

Title: Fertility goals, pregnancy attempts and birth probabilities across reproductive ages

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Abstract

Birth probabilities decline after age 35, even in late-fertility countries. However, it remains unclear whether this reflects reduced childbearing desires or increased difficulty conceiving at older ages. This study explores fertility intentions and reproductive behaviour across ages using Round 2 of the Generations and Gender Surveys data from 15 countries. Definitive short-term intentions to have children drop sharply after 35. Active attempts to conceive decline later, while the chance of a first or second birth is very low beyond 40. As women age, those with strong intentions are more likely to be trying to conceive. Yet, uncertainty and intentions not to have (further) children rise among women 35+ who are trying, which is only little explained by perception of own infertility. The study highlights significant variation in reproductive experiences by age, marked by heightened uncertainty and longer times to conception in later reproductive years.

Keywords: Fertility goals, Trying to conceive, Childbearing, Reproduction, Biological constraints.

1. Introduction

In many contemporary societies, childbearing is increasingly delayed, with a growing number of women entering motherhood in their 30s or even early 40s. This demographic shift is reshaping the age pattern of fertility, as the probabilities of both first and second births are now rising in the early 30s (E. Beaujouan, 2023; Beaujouan & Neels, forthcoming). However, while delayed childbearing has become more common, both the intention to have a child and the likelihood of achieving that goal begin to decline from the mid-30s onward, an age pattern visible across many national contexts (É. Beaujouan et al., 2019; Brzozowska & Beaujouan, 2021). This decline with age raises a critical question: are women opting out of childbearing in later life stages due to social preferences, or are they constrained by biological realities that make conception more difficult with age?

Although the postponement of fertility has been widely studied, little research has examined how fertility intentions, pregnancy attempts and births intersect throughout the reproductive ages. In particular, the degree to which individuals' fertility desires align with their efforts to conceive is likely to vary by age. For example, older individuals who strongly desire children may be trying to conceive more often, either because they have been trying for a long time, or because the sense of urgency increases with age. Conversely, some people may scale back their plans due to biological or social constraints that become more apparent later in life, even if they are still trying to conceive. These dynamics are also influenced by the broader societal context of a given country, including how common and socially accepted late parenthood is. To deepen our understanding of fertility decision-making at later reproductive ages, this study jointly analyses reproductive intentions and actions in different countries at various stages of fertility postponement.

We draw on three complementary data sources: (1) Generations and Gender Surveys (GGS) Round 2, which provides detailed cross-sectional data on both fertility intentions and active

childbearing efforts, enabling us to examine stated goals and behaviours concurrently; (2) the Human Fertility Database (HFD), which offers harmonised national-level data on birth probabilities by age and birth order; and (3) the German Family Panel (pairfam), which adds a longitudinal perspective by allowing us to track short-term fertility intentions in the two years prior to childbirth. Our study highlights the importance of preference adjustments, biological limitations, and the discrepancies between intentions and actions in understanding the dynamics and levels of late fertility in the context of fertility postponement.

2. Background

While fertility schedules continue to shift towards later ages, it remains unclear why birth probabilities in the late 30s and early 40s have not risen more substantially (Beaujouan & Neels, forthcoming). One possible explanation lies in the fluidity of fertility intentions: some women may lower their desired number of children in response to changing life circumstances, social norms or perceptions of the most appropriate time to have children (Cooke et al., 2012; Iacovou & Tavares, 2011; Sennott & Yeatman, 2012). Consequently, they may choose not to attempt a pregnancy at all while older. In this case, the limited increase in late birth probabilities reflects an adjustment of fertility goals rather than a biological constraint, implying that additional conceptions and births at older ages remain in theory possible. A contrasting explanation points to biological limits as the main barrier to further increases in late fertility (Balasch, 2010; É. Beaujouan, 2022). If many women are actively trying to conceive but are unable to do so due to biological barriers, including those who turn to assisted reproductive technologies (ART) without success, then the potential for further increases in late fertility is much more limited. Distinguishing between these explanations is paramount, as each carries distinct demographic and policy implications.

Our first suggested explanation for the limited increase in birth probabilities at older ages despite the drop at earlier ages is the adaptive nature of fertility intentions. Psychological and psychosocial adaptation processes play a crucial part in how women respond to the challenges of delayed childbearing (Erlick Robinson et al., 1987; Kearney & White, 2016). Some women revise their plans deliberately; others adjust more unconsciously in response to prolonged obstacles or situational pressures. At the end of a long process of postponement, what began as a firm intention to have a child may evolve into uncertainty or be replaced by intentions not to have (further) children (Martin, 2017, 2021; Singh, 2024), often as a coping strategy to reduce emotional dissonance (Koert & Daniluk, 2017). Fertility intentions and behaviours then appear fluid and responsive to internal reassessment, life course timing, and the external conditions that shape individuals' choices. This emotional and cognitive flexibility is a defining feature of fertility behaviour (Trinitapoli & Yeatman, 2017).

As late childbearing becomes more common, we observe greater societal acceptance, shaped by evolving norms and the mechanisms of social contagion (Balbo & Barban, 2020; Lazzari et al., 2025). Yet, age norms around childbearing persist. Women attempting to conceive in their late 30s or 40s may face social stigma or feel “off-time” relative to socially constructed age deadlines for family formation (Abbas et al., 2023; Billari et al., 2011). In this context, rationalisation serves a protective function, helping women come to terms with the mismatch between their reproductive goals and the constraints they face – whether biological, social, or situational (Koert & Daniluk, 2017). Women who once expressed strong childbearing desires may later express uncertainty or even forego their plans entirely.

Biological factors further intensify the challenges of delayed childbearing. As women age, time to conception tends to lengthen and the probability of successful pregnancy declines (Gnoth et al., 2003; Konishi et al., 2021; van Noord-Zaadstra et al., 1991). For those experiencing infertility, repeated unsuccessful attempts may eventually resolve them to the

idea that having their intended child is no longer attainable. In response, some women may downplay earlier intentions or begin to express uncertainty, not necessarily because they no longer wish to have children or are no longer trying to conceive, but as a way of coping with the emotional burden of unfulfilled goals, particularly when pregnancy feels increasingly out of reach (Greil et al., 2010; Schmidt, 2009). While the advent of assisted reproductive technologies (ART) has expanded the window of reproductive opportunity for some women, they offer only limited compensation for the biological constraints of ageing. ART success rates remain largely dependent on ovarian quality, declining sharply after age 35 and reaching minimal efficacy in the 40s (Balasch, 2010; O'Brien et al., 2017). These biological constraints place a firm temporal limit on fertility, shaping not only women's chances of conception but also their evolving intentions and behaviours in the later stages of the reproductive life course.

At the same time, awareness of a declining ability to reproduce may create a sense of urgency around fertility decisions (Wagner et al., 2019). For some women, this urgency may result in greater efforts to conceive at a later age, despite diminishing chances. This may still be accompanied by heightened psychological uncertainty and emotional ambivalence, linked to approaching age-related deadlines. These opposing forces, motivation and uncertainty, may coexist and complicate the relationship between stated goals and actual behaviours.

One dimension that remains underexplored in this context is the behavioural link between fertility intentions and childbirth, namely the act of trying to conceive. This action not only captures a strong fertility intention, but also the commitment to act on it. It serves as a bridge between aspiration and outcome, providing a clearer behavioural marker than intention alone. Fertility intentions are known to be fluid and situation-dependent, shaped by social conditions, psychological readiness, and biological opportunity (Guzzo et al., 2025; Klobas, 2010; Trinitapoli & Yeatman, 2017). By adding the dimension of pregnancy attempts, we are

able to investigate whether, and how, behavioural effort aligns with stated fertility goals across different stages of the reproductive years. We propose that, like intentions, the act of trying to conceive is complex and age-sensitive, shaped by both opportunity and constraint. All the fertility processes described so far, from deciding to have children to actually having them, are context-dependent. The timing of these transitions is also partly contextual, depending on norms, cultural expectations, perceptions of the economic situation and institutional support (Badolato et al., 2024; Brinton, 2016; Rindfuss et al., 2003; Setz et al., 2025). These factors influence the desirability and feasibility of late childbearing, but they vary substantially across age groups and countries. The accessibility of medically assisted reproduction also varies spatially, which affects people's ability to seek a birth despite experiencing infertility (Passet-Wittig & Bujard, 2021). In some countries, depending on the stage of fertility postponement, pathways to parenthood remain open at later ages, whereas in others, they narrow despite similar age-related biological limitations (Compans, 2024). By mapping the age profiles of fertility intentions, pregnancy attempts, and birth probabilities across countries, we hope to better understand how women who try to have children late respond to the variety of constraints they experience, depending on how widespread late fertility is in a country.

3. Data and method

3.1 Generations and Gender Survey (GGS) – Round 2

We use the data from the 2nd round of the Generations and Gender Surveys, that started taking place in the 2020s. For this cross-sectional study, we rely on the first wave of Round 2, which is available for 15 countries in total. We utilise the information on short-term fertility intentions, long-term fertility intentions, pregnancy attempts and perceived ability to have a child.

Short-term intentions are measured with the question:

“Do you intend to have a/another child during the next three years? Please take into account only biological children.”

Response options include: “Definitely not”, “Probably not”, “Unsure”, “Probably yes”, “Definitely yes”, and “Currently expecting a child”. Respondents could also answer “Don’t know” or refuse to respond.

Non-expecting individuals were subsequently asked about long-term intentions:

“Supposing you do not have a/another child during the next three years, do you intend to have any (more) children at all?”

The same response options applied.

Perceived ability to have a child is measured with the question:

“Some people are not physically able to have children. As far as you know, is it physically possible for you, yourself, to have a/another baby?”

Response options were: “Definitely not”, “Probably not”, “Probably yes”, and “Definitely yes”.

Except among women who declared they were definitely not physically able to have a child or were sterilised, pregnancy attempts were captured with the question:

“Are you or your current partner trying to get pregnant?”

Responses included “Yes”, “No”, “Don’t know”, and non-response.

Data were extracted from the following countries based on specific variable availability: Denmark, Norway, Finland, Estonia, Austria, Germany, Netherlands, United Kingdom, Croatia, Czech Republic, Moldova, Belarus, Kazakhstan, Argentina (Buenos Aires), and Uruguay.

3.2 Human Fertility Database (HFD)

To represent age- and parity-specific birth probabilities by country, we used data from the Human Fertility Database (HFD) for the year closest to the survey year of each country in GGS (see Table 1). As we compare these (aggregate) birth probabilities with the proportion of women with strong intentions to have a child and the share attempting a pregnancy, we selected nine countries present in both the GGS and HFD datasets.

The following countries were excluded due to unavailability of HFD data: Germany, United Kingdom, Moldova, Kazakhstan, Argentina, and Uruguay. The remaining nine countries were included in the final HFD-based analyses.

3.3 German Panel Analysis of Intimate Relationships and Family Dynamics (PAIRFAM)

To incorporate a longitudinal dimension that allows to resituate our cross-sectional results in a life-course perspective, we used the German Family Panel (pairfam), a nationally representative cohort survey that collects annual data on partnership, fertility, and family dynamics (Brüderl et al., 2023; Huinink et al., 2011).

For this study, we focus on women's short-term fertility intentions as reported in the last two observations prior to their first pregnancy/childbirth. This allows us to back track and assess the strength and stability of intentions leading up to conception according to age.

In pairfam, childless respondents who perceived they are probably or surely fertile according to the perceived infertility question were asked:

“Do you intend to have a child within the next two years?”

Response categories included “Definitely not”, “Probably not”, “Probably yes”, “Definitely yes”, as well as “I haven't thought about it” and non-response.

3.4 Methodology

Our study is limited to women, as women's samples are generally larger than men's, and the HFD data does not contain age- and parity-specific birth probabilities for men. We begin by

providing an overview of fertility intentions, pregnancy attempts, and realised birth probabilities across reproductive ages. Using GGS data, we calculate the share of women reporting a definite short-term intention to have a child, as well as the share actively trying to conceive, by age group. To enable cross-country comparisons, we restrict this analysis to the nine countries included in both the GGS and HFD datasets. Age-specific birth probabilities for first and second births are drawn from the HFD around the year 2020 (see Table 1).

In the next step, we analyse fertility intentions by age among childless women by combining short- and long-term intention questions in the GGS. Due to missing data on long-term intentions in Belarus and Kazakhstan, we restrict this analysis to the other 13 countries.

To construct this broader fertility intentions variable, we grouped “Definitely yes” and “Probably yes” as Yes, and “Definitely no” and “Probably no” as No in both the short- and long-term questions. Responses such as “Don’t know,” refusal, and cases where the respondent was pregnant were excluded. This yielded three categories—Yes, No, and Unsure—for each question.

These were further combined to create four mutually exclusive categories for the variable “Fertility Intentions”:

1. Positive Short-term Intention – if the short-term intention was Yes, regardless of long-term response.
2. Positive Long-term Intention – if the short-term intention was No or Unsure, but the long-term intention was Yes.
3. Unsure Intention – if both responses were Unsure, or one was Unsure and the other No.
4. Negative Intention – if both were No.

For our analysis, we report the proportion falling into each of these four categories among childless women aged 35–39 in the 13 countries. We also present age-specific shares of

Unsure Intention among childless women across all reproductive ages. For comparative clarity, countries are grouped into four regional panels:

- Northern Europe: Denmark, Estonia, Finland, Norway
- Western Europe: Austria, Germany, Netherlands, United Kingdom
- Central and Eastern Europe: Croatia, Czech Republic, Moldova
- Latin America: Argentina, Uruguay

In the next stage, we expand the analysis to all women—regardless of parity—using data from all 15 GGS countries, including Belarus and Kazakhstan.

To explore the alignment between intentions and behaviour, we first filter the dataset to women who answered “Definitely yes” to the short-term intention question and then calculate the proportion among them who are actively trying—or not trying—to conceive by age group across the four regions.

Next, we reverse the approach by focusing on women who reported trying to conceive. Among this group, we examine the distribution of responses to the short-term intention question. This approach allows us to assess whether the strength of intentions among women actively trying to conceive varies across age groups.

Further, we utilized information on women’s responses to the question on perceived ability to have a child and calculated the proportion reporting 'Probably not' or 'Definitely not' among those trying to conceive with a positive definite short-term intention, and among those trying to conceive without such an intention.

Lastly, to bring in a longitudinal perspective, we use the German Family Panel (pairfam) to examine fertility intentions in the two years preceding parenthood. We focus on 697 childless women who transitioned into parenthood during the survey. Based on their responses to the short-term intention question over the two prior waves, we construct three categories:

- Definite Positive Intention at least once

- Probable Positive Intention at least once
- No Positive Intention

This categorisation allows us to assess the consistency and strength of intentions leading up to childbirth.

4. Results

Cross-overs in the aggregate age patterns

Figure 1 provides an overview of three key indicators by age group: the proportion of women expressing strong short-term intentions to have a child within the next three years (red curve), the proportion of women actively trying to conceive (yellow curve), and the probability of having a child (black curve). The top panel depicts this data for first births, while the bottom panel focuses on second births.

Three main observations arise from this data: First, as expected, probabilities for both first and second births begin to decline steeply among women aged 35–39 in all the nine countries. Second, the proportion of women expressing strong short-term fertility intentions also decreases in this age group; however, it remains relatively high until it drops sharply at age 40–44. Third, the proportion of women actively trying to have a child follows a strikingly different pattern. At younger ages, fewer women report trying to conceive at the time of the survey compared to both the proportion who want a child in the short term and the share who ultimately give birth at that age (yellow curve is below the other curves). At older ages, however, the reverse occurs: more women are trying to conceive than those thinking they will have a child within three years (yellow curve above the red curve). In addition, the proportion of women successfully achieving childbirth in these older age groups is consistently lower than the proportion who are trying.

The results for second births closely mirror those for first births, underscoring the consistency of these patterns for both childless individuals and those who are already parents of one child. To better understand this phenomenon, particularly the surprising result that more women are trying to conceive beyond age 40 than intend to have children, we will explore the interrelationship between fertility intentions and attempts across ages in the following section.

Stronger uncertainty and inconsistencies at higher ages

A considerable proportion of childless women aged 35–39 express positive intentions to have a child in the short term. As shown in Figure 2, depending on the country, 6–12% of women in this age group are childless and report wanting to have a child, most within the next three years. Among childless women in this age group, half express either a desire to have children or uncertainty about their intentions. In particular, Figure 3 demonstrates that uncertainty regarding fertility intentions among childless women peaks in the 35–39 age group, particularly in Western Europe. Overall, the late thirties are characterized by a persistence of positive intentions among childless women, but also a high level of uncertainty. This uncertainty level drops in the 40s when most childless women report intentions not to have (further) children (result not shown).

Next, we investigate the dynamics of wanting versus trying to have a child across different age groups. Our analysis of women with strong short-term intentions (i.e., intending to have a child within three years) shows notable age-specific dynamics in pregnancy attempts (shown in Figure 4). Consistently across regions, a higher proportion of older women who intend to have children are actively trying to conceive. Latin America is the only region that displays a distinct pattern: a comparatively larger proportion of women are trying to have a child in their early 20s; meanwhile, pregnancy attempts barely become more frequent with age among women with strong short-term intentions. The increase in the share of pregnancy attempts

with age is particularly marked in regions with traditionally later fertility schedules, such as Northern and Western Europe. These patterns suggest two possible dynamics. First, older women tend to act with greater urgency (i.e., transitioning faster from intention to action) as age becomes a critical factor. On the other hand, there is certainly an accumulation effect due to lower success rates at higher ages, with more women who previously tried continuing to attempt conception.

Figure 5 highlights a striking increase in uncertainty and contradictory responses about fertility intentions among women actively trying to conceive at older ages, particularly above age 40 and in the Nordic countries. For example, a sizeable proportion of women who are trying to conceive at these ages do not express definite positive fertility intentions. This suggests that the question about fertility intentions may be interpreted differently by older age groups, particularly among those who might be trying for a longer time and facing reproductive challenges. Many women appear to understand the question not as a reflection of their desire to conceive but as a statement of whether they realistically believe they will succeed in having a child.

Women definitely not physically able to have a child were not asked whether they were trying to have a child. Hence this result should not be due to women who know that they are infertile but are trying nonetheless to have a child. Further investigation shows that a small proportion of women with inconsistent responses (actively trying but not expressing definite positive short-term intention) report difficulty conceiving (8-16% depending on the region for the answer option probably not able to conceive; see Table 2). This proportion is substantially higher than that among women who both certainly want and try to conceive (3-7%), but its low value shows that women's contradictory responses are not solely driven by their perception of an actual problem conceiving. There is a clear country gradient, with a higher proportion of women with inconsistent responses regarding trying and intentions declaring

problems conceiving in countries with the latest fertility rates. This is probably linked to the older age distribution observed in inconsistent responses in these countries in Figure 5.

We observed in Figure 1 that at younger ages, only a small proportion of women are actively trying to conceive, while this share remains relatively high in older age groups up to ages 35–39 or 40–44, depending on the country. Figure 6, based on a follow-up panel in Germany confirms that less than half (43%) of women aged below age 25 have expressed a positive intention to have a child in the two years before the childbirth. After that age almost all women have expressed a positive intention, the certainty of which generally grows with age. While this highlights that births at younger ages are often unforeseen or decided upon so quickly that they could not be captured in the survey, it also reflects the fact that the older people are, the longer they may have been trying to have a child, making it more likely that their positive intention would be captured in previous years.

5. Conclusion and Discussion

Our findings provide valuable insights into the relationship between fertility intentions, attempts to conceive and births across different stages of the reproductive period. Older women, in particular, demonstrate a sense of urgency or perseverance to become parents, as evidenced by the high proportion who actively try to conceive. However, they are less likely to succeed in having a child.

Our findings confirm that a substantial proportion of women childless in their 30s still express a desire for children. However, uncertainty rises in the late 30s, and the prevalence of strong positive fertility intentions falls sharply in the 40s. These patterns may reflect several factors: a growing awareness of the limitations of time, internalized age norms regarding childbearing, or the psychological toll of repeated unsuccessful pregnancy attempts. These results are consistent with previous research showing that women in their mid-to-late 30s

often transition from positive to uncertain or negative fertility intentions, depending on their personal circumstances (Barker & Buber-Ennsner, 2024; Gemmill, 2019; Kuhnt et al., 2021). For example, this can occur following the dissolution of a partnership (Singh, 2024). In addition, the uncertainty they express in their intentions may reflect concerns about the ability to conceive or the likelihood of forming a partnership before the end of the reproductive period, rather than genuine ambiguity about desires for parenthood.

In countries where it is common to postpone childbearing (e.g., Northern Europe), a significant proportion of women trying to conceive in their late 30s and 40s do not express strong positive intentions. This discrepancy may reflect a process of rationalisation – a cognitive adaptation in which expectations are adjusted to align with perceived constraints – or a diminished sense of optimism about achieving pregnancy. Women who are trying to conceive and do not express strong positive intentions are more likely to report difficulties than those who do, suggesting that inconsistent responses may be attributed to the perception of infertility. However, in the majority of cases, the inconsistency must be attributed to other causes, such as the perception of normative or biological age limits for conception. Overall, belief in eventual success appears to diminish markedly beyond the age of 40, even among those actively trying to conceive. Thus, at older reproductive ages, we observe a coexistence of motivation (through active pregnancy attempts) and uncertainty (through an absence of strong positive intentions).

Evidence from the German panel confirms the general alignment of behaviour with intentions. Nearly all women who entered motherhood at age 40 and above had expressed at least a probable positive intention in the two years preceding childbirth. This suggests that positive intentions, most likely paired with consistent efforts remain an important predictor of eventual success, even at later reproductive ages. Conversely, a mismatch between stated intentions and behaviours, such as attempting conception without a clear positive intention,

may indicate a lack of psychological commitment or a disengagement from the situation. This misalignment could result in fewer or less determined attempts, which would ultimately reduce the likelihood of success, especially when biological chances are already low at an older age.

This study sheds light on how the age-related decline in birth probabilities may be driven not only by biological factors but also by a decline in positive intentions, possibly resulting in fewer people starting to try for a baby. Conversely, lasting pregnancy attempts appear to accumulate at older ages. The results emphasise the impact of uncertainty and ambivalence on fertility decisions, contributing to a broader understanding of how women adapt their reproductive behaviours in response to internal doubts and external constraints within the context of delayed parenthood.

Normative and structural barriers can vary substantially across countries and likely contribute to the differences in regional patterns observed in this study. Societal expectations surrounding the ‘appropriate’ age for parenthood, which are often reinforced by cultural scripts and gender norms, can cause women to reconsider their plans before they reach the actual biological limits. Structural inequalities, such as disparities in access to ART or absence of work-family reconciliation policies, may further constrain women’s ability to achieve their fertility goals at advanced ages. Such constraints may be especially consequential and lead to country variation in the 30s, when consistent attempts can still lead to successful outcomes if structural support is in place.

Finally, this perspective linking fertility intentions, pregnancy attempts, and birth probabilities offers critical insights into how women adapt to the constraints and realities of reproductive aging. Methodologically, the use of the ‘pregnancy attempts’ variable in the Generations and Gender Surveys proves particularly powerful in bridging the gap between stated fertility intentions and realised births. Future research building on this measure can

open opportunities to explore how individual desires and actions intersect with structural and biological constraints, particularly as delayed parenthood becomes increasingly common in developed societies.

Future research could benefit from more detailed data on the intensity and frequency of conception efforts, for instance, information on sexual activity, ovulation tracking, or timing relative to fertility windows. These additions would enable more precise estimations of conception probabilities, especially at the population level. As the trend toward postponed parenthood continues, large-scale surveys should consider incorporating more detailed questions on reproductive behaviour to provide a fuller and more accurate picture of contemporary fertility dynamics.

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Tables and Graphs

Table 1: GGS II Survey Years and Corresponding HFD Data Years used in the analysis, by Country.

Country	GGS (Survey year)	HFD (Survey year)
Denmark	2021	2021
Norway	2020	2020
Finland	2022	2021
Estonia	2022	2019
Austria	2022	2019
Germany	2021	NA
Netherlands	2023	2019
United Kingdom	2023	NA
Croatia	2023	2020
Czech Republic	2022	2021
Moldova	2020	NA
Belarus	2017	2017
Kazakhstan	2018	NA
Argentina	2022	NA
Uruguay	2022	NA

Figure 1: Definite positive short-term fertility intentions, pregnancy attempts and probability of having a first/second child, women, around year 2020.

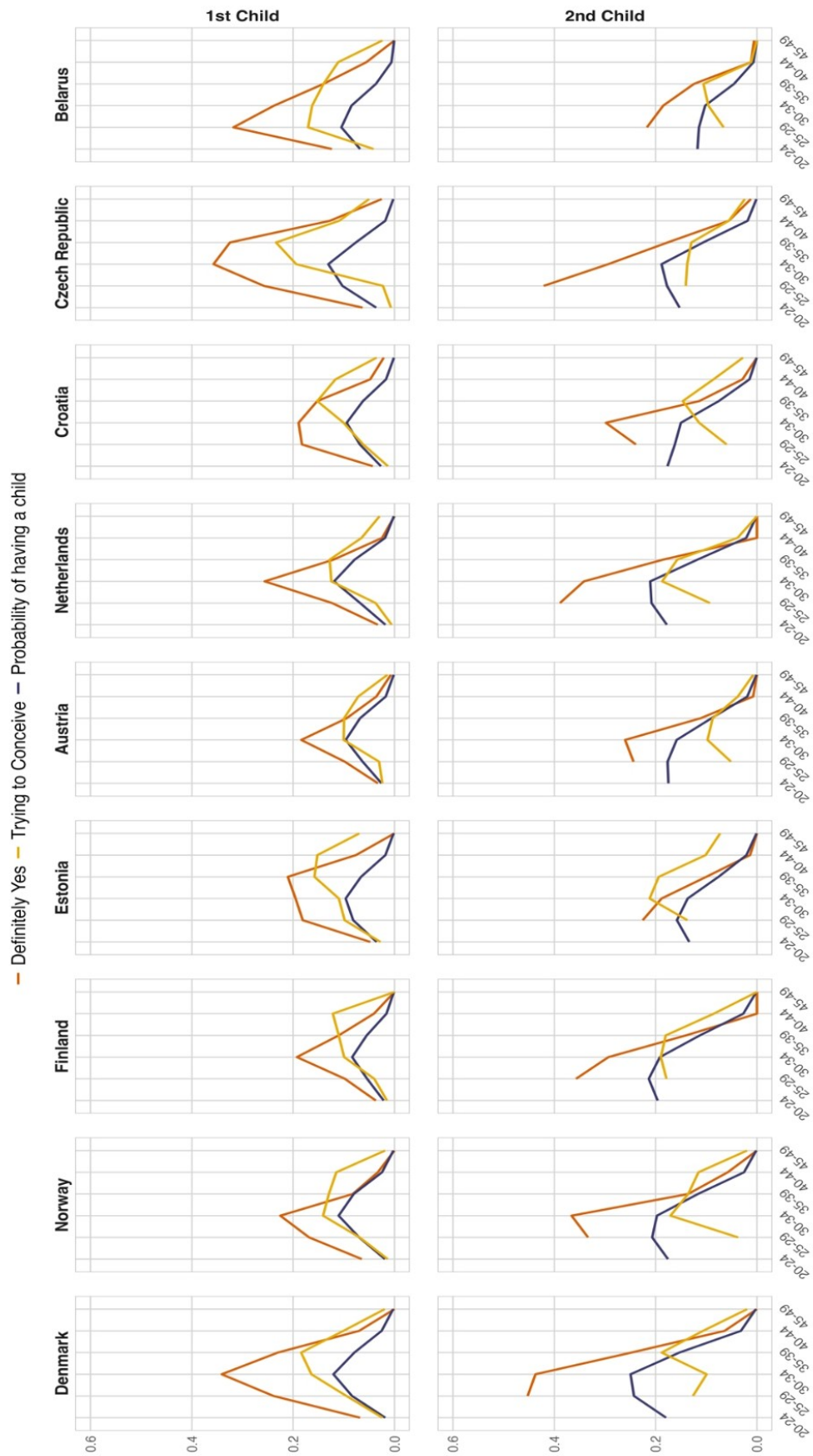


Figure 2: Share of women who are childless at age 35-39, with detail of their fertility intentions.

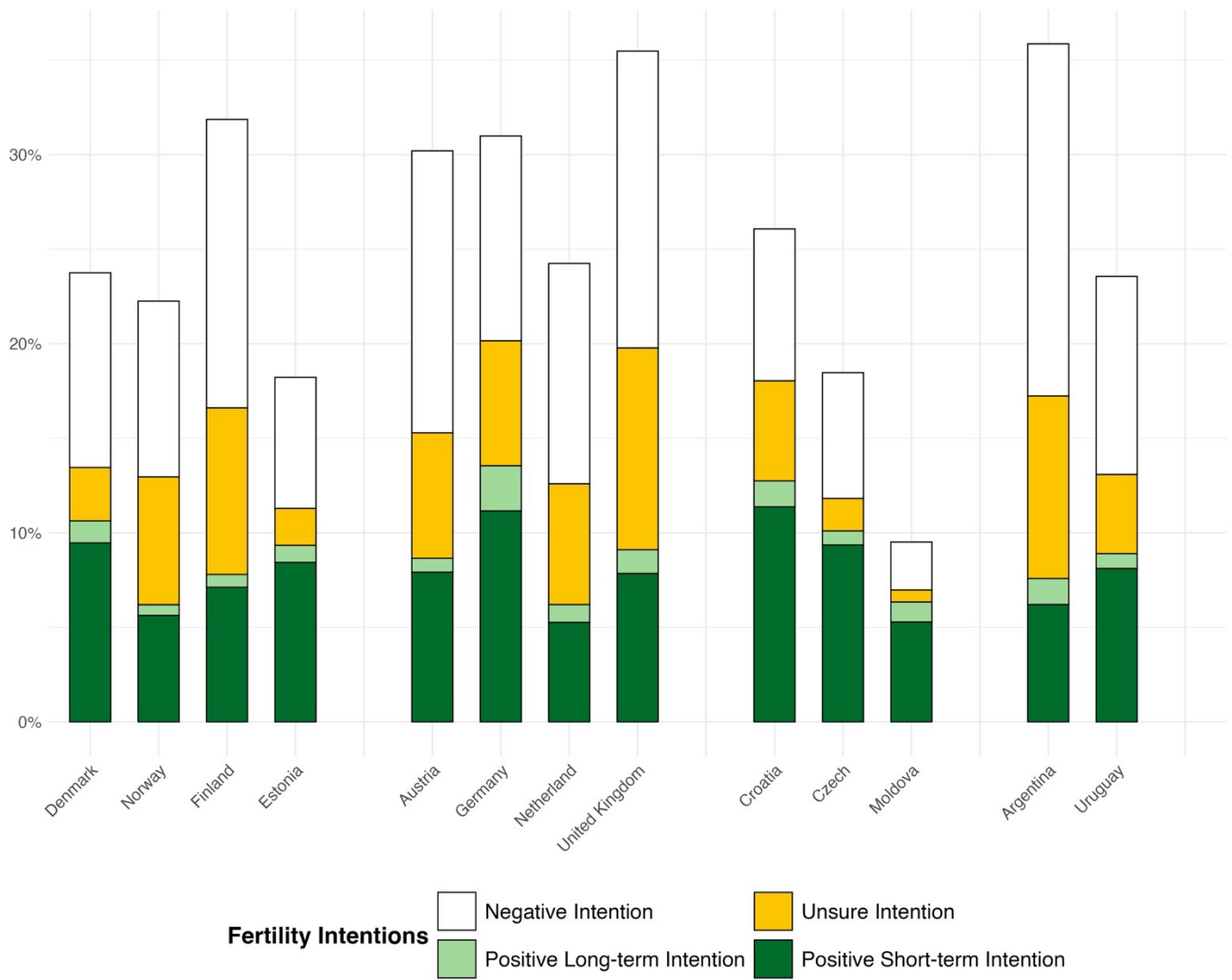


Figure 3: Percentage of childless women with “unsure” fertility intention by age group and country.

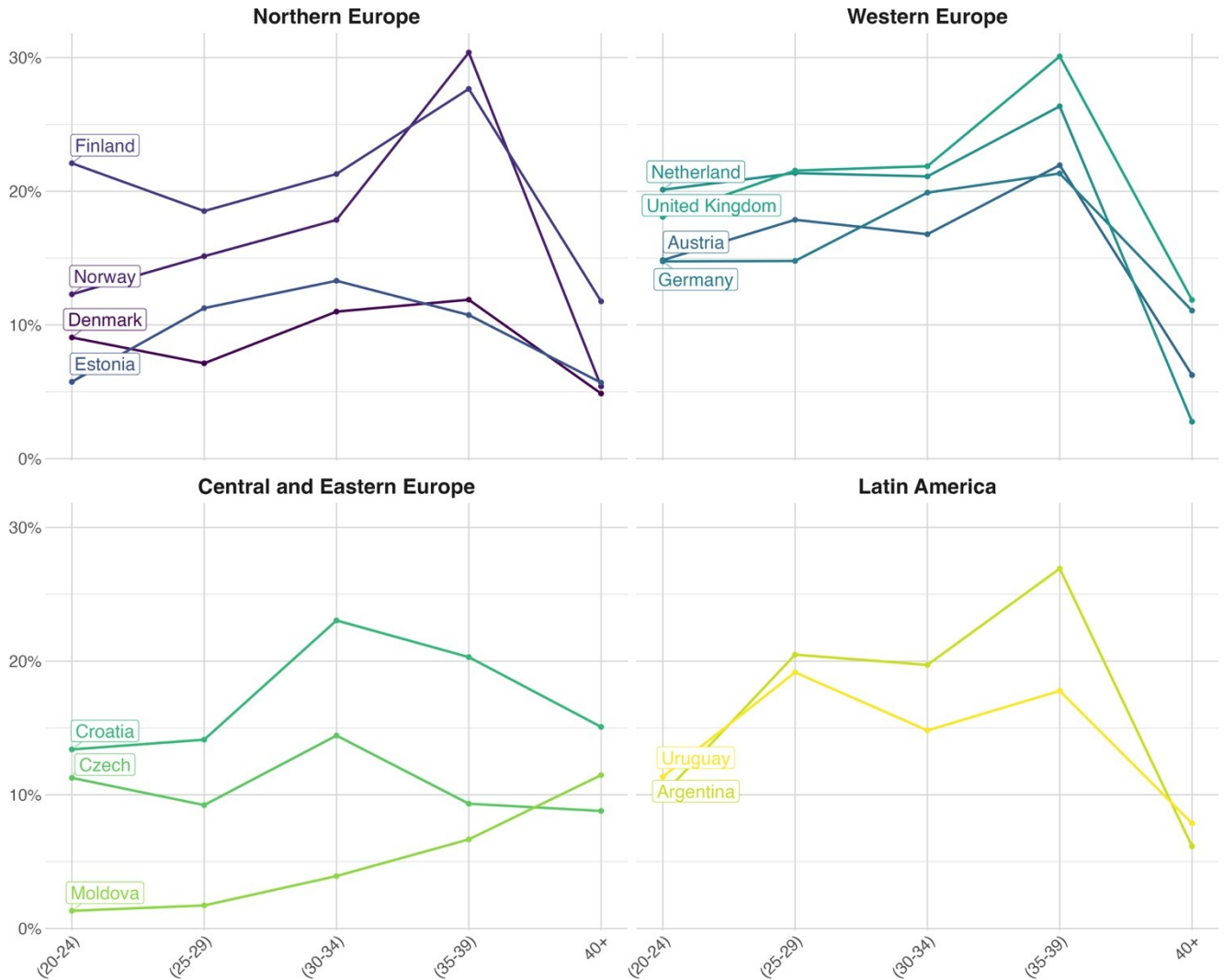


Figure 4: Percentage distribution of women trying to get pregnant among women who definitely want to have a child within three years, by age group; all parities.

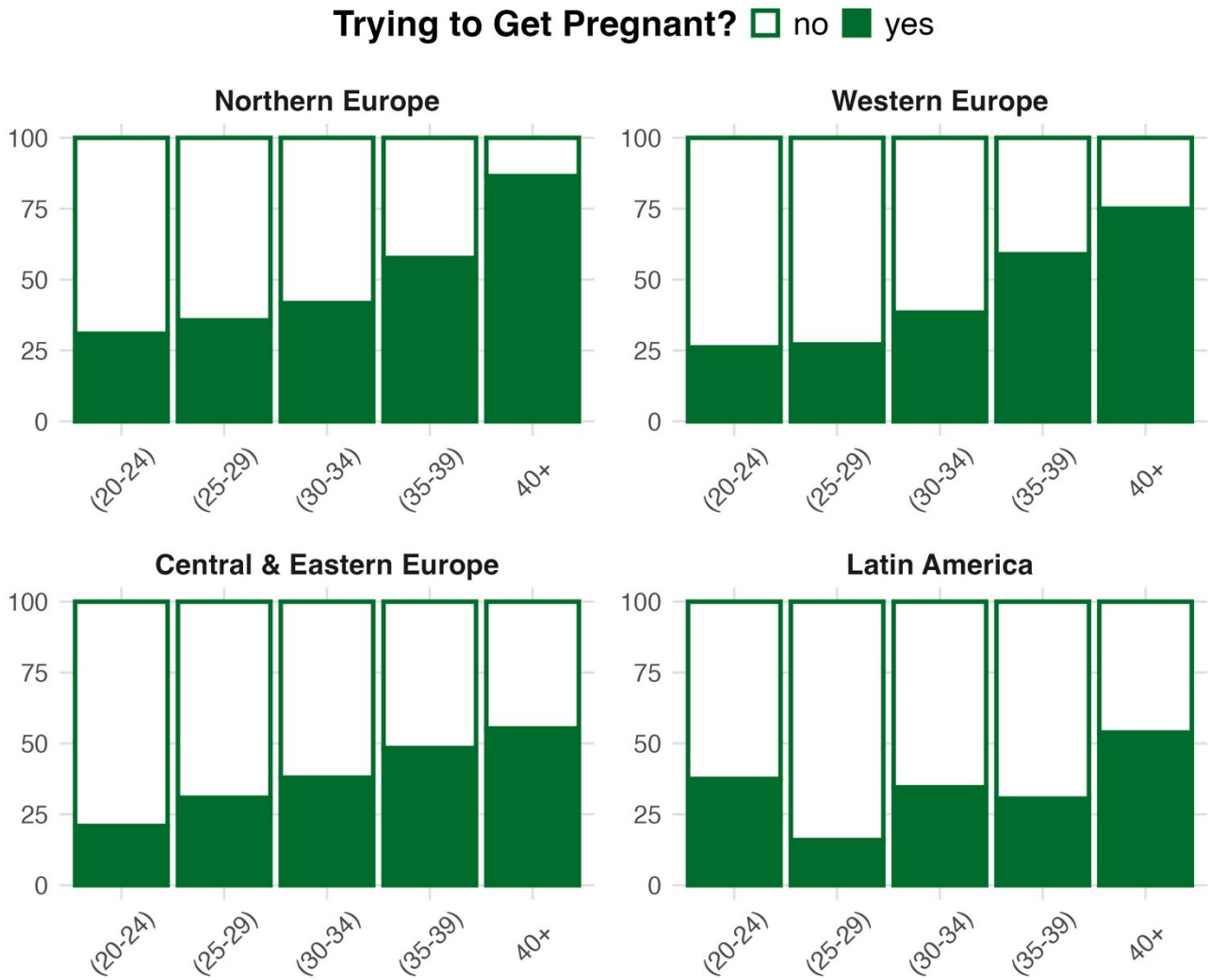


Figure 5: Percentage distribution of short-term fertility intentions among women who are trying to get pregnant, by age group; all parities.

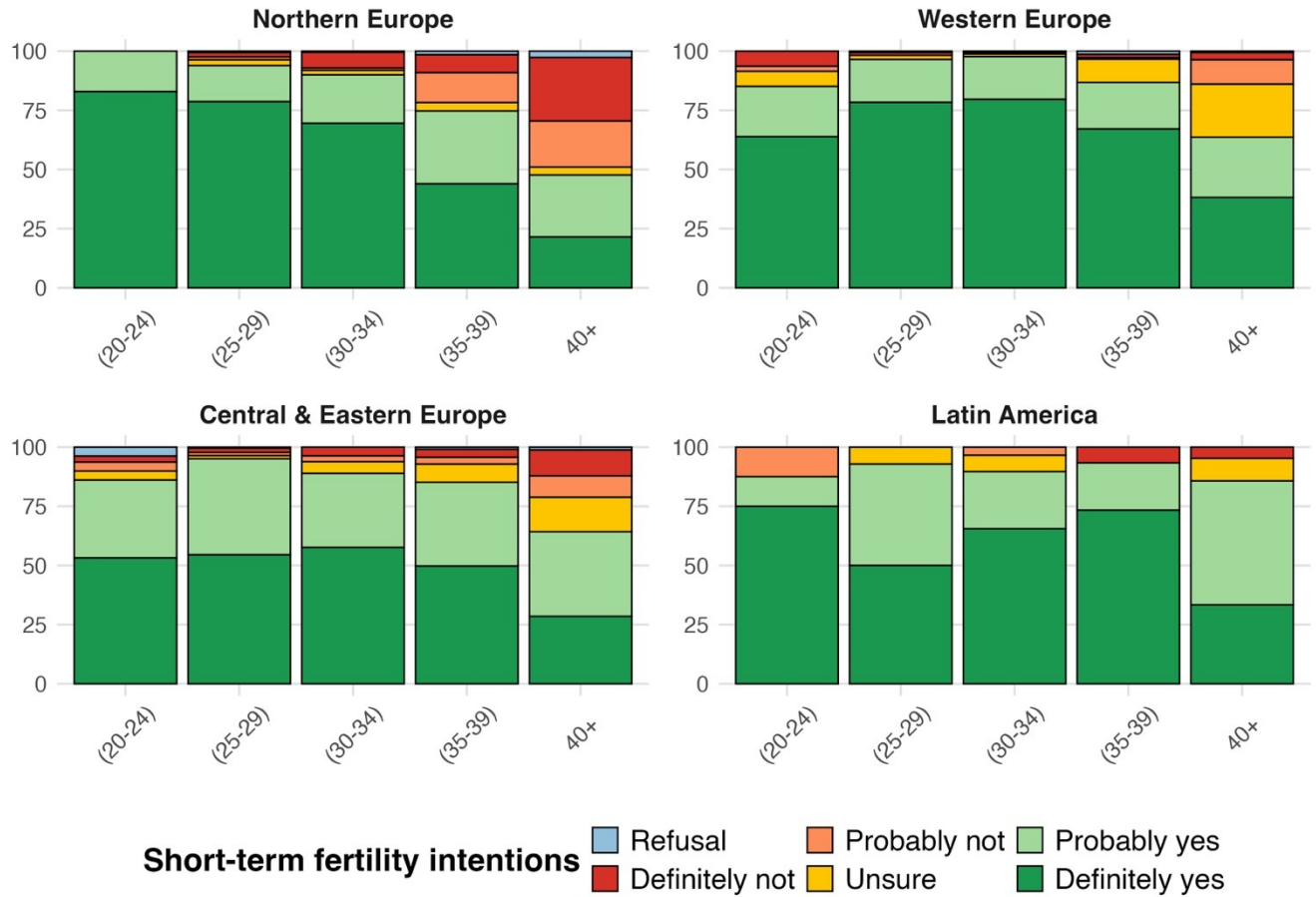


Table 2: Percentage distribution of women reporting difficulty conceiving, by region and certainty of short-term fertility intentions among those trying to conceive; all age groups.

Region	Number of women trying to conceive and expressing definite positive short-term intention	% of them who express a problem conceiving (Prob not)	Number of women trying to conceive and not expressing definite positive short-term intention	% of them who express a problem conceiving (Prob not)
Northern Europe	428	6.5	334	15.9
Western Europe	703	7.5	324	13.3
Central and Eastern Europe	454	3.5	464	8.0
Latin America	50	6.0	37	8.1
Total	1635		1159	

Note: the “trying to conceive” question is not asked to women who report being definitely unable to have children or sterilised.

Figure 6: Short-term fertility intentions in the two years before entering parenthood (Germany, women).

