anger. The index scores are the mean of all valid affirmative responses to these items multiplied by 100.

While this data source ensures a high degree of comparability across countries, results may be affected by sampling and non-sampling errors, and variation in response rates. Data are available by some socio-demographic groups. Results are averaged over a two-year period to minimise the impact of year-on-year fluctuations.

Further reading

OECD (2020), *How's Life? 2020: Measuring Well-being*, OECD Publishing, Paris, https://doi.org/10.1787/9870c393-en.

Mahoney, J. (2023), "Subjective well-being measurement: Current practice and new frontiers", OECD Papers on Well-being and Inequalities, No. 17, OECD Publishing, Paris, https://doi.org/10.1787/4e180f51-en.

OECD (2013), OECD Guidelines on Measuring Subjective Well-being, OECD Publishing, Paris, https://doi.org/10.1787/9789264191655-en.

Figure 8.1. Levels and trends of life satisfaction vary considerably across countries

Average points of life satisfaction on a scale from 0 to 10, in 2021-22 and 2018-19
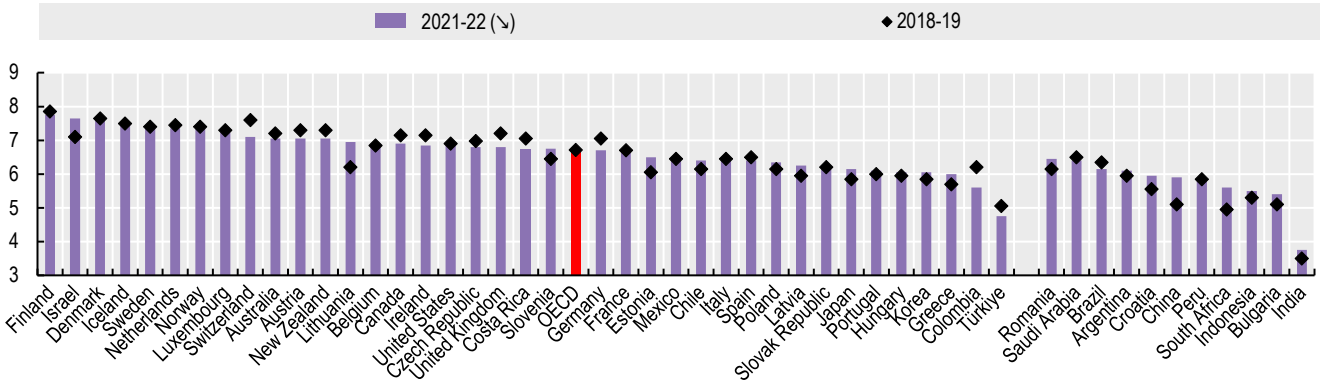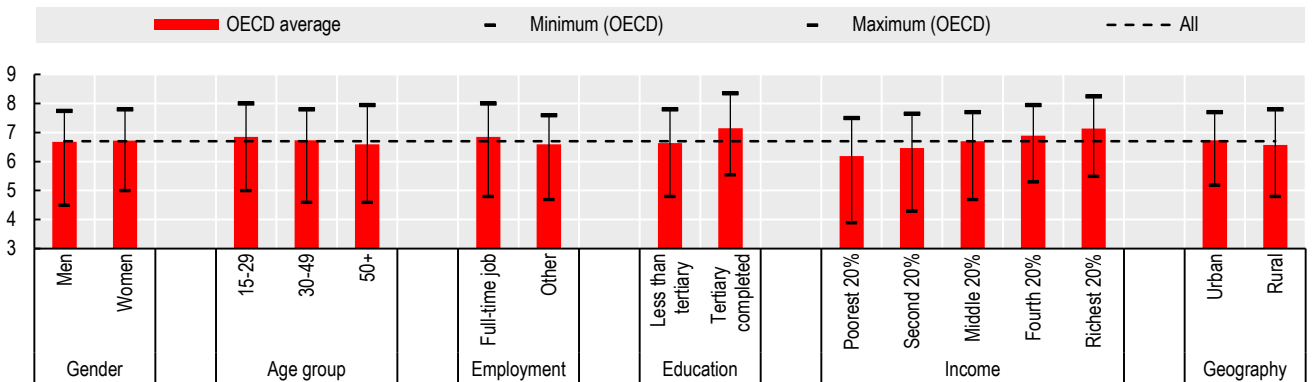

Source: Gallup World Poll, www.gallup.com.

Figure 8.2. Life satisfaction varies by socio-demographic group

Average points of life satisfaction on a scale from 0 to 10, by socio-demographic group, OECD average, 2021-22
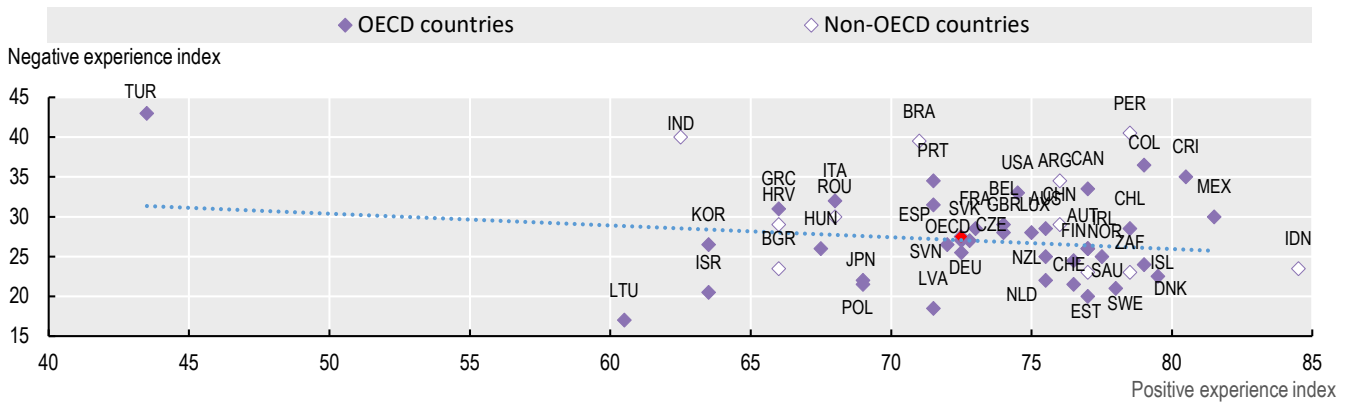

Source: Gallup World Poll, www.gallup.com.

Figure 8.3. A snapshot of people's daily feelings, emotions, and experiences

Positive versus negative experience index, in 2021-22

Source: Gallup World Poll, www.gallup.com.

Trust in public institutions

Confidence in public institutions and belief that social economic institutions are not subjected to corruption are dimensions that are strongly related to societal trust and cohesion.

In OECD countries surveyed in 2021, less than half of the population (41%) have high or moderately high trust in their national government on average (Figure 8.4). Finland and Norway stood at the top of the ranking with more than 60% of people reporting confidence. At the other end, less than one-third of the population reported confidence in national government in Austria, Colombia, France, Japan and Latvia. Trust also varies across public institutions. Local governments generally inspire more trust than national ones (47% of people say they have high or moderately high trust in their local government on average) and civil servants fare better than the local and national governments (50% report high or moderately high trust in the civil service). The courts and legal system enjoy the highest levels of trust (57%) but only 4 out of 10 respondents have high or moderately high trust in their legislature.

Levels of trust in national government vary across subgroups of the population. On average, youth and those with lower levels of education and income report less trust in government (Figure 8.5). Perceived vulnerabilities seem to matter even more than current conditions: people who perceive themselves as financially insecure and, having a low social status, or feeling they do not have a say in what the government does, are consistently less trusting. On average, trust in the government among people who feel they have a say in the political system is 43 percentage points higher than among those who feel they do not.

Gallup World Poll data present data on perception of corruption in governments (Figure 8.6). On average across OECD countries in 2021/22, more than half of respondents (54%) perceived widespread corruption in their government. Denmark and Sweden report the lowest levels (under 20%) whereas the highest levels are perceived in Colombia and the Slovak Republic (at above 80%). Perception of corruption is above the OECD average in all key partner countries and is also above 80% in Bulgaria, Peru, Romania and South Africa. In the last decade, perception of corruption deteriorated most in Australia and the Netherlands, while it improved most in Estonia, Germany, Greece and Lithuania.

Definition and measurement

The OECD explores perceptions of public governance using nationally representative data from the OECD Trust Survey conducted across 22 countries. Most countries were surveyed in November-December 2021, with a few surveys taking place in 2020 and January-March 2022. The OECD Trust Survey aggregates 11-point response scales as follows: 0-4 = Low / unlikely; 5 = Neutral; 6-10 = High / likely. The OECD Trust Survey has significant country coverage (usually 2000 respondents per country), which allows subgroup analysis and helps ensure the reliability of results. For a detailed discussion of the survey method and implementation, please find an extensive methodological background paper at www.oecd.org/governance/trust-in-government/.

In Figure 8.5, political voice refers to the question "How much would you say the political system in [country] allows people like you to have a say in what the government does?" High corresponds to responses of 6-10, low to 0-4. Neutral responses (corresponding to 5) are not included in the figure. Voted for incumbent party refers to responses to "Is the party you voted for in the last national election (or would have voted for if you didn't vote) currently part of the government?" Income refers to the top 20% and the bottom 20%. Education refers to high and low education and age refers to age 50+ and age 18-29.

Data on corruption perception is based on the binary question: "Is corruption widespread throughout the government in this country, or not?" from the Gallup World Poll, which is conducted in more than 150 countries around the world, and based on a common questionnaire, as translated into the predominant languages of each country. With few exceptions, all samples are probability based and nationally representative of the resident population aged 15 years and over in the entire country, including rural areas. While this ensures a high degree of comparability across countries, results may be affected by sampling and non-sampling error, and variation in response rates. Hence, results should be interpreted carefully. Data are averaged over a two year period to minimise the impact of year-on-year fluctuations.
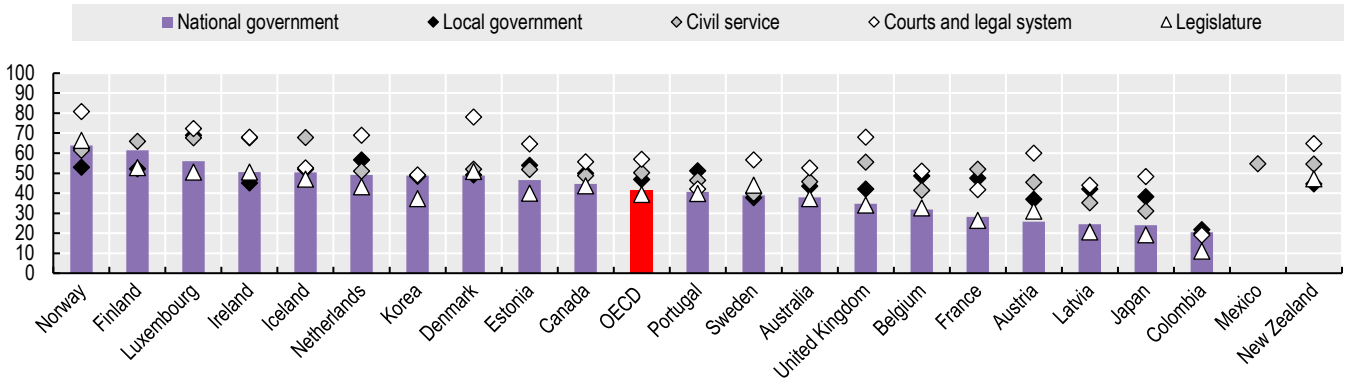
Further reading

OECD (2023), *Government at a Glance 2023*, OECD Publishing, Paris, https://doi.org/10.1787/3d5c5d31-en.

OECD (2022), *Building Trust to Reinforce Democracy: Main Findings from the 2021 OECD Survey on Drivers of Trust in Public Institutions,* Building Trust in Public Institutions, OECD Publishing, Paris, https://doi.org/10.1787/b407f99c-en.

OECD (2020), *How's Life? 2020: Measuring Well-being*, OECD Publishing, Paris, https://doi.org/10.1787/9870c393-en.

Figure 8.4. On average less than half of the population trust their national government

Percentage of respondents who indicate high or moderately high trust in various institutions, in 2021-22

Source: OECD Trust Survey https://www.oecd.org/governance/trust-in-government/.

StatLink ᗰᘜᖫ https://stat.link/qokm1w

Figure 8.5. Trust in national government varies across subgroups of the population

Percentage of respondents who indicate high or moderately high and low or no trust in national government by subgroups, OECD average, in 2021-22


Source: OECD Trust Survey https://www.oecd.org/governance/trust-in-government/.

StatLink ᗰᘜᖫ https://stat.link/m8sx6a
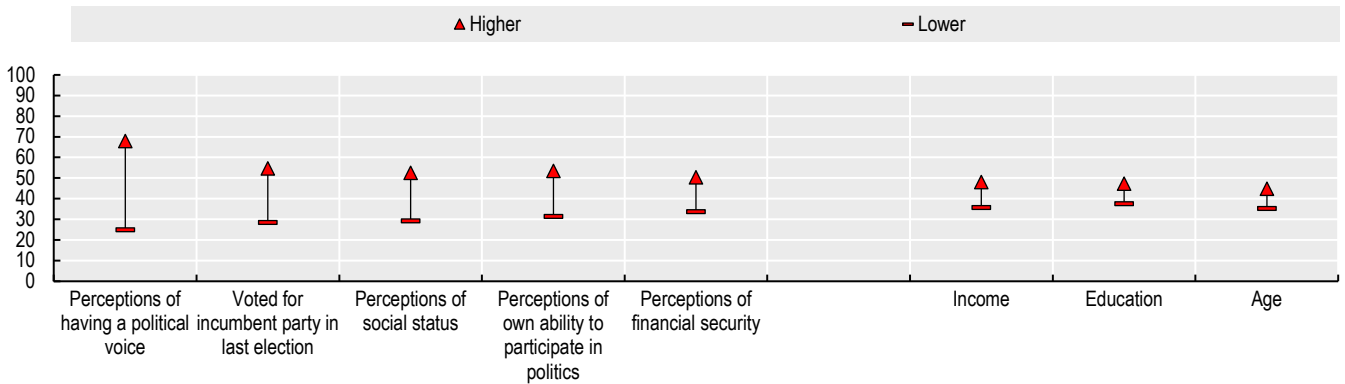
Figure 8.6. More than half of the population perceives corruption in government

Percentage of people reporting that corruption is widespread throughout the government, in 2021-22 and 2011-12

Source: Gallup World Poll, www.gallup.com.

StatLink ᗰᘜᖫ https://stat.link/zeji4g
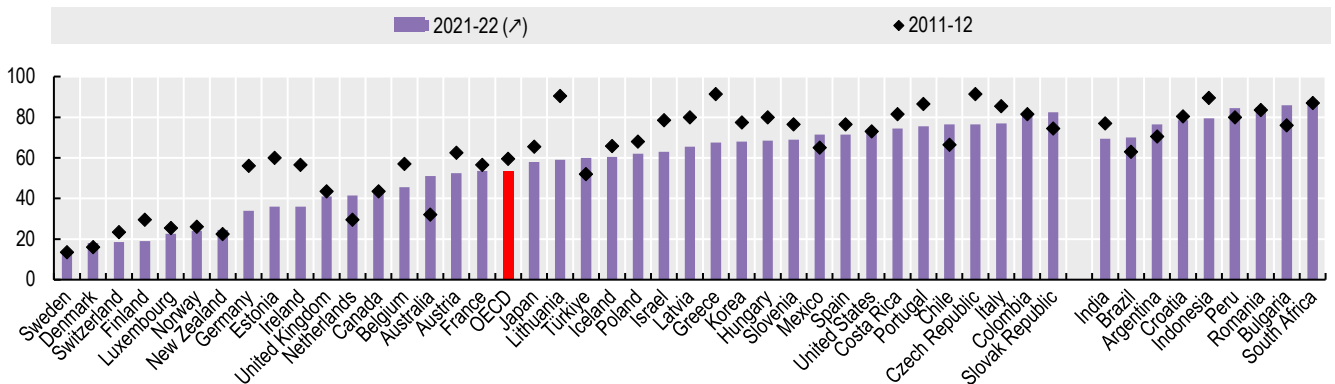
Violence against women

Violence against Women (VAW) encompasses all forms of violence perpetrated against women. This includes all forms of physical violence, sexual violence and abuse, psychological violence, economic violence, and harassment. Other forms of violence against women include harassment, rape and other forms of assault, child marriage, human trafficking, female genital mutilation, a lack of reproductive rights, social norms that devalue women, and discriminatory laws that disenfranchise women.

The share of women who report having been victims of violence is high in many countries. Across OECD countries, 22% of women report having experienced physical or sexual violence from an intimate partner in their lifetimes, with 4% of women having experienced intimate partner violence in the past year. More than 30% of women in Colombia and Türkiye report having experienced lifetime interpersonal violence from a partner, while more than 8% of women in Korea, Mexico, Türkiye and Colombia report having experienced intimate partner violence in the past year (Figure 8.7). However, the prevalence of violence against women is likely under-reported as survivors/victims fear retaliation or lack the resources to escape.

The OECD Social Institutions and Gender Index (SIGI) 2023 showed that social norms and legal frameworks can either drive processes of social transformation or act as barriers to women's empowerment. Although legislative progress to protect women's physical integrity has been made since SIGI 2019, there are still disparities across OECD countries. In 28 countries, the legal framework protects women from violence, including intimate partner violence, rape, and sexual harassment, without any legal exception. In four OECD countries, survivors of violence still face legal obstacles; in six countries, the law provides legal protection from sexual harassment, but these countries either have reduced penalties or do not include criminal penalties.

Social norms can also be powerful disincentives for women to report and pursue legal recourse against perpetrators. Social acceptance of domestic violence against women by women themselves weakens the functioning of legal frameworks and is an obstacle to addressing violence against women. Within OECD countries on average, 10% of women say that a husband may be justified in hitting or beating his wife, from 2% or less in Denmark, Ireland and Lithuania to up to over 30% in Chile and Mexico and over 40% in Korea (Figure 8.8). SIGI 2023 showed that attitudes justifying violence against women are strongly associated with more women experiencing it in the last year.

Many women feel exposed to physical and verbal aggression, sexual harassment and other forms of violence or unwelcome behaviour, leading to personal stress and physical harm. On average across OECD countries, almost one in three women report not feeling safe when walking alone at night, compared to one in five for men (Figure 8.9). Women feel safer in Norway, Luxembourg and Switzerland, where less than 15% of women do not feel safe walking alone at night than in Latin America, where around 60% of women reported not feeling safe walking alone at night, and this was over 70% in South Africa.

Definition and measurement

Figure 8.7 presents the percentage of ever-partnered women aged 15 to 49 years who ever suffered intimate partner physical and/or sexual violence, as well as the percentage of women aged over 15 years who have suffered intimate partner physical and/or sexual violence in the past 12 months. Data are from the OECD Gender, Institutions and Development Database 2023 (GID-DD 2023). The data on the share of women and girls aged 15-49 years subjected to intimate partner violence over their lifetime are taken from the WHO, while the data on the previous 12 months are from the United Nations. Both sources are estimated based on household and population surveys with act-based questions.

Figure 8.8 presents the percentage of women aged 15 to 49 years who consider a husband to be justified in hitting or beating his wife for at least one of the specified reasons, i.e. if his wife burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations. Data comes from GID-DD 2023 where the primary source is the WHO, with data from the World Values Survey and Eurobarometer to complement missing data. Data from the World Values Survey reflects the share of girls and women aged 15 to 49 years who think it is at least somehow justifiable for a husband to beat his wife. For Eurobarometer, data reflect the share of girls and women aged 15 to 49 years who think domestic violence is acceptable under certain circumstances or in all circumstances.

Figure 8.9 presents the share of respondents who replied "No" to the Gallup World Poll question "Do you feel safe walking alone at night or in the city or area where you live?" See more details on the Gallup World Poll in previous indicator "Life satisfaction".

Further reading

OECD (2023), *Social Institutions and Gender Index (SIGI) 2023 Global Report*, Social Institutions and Gender Index, OECD Publishing, Paris https://doi.org/10.1787/4607b7c7-en.

Figure notes

Figure 8.7: Data for the 12-month intimate partner violence rate for Germany refers to 2014. No lifetime data available for Korea and Israel.

Figure 8.7. One in 25 women report having experienced intimate partner violence in the past year

Percentage of women who report having experienced intimate partner physical and/or sexual violence, at least once in their lifetime and in the last 12 months, in 2018
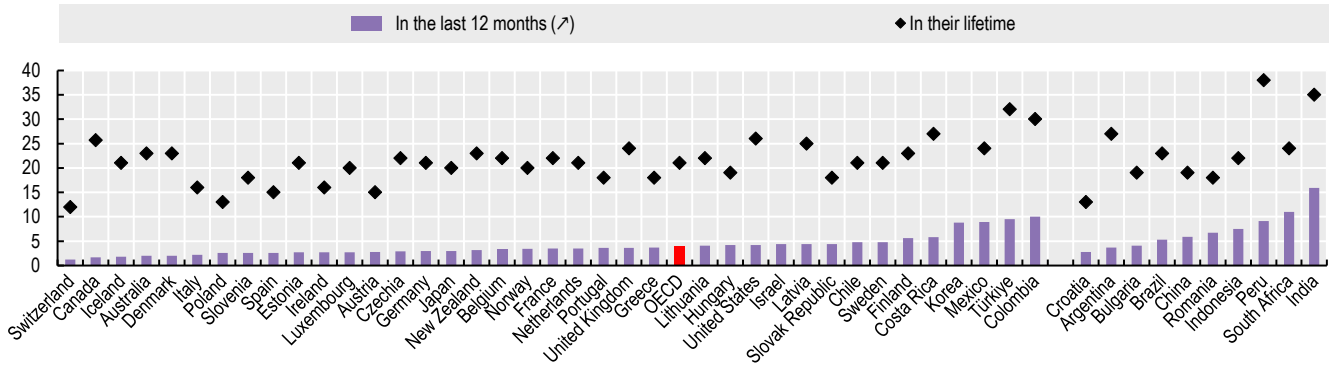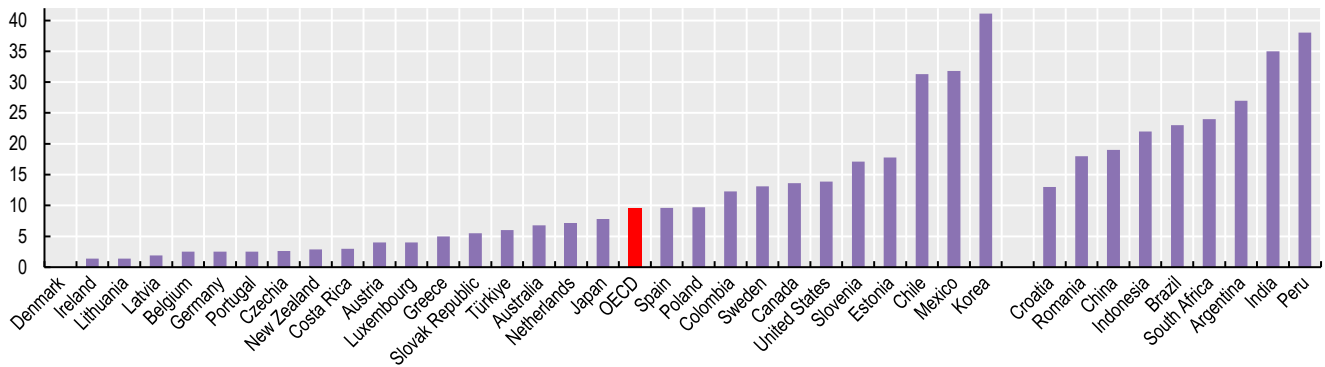

Source: OECD (2023), Gender, Institutions and Development Database, https://doi.org/10.1787/7b0af638-en.

StatLink 🔗 https://stat.link/jgp1k9

Figure 8.8. One in ten women across the OECD condone men's violence against women

Percentage of women aged 15-49 years who consider a husband to be justified in hitting or beating his wife in 2010-21

Source: OECD (2023), Gender, Institutions and Development Database, https://doi.org/10.1787/7b0af638-en.

StatLink 🔗 https://stat.link/t7x290

Figure 8.9. More so than men, women do not feel secure walking alone at night

Percentage of people responding they do not feel safe walking alone at night in the city or area where they live, by gender, in 2021/22

Source: Gallup World Poll, www.gallup.com.

StatLink 🔗 https://stat.link/b1nql8
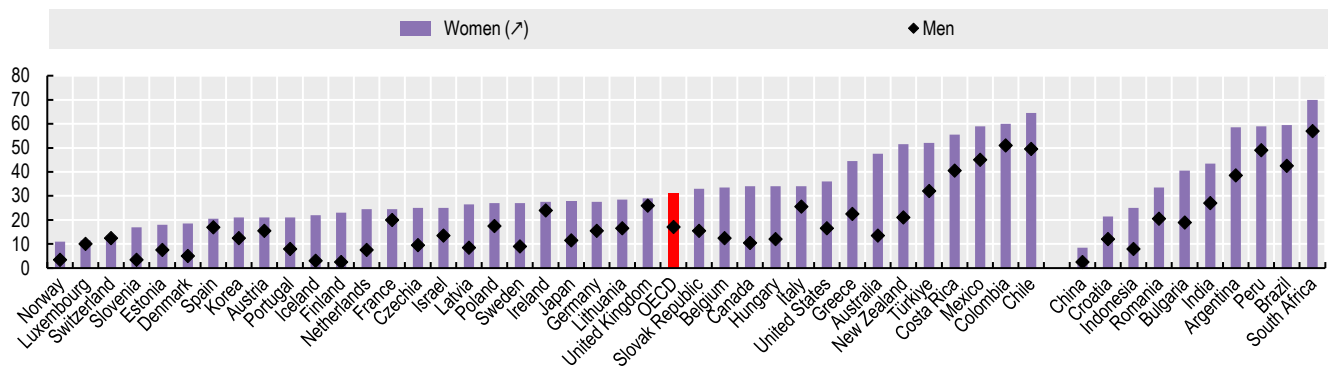
Voting

Interest in politics is an important factor for social cohesion. It is a key challenge for politicians to ensure that citizens are engaged with politics and participate as actors in society's political life.

Voter turnout rates vary enormously across OECD countries. A high voter turnout is a sign that a country's political system enjoys a strong degree of participation. Turnout rates in parliamentary elections are above 80% in Türkiye and Sweden, but below 50% in Luxembourg and Switzerland (Figure 8.10). Low turnout not only reflects limited participation by registered voters, but also limited registration by potential voters. In most OECD countries, there has been a decline in electoral participation over the last three decades. Between the early 1990s and the early 2020s, participation in parliamentary elections across the OECD decreased from 75% to 65% on average.

In general, younger voters are less likely to cast their vote than the electorate (Figure 8.11). The voter turnout among 18-24 year-olds is, on average, 12 percentage points lower than for adults aged 25 to 50 inclusive. In Lithuania, Portugal and the Slovak Republic, the turnout for young people is 30% or more lower than for individuals aged 25-50. Only in Australia, Belgium and Israel are younger voters more likely to cast their vote than individuals aged 25-50. On average, there is no significant difference in voter turnout between men and women.

One in four young people in the OECD report no interest at all in politics, compared with one in five for all age groups (Figure 8.12). Disinterest in politics among 15-29 year-olds is highest in Chile, Czechia and Hungary, with 50% or more reporting no interest at all, compared to rates below 10% in Austria, Denmark, Finland, Germany and the Netherlands. Chile, Colombia and Greece report the highest level of disinterest in politics for the total population, whereas Japan and Norway join Austria, Denmark and Germany with the lowest levels of disinterest.

Definition and measurement

Voting in national parliamentary elections is one indicator of people's participation in civic life. The indicator used here to measure the participation of individuals in the electoral process is the "Voting age population turnout", i.e. the percentage of the voting age population (VAP) that actually voted – as available from administrative records of member countries. The VAP is an estimate as it is difficult to accurately account for people who are of voting age but who are not registered voters, for whatever reason.

Cross-national comparisons for voter turnout data can be affected by a variety of factors including, the legal voting age, the voting registration system (automatic or requiring action by the potential voter) and whether or not voting is compulsory. In most OECD and European countries, the legal voting age in the national elections is 18 years old, except in Austria and Brazil (age 16) and in Greece and Indonesia (age 17).

Different types of elections occur in different countries according to their institutional structure and different geographical jurisdictions. For some countries, it should be noted that the turnout for presidential elections and regional elections may be higher than for national parliamentary elections, perhaps because those elected through these ballots are constitutionally more important for how those countries are run. Data on voter turnout are extracted from the international database managed by the Institute for Democratic and Electoral Assistance (IDEA). However, the IDEA does not involve a disaggregation of voters by age and gender. For information on younger voters and by gender, data has been taken from the Comparative Study of Electoral Systems (CSES module 5: 2016-21). The CSES is an international collaborative research programme whereby a common "module" of survey questions are placed into national post-election surveys, with the resulting common data later being merged to form one comparable international dataset.

Data on interest in politics, are from the European Social Surveys (ESS10-2020 and ESS9-2018) and the Word Value Survey Wave 7: 2017-22 (WVS). The questions in both surveys ask the respondent to choose from four possible answers: "Very interested", "Somewhat interested", "Not very interested" and "Not at all interested". Data refer to the rate of people answering "Not at all interested".

Figure notes

Figure 8.10: Voting age population (VAP) turnout statistics are calculated by dividing the total vote by an estimated voting age population. The voting age population (VAP) includes all citizens above the legal voting age. The parliamentary elections displayed in the Voter Turnout database are elections to the national legislative body of a country or territory. In case the legislative body has two chambers, only the second (lower) chamber is included. If elections are carried out in two rounds (using the Two-Round System TRS), only the second election round is included. Data refer to parliamentary elections, with the exceptions of France, Mexico and Poland where presidential elections are considered due to higher participation rates.

Figure 8.11: Data for Colombia, Estonia, Luxembourg, Slovenia and Spain are not available.

Figure 8.12: Data for Costa Rica and Luxembourg are not available.

Figure 8.10. In most OECD countries there has been a decline in electoral participation

Voter turnout in latest parliamentary election, early 1990s and early 2020s, percentage of the voting age population
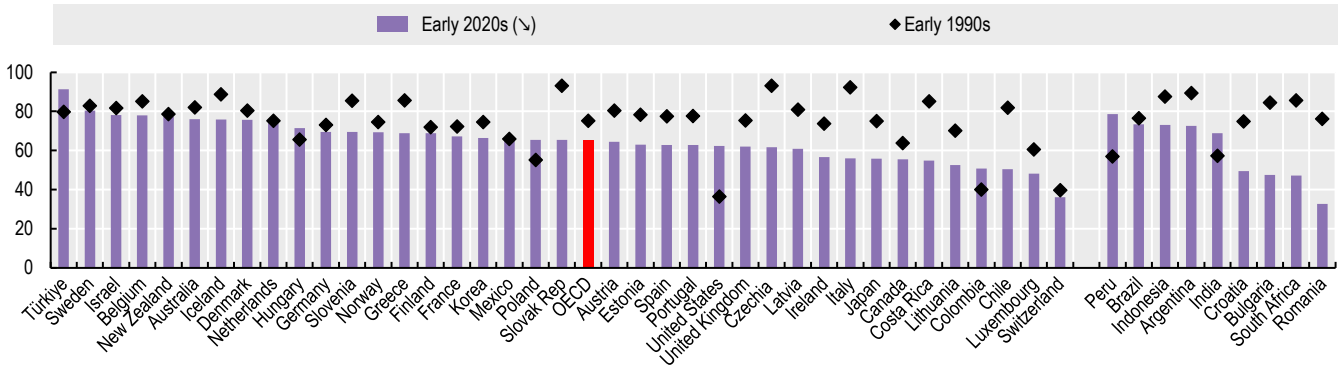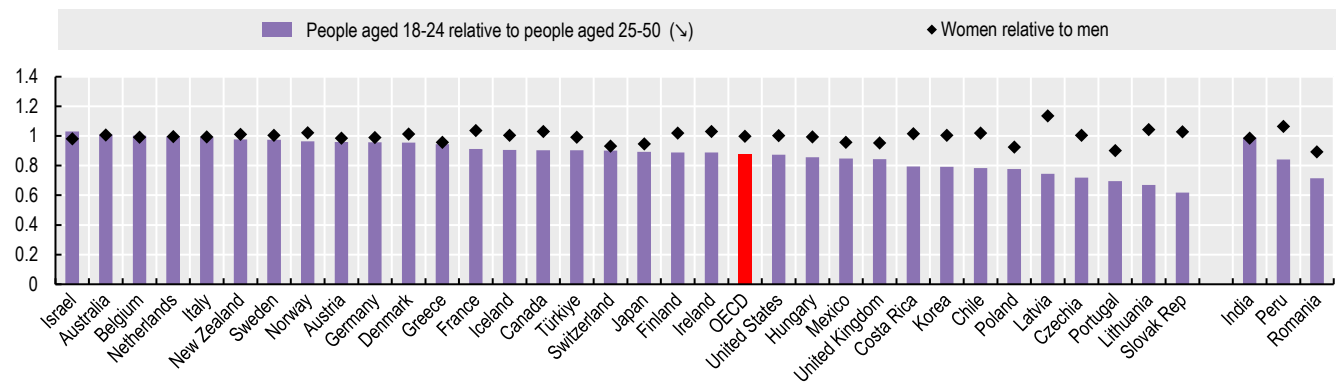

Source: International Institute for Democracy and Electoral Assistance (IDEA) Voter Turnout database, www.idea.int/

StatLink 🔗 https://stat.link/7832dm

Figure 8.11. Young people tend to vote less than adults age 25-50

Voter turnout ratios for different population groups, around 2016-21

Source: Module 5 of the Comparative Study of Electoral Systems (CSES 2016-21), https://cses.org/.

StatLink 🔗 https://stat.link/41yski

Figure 8.12. One in four young people in OECD are not at all interested in politics

Percentage of people reporting to be not at all interested in politics, by age group, 2022 or last year available
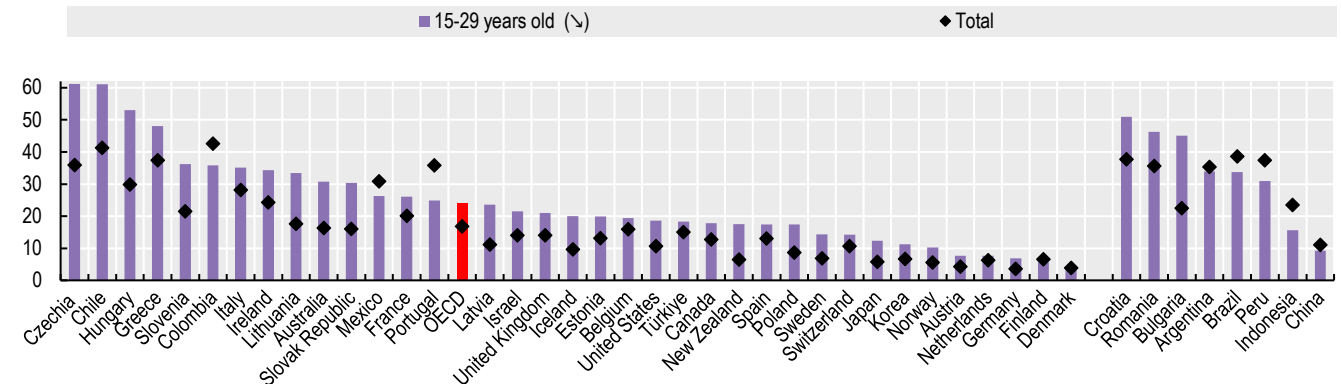
Source: European Social Survey ESS10-2020, ESS9-2018 and World Values Survey Wave 7: 2017-22.

StatLink 🔗 https://stat.link/9hyi0o

Online activities

There has been a regular and significant increase in internet use over the past two decades. In 2022, on average around 92% of 16-74 year-olds used the internet across the OECD compared to only 52% in 2005 (Figure 8.13). Although all OECD countries with available data increased their internet access since 2005, internet use increased most in Greece, Mexico and Türkiye by over 60 percentage points.

Differences in internet use are primarily linked to education and age, and are often intertwined with income levels. In most countries, internet use by young people is nearly universal, but there are wide differences for older generations (Figure 8.14). On average across the OECD, around 98% of 16-24 year-olds used the internet in 2022 compared to about 81% of 55-74 year-olds. In 2022, the internet use rate among 16-24 year-olds ranged from 100% in Austria, Iceland, Luxembourg, Norway, Portugal and the United Kingdom, to 86% in the United States. By contrast, internet use among 55-74 year-olds ranged from 99% in Norway to 53% in Türkiye. In terms of education and household income, the rate of internet use increases as an individual's education level and income quintile rises. Even though men are slightly more likely to have used the internet than women, the gender gap is very slim across the OECD on average.

Around 15% of adolescents across the OECD reported having been a victim of cyberbullying at least once or twice in the previous couple of months in 2022 (Figure 8.15). The highest cyberbullying rates in OECD countries can be found in Lithuania, Latvia, Poland, Hungary, Canada and the United Kingdom, where more than one in five adolescents reported cyberbullying. The lowest rates are in Spain and Portugal, where less than 10% of adolescents report having been victims of cyberbullying. The digital space can also introduce new risks and stress sources in young people's lives. Exposure to cyber-bullying – for instance, the rapid creation and sharing of offensive messages or comments, spreading of rumours, exclusion of victims from online groups and other forms of harassment – is associated with higher levels of anxiety and depressive symptoms even when compared to traditional bullying, which may affect victims' (later) life outcomes.

Teenage girls are more likely than teenage boys to report having been victim of cyberbullying. The gender difference is especially large in Sweden, France and Canada, where cyberbullying rates for girls exceed those for boys by more than 6 percentage points. Teenage boys report higher rates of cyberbullying only in Lithuania by nearly 10 percentage points and to a lesser extent in Poland by less than 2 percentage points.

Definition and measurement

Data on internet usage – by gender, age, education, and household income, is taken from the ICT Access and Usage by Households and Individuals database which provides a selection of indicators, based on the second revision of the OECD Model Survey on ICT Access and Usage by Households and Individuals (https://doi.org/10.1787/8e9d27ad-en). Internet users are defined for a recall period of three months.

Educational attainment is defined based on the *International Standard Classification of Education 1997* (ISCED 1997). The highest level of education attained for low-level corresponds to ISCED 0 to 2, middle-level to ISCED 3 or 4, and high-level to ISCED 5 or above. Household income is typically surveyed based on net monthly figures, which are recoded according to bands (quintiles).

Data on cyberbullying refer to the percentage of 11-, 13- and 15-year-olds who were asked whether they had experienced anyone sending mean instant messages, wall postings or emails, or someone posting or sharing photos or videos online without their permission in the past couple of months, with response options ranging from never to several times a week. A cut-off of "at least once or twice in the past couple of months" was used to capture any victimisation. Data are based on the Health Behaviour in School-aged Children (HBSC) World Health Organization Collaborative Cross-National Survey 2021-22 (https://iris.who.int/handle/10665/376323).

Further reading

OECD (2021), "Children in the digital environment: Revised typology of risks", *OECD Digital Economy Papers*, No. 302, OECD Publishing, Paris, https://doi.org/10.1787/9b8f222e-en.

Gottschalk, F. and C. Weise (2023), "Digital equity and inclusion in education: An overview of practice and policy in OECD countries", *OECD Education Working Papers*, No. 299, OECD Publishing, Paris, https://doi.org/10.1787/7cb15030-en.

Figure notes

Figure 8.13: Data for 2022 refers to data from 2021 for Iceland and Israel. Data for 2015 refers to 2014 for Australia, Iceland and Switzerland and 2012 for New Zealand. Data for 2005 refers to 2006 for France, Bulgaria and Romania, 2007 for the United States and Croatia and 2008 for Brazil. For Australia (2014), Mexico (2015) and New Zealand (2012), the recall period is 12 months. For the United States, the recall period is 6 months for data from 2015-22 and there is no reference period specified prior to 2015. For Israel, the recall period is 1 month and is for individuals aged 20 and older instead of 16-74 years old. Data for Canada (2005) and Costa Rica (2022) refer to individuals 18-74. The OECD average is based on a simple average of 31 available countries.

Figure 8.14: The OECD average for education, age and gender are based on a simple average of 32 available countries, while household income is based on 28 countries.

Figure 8.15: Data for Belgium were computed using population shares for Flemish (60%) and French (40%); data for the United Kingdom were computed using population shares for England (87%), Scotland (8%) and Wales (5%).

Figure 8.13. Internet usage has increased in all OECD countries in the past two decades

Internet users, as a percentage of the total population, 2022, 2015 and 2005
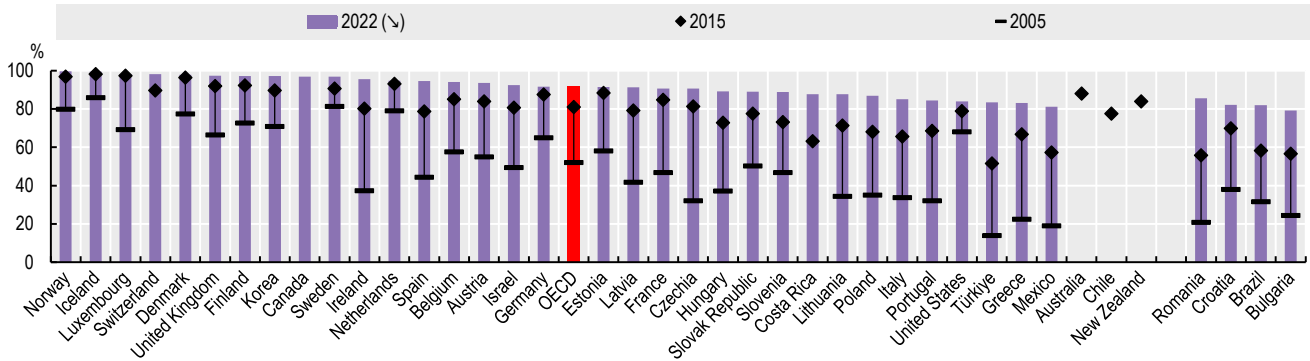
Source: OECD, ICT Access and Usage by Households and Individuals database, https://doi.org/10.1787/8e9d27ad-en (accessed November 2023).

StatLink ᴍᴤ� https://stat.link/xaeunq

Figure 8.14. Internet use varies across educational attainment, age and household income

Internet users by gender, age, education, and household income, as a percentage in each group, OECD average 2022
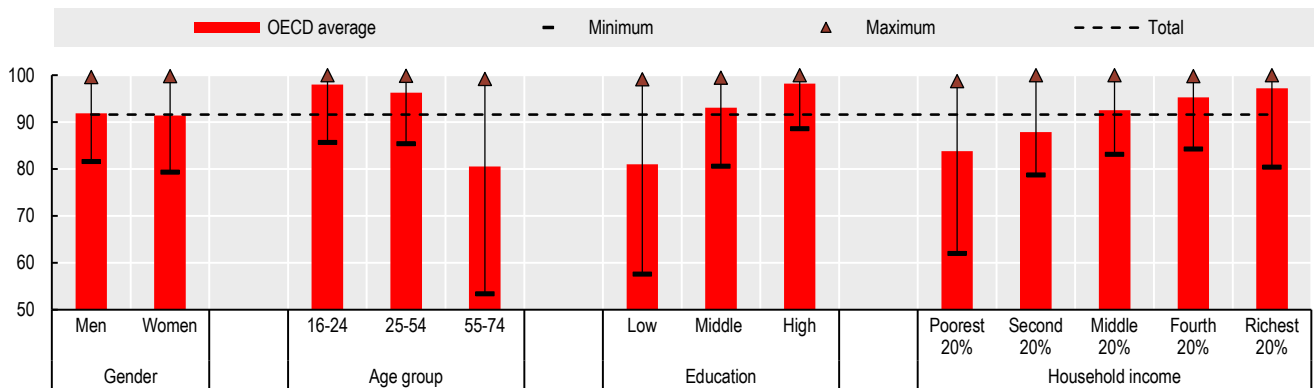

Source: OECD, ICT Access and Usage by Households and Individuals database, https://doi.org/10.1787/8e9d27ad-en (accessed November 2023).

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Figure 8.15. Teenage girls report more often to be victims of cyberbullying than boys

Percentage of 11-, 13- and 15-year-olds who report having been a victim of cyber-bullying at least once in the previous couple months, by gender, 2021-22
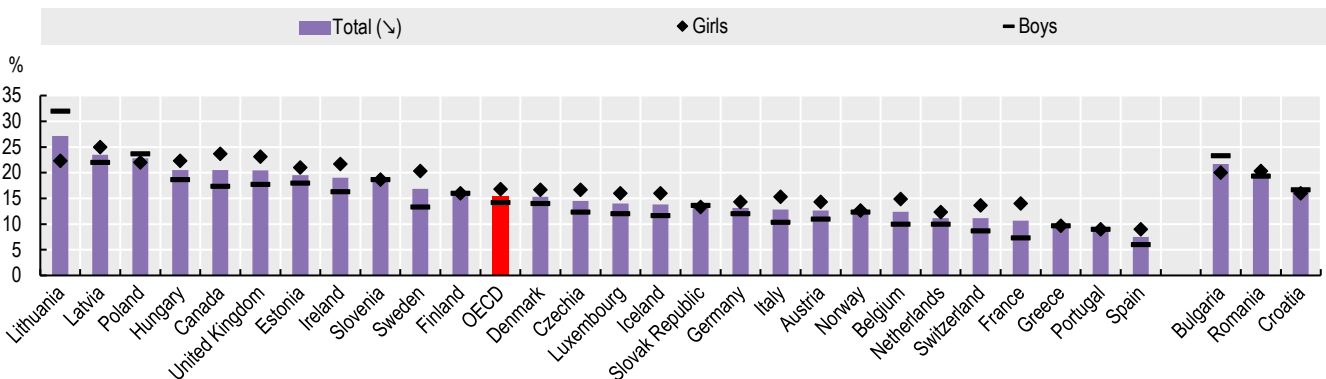
Source: Health Behaviour in School-aged Children (2024). A focus on adolescent peer violence and bullying in Europe, central Asia and Canada. Health Behaviour in School-aged Children international report from the 2021/22 survey. Volume 2, https://iris.who.int/handle/10665/376323.

StatLink ᴍᴤᴘ https://stat.link/ldvgfm

Society at a Glance 2024

OECD SOCIAL INDICATORS

Society at a Glance 2024: OECD Social Indicators, the tenth edition of the biennial OECD overview of social indicators, addresses the growing demand for quantitative evidence on social well-being and its trends. The report features a special chapter on fertility trends which discusses evidence from recent OECD analysis on the effect of labour market outcomes, housing costs and different aspects of the family policy framework (e.g. parental leave, childcare, and financial supports) on fertility trends and highlights key policy challenges. This edition of *Society at a Glance* also includes a special section based on the 2022 OECD Risks that Matter Survey on people's perceptions of social and economic risks and the extent to which they think governments address those risks effectively. *Society at a Glance* presents 25 social indicators, 5 each in chapters on General context, Self-sufficiency, Equity, Health, and Social cohesion. These indicators include data for 38 OECD member countries and, where available, accession and key partners countries (Argentina, Bulgaria, Brazil, Croatia, China, India, Indonesia, Peru, Romania, and South Africa) and another other G20 country (Saudi Arabia).