4.3.1

SHALL WE WITNESS AN UPTURN IN EUROPEAN FERTILITY IN THE NEAR FUTURE?

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1. INTRODUCTION

European scholars interested in population studies have been more and more concerned by trends in fertility, especially by its tendency to stabilize well below-replacement level. The crucial question is whether it will remain so. Despite some past optimism that replacement level will become a prevailing and final stage of demographic transition, current views have started to express doubts about such outcome and many analysts of fertility reckon that low fertility is an essential feature of (post)modern societies (see for example van de Kaa, 1987, 2004; Bongaarts, 2002, Billari 2004, Bernhardt, 2004.).

As in many European countries fertility is not only low but also *very low* (below 1.5 children per woman) and in some even *lowest low* (below 1.3 children per woman), the absolutely vital question is what kinds of these

lows are going to prevail. The reason is simple. Even a small increase in the total fertility rate of e.g. two tenths, like from 1.3 children to 1.5, does matter and does have a large and long term population consequences. While the former rate means negative growth rate of -1.57% with a population halving time[1] of only 44 years, the latter translates into a growth rate with a -1.07 with a halving time of 65 years (Billari, 2004:6).

Fertility behaviour – as every human behaviour – is shaped by (vested) interests and these are influenced by values, attitudes and preferences. No wonder that social science researchers are quite often engaged in inquiries into human values and attitudes hoping that by knowing them they will be able to anticipate people's future behaviour. Exactly for these reasons fertility preferences have become more or less standard topics of surveys aiming to map the fertility climate. There have been hopes that such knowledge will lead to improvement of population projections and to their higher accuracy. However, the matter is not so simple.

While at the aggregate level some intra-cohort studies show a striking correspondence between fertility intentions and their subsequent realisation (Cliquet, 1992, Monnier, 1987, Westoff, 1990, Quesnel-Vallée and Morgan, 2003), surveys have repeatedly recorded rather a weak correspondence between intentions for planned number of children and the real outcome, the former being relatively much higher than the latter (Coombs, 1979, Noack and Ostby, 1985, 2002, Bracher and Santow, 1991, Van Peer, 2002).

The interpretation of this difference is manifold. Some argue that it is quite natural because fertility intentions are attitudes and attitudes do change. In this approach, fertility is viewed as a dynamic process over the life course. Since people (i.e. respondents in social surveys) are not able to envisage fully their future, they may (and do) change or readjust – due to unanticipated events in the course of their lives – their intentions on the (original) number of children. Moreover, it seems to be a proven fact that fertility decisions are a sequential process: they are re-examined and re-evaluated after each birth.

Other scholars tend to believe that the difference between intended and completed number of children is an indicator of the unmet need caused by unfavourable social and economic conditions on the one hand and by unmet family policy needs on the other (e.g. Chesnais, 1998, Hakim, 2003). Others would argue that it is an artefact of a survey situation when respondents tend

[1] Population halving time is the number of years needed for a population of a certain size to decrease to its half provided that the fertility rate remains for all those years the same.

to give socially acceptable answers. And lately, a new explanation has been put by Voas (2003) who stressed – in his view – a very influential mechanism creating the mismatch between desired and actual fertility that has been overlooked so far: the effect of partners' holding different preferences (Voas, 2003). As he puts it:

"Even in a situation where both man and woman separately have preferences that would produce total fertility above replacement levels, the interaction of their preferences can easily lead to much smaller families. Similarly, moderate reproductive preferences among individuals may be consistent with high average fertility among couples." (Voas, 2003:643).

This is indeed confirmed in some research findings. For instance Family and Fertility Survey (FFS) data from the beginning of the 1990s show that the degree of compatibility of the number of children desired by woman with her partner's is a significant factor determining whether or not she attains her desired family size (Van Peer, 2002; see also Bracher and Santow, 1991).

The divergence between actual fertility and desired family size (which has been typically two children) has been called by Bongaarts (2001) a new and unexamined phenomenon. In this chapter, we shall try to explore it by means of an analysis of people's ideas about their expected fertility in the IPPAS countries at the beginning of 21st century. The question we pose is: what fertility aspirations do current generations of IPPAS countries have and how are they associated with values concerning children and the family and other factors?

This research question is of particular interest in view of the recent fertility decline in the transition countries. If an upturn from their low or lowest low fertility to or even above the European average can be expected, this might indicate that the lowest fertility rates observed in these countries were attributable both to a temporary shift in their value systems (leading young people to postpone fertility) and to economic and social changes. Our research question is also relevant in view of the low fertility rates observed in the German speaking countries.

In the first part, we shall deal with indicators of fertility climate and shall show that the country's actual level of fertility correlates with people's attitudes on how fertility should be dealt with on the societal level. Next, we shall calculate levels of expected fertility based on individual intentions expressed. In the third part, we focus briefly on voluntary childlessness. In the fourth part we analyse the structure of the expected fertility more

thoroughly. In the fifth part we focus on the value-of-children and its correlation to expected fertility. From surveys on fertility climate, it is assumed that in modern societies, people do not attain usually the number of children they desire. According to the Family and Fertility Surveys of the 1990s, it appears that in most European countries the achieved fertility lies below the desired number of children. This is where the role of policies comes in. In the sixth section therefore we focus briefly on the link between the expected final number of children and the belief in fertility enhancing policies. And in the seventh part we shall perform multiple regression to find the net effects of factors which we regard relevant for the expected fertility. Finally, in discussion we shall speculate on the future of European fertility and on its conditions.

2. METHOD

Our analysis is centred on the question asking the respondent's idea on his/her expected family size. In the IPPAS questionnaire, it was phrased as follows:

Do you intend to have a(nother) child in the future? with answers as follows: *1. No; 2. Don't know, uncertain; 3. Yes, namely___ (number); 4. I am/My partner is pregnant, then I intend to have ___ more children*

This item combined with the question on the number of children respondents actually have, enables us to create our dependent variable "expected number of children". It can – perhaps more precisely – also be called *hypothetical completed fertility* (HCF onwards) because by their answers the respondents gave us their view on the number of children they intend to bear and rear during the course of their lives. In the analysis, we focused on the 20–40 age-cohort. As such, it is mixture of people consisting of those who have been only starting partnership and who have only formed their first views on the number of children they might have on the one hand, and of those who have almost completed their childbearing. We shall take this fact into consideration.

The central variable HCF, of course, will be combined and analysed with a number of additional variables from the IPPAS questionnaire.

3. RESULTS

3.1 Fertility climate

To understand the context of fertility in the survey we have asked some questions indicating the fertility climate. For the purpose of our paper we used the following item: *There have been many changes in the way people are living together. How do you rate the declining number of births?*

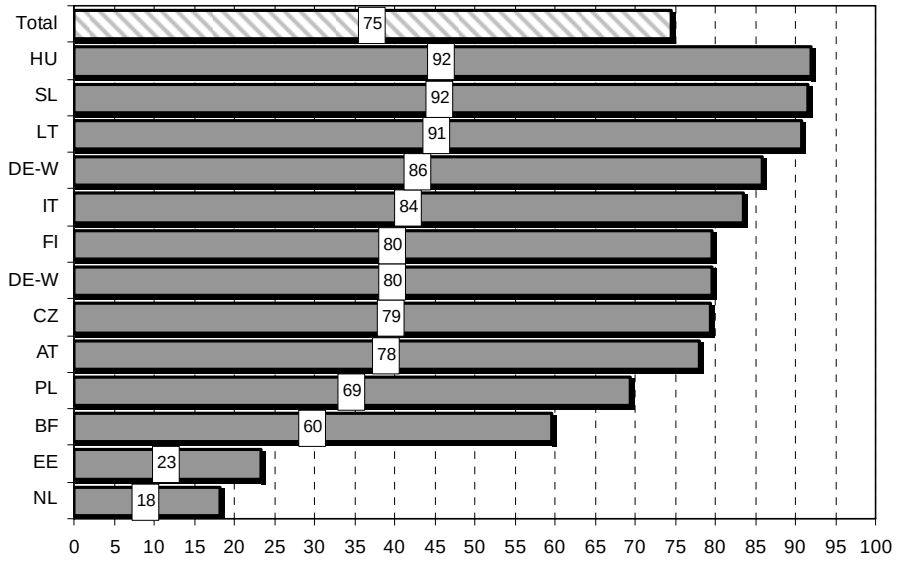

Figure 1. Share of respondents of the IPPAS countries who regard the declining number of births as bad or very bad (in %)

Figure 1 shows, the declining number of births is perceived negatively in all countries by substantial numbers of respondents (about 75% on average), except for Estonia and the Netherlands whose populations seemingly do not regard low fertility a problem. On the other hand almost all Hungarians, Slovenians and Lithuanians do so. The attitude towards declining number of children does not differ with respect to sex. Differences between childless respondents and respondents with children were small. Also, age did not any pattern. In no country there was a 10 percent difference between 20-29 the and the 30-40 age groups.

A question immediately pops up whether there is an association between the attitude towards the declining number of children and period fertility

rate? Apparently, those countries with the lowest TFR should have populations who regard the declining number of births negatively. To answer it, an aggregate data file was created (N= 13, i.e. the number of countries) with two variables: the share of people (in %) who regard the declining number of children as a problem and the period TFR. From the simple regression of these two aggregate variables we found out that there really is the assumed relationship: the lower the TFR, the higher the share of people who regard declining number of births as a bad thing (Beta = -0.53, Adj. R square = 0.22). However, as figure 2 suggests, there are some deviants from the pattern: Finland on the one hand, and Estonia with the Netherlands on the other. Especially Estonia is an outlier. Had we removed it, the adjusted R square would have increased to 0.39 and beta to -0.66 indicating an even stronger relationship.

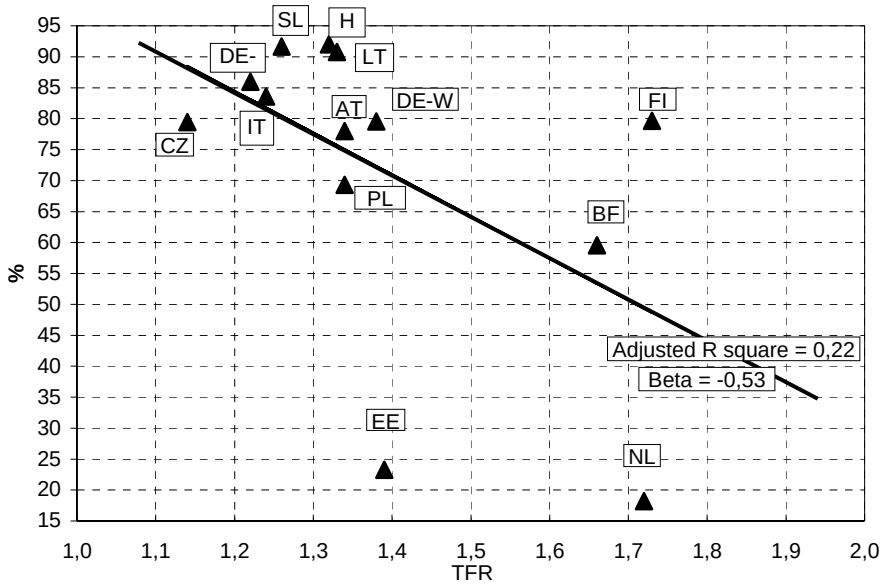

Figure 2. Share of respondents who regard declining number of children as Bad and Very Bad by TFR (2000)

Another idea of fertility climate is given by the distribution of agreement or disagreement with the statement that it is one's duty towards society to have children. The concept of children as a moral obligation of citizens for reproduction of society, as figure 3 shows, is not accepted at all in the low countries – the Netherlands and Belgium, and to a certain degree also not in Finland. On the other hand, it is accepted quite a lot in Czech Republic and Poland where about 50% of respondents agreed with the statement. In all

other countries the share of 'Agree' answers ranges between 28% in Slovenia and 46% in Italy.

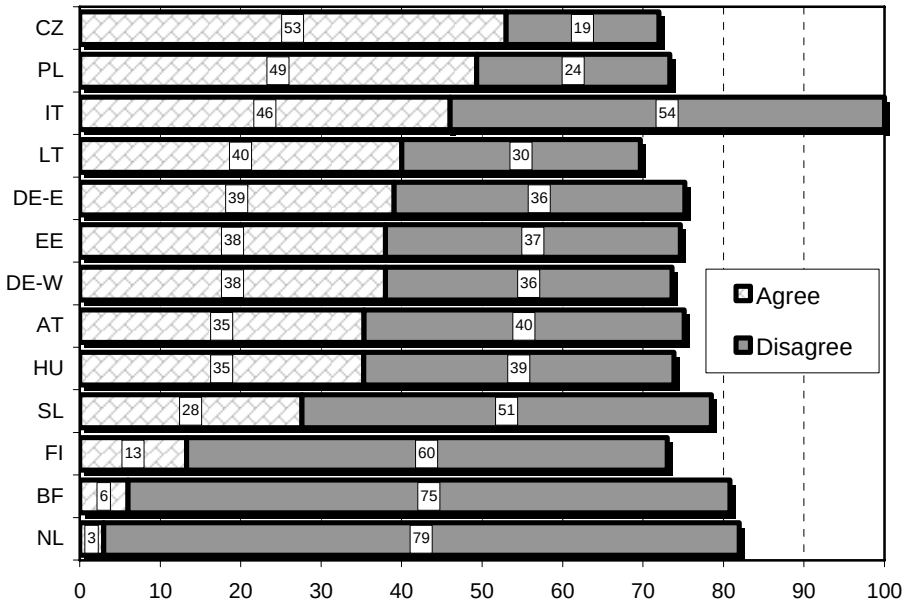

Figure 3. Opinion towards the statement It is your duty towards society to have children in the IPPAS countries (in %)

One could assume that on the aggregate level, in the countries where there are frequent feelings that having children is a moral obligation towards society, there would also be higher fertility rates than in the countries where such feeling is less pronounced (in this case, we regard the TFR as the dependent variable). However, the data do not support such relationship. On the contrary, as figure 4 shows, the inverse relation is true. Czech Republic, Poland and Italy, where children are regarded as an obligation towards society quite frequently, have very low period fertility, while the Netherlands, Belgium and Finland where such attitude is almost non-existent, have one of the highest TFR among the DIALOG countries.

How can we interpret this 'illogical' finding? Firstly, we should be aware of the 'ecological fallacy' problem which says that patterns of behaviour at a group (aggregate data) level do not necessarily reflect corresponding patterns on an individual level. In other words, drawing conclusions about individuals on the basis of observations of ecological units (regions, countries, etc.) can be sometimes wrong (Babbie 2001). Secondly, the finding might mean some hope that populations with low TFR but quite a pronounced feeling of having children as a duty towards society will

ultimately have a higher TFR – we should keep in mind that our samples are relatively young people (aged 20-40) who still have time to fulfil their 'moral obligations'. If we regard people's views on the declining number of births and on their moral obligations towards society as predictors of future individual fertility choices, there may be a reason for hope in current low fertility countries. If however these collective preferences do not predict or reflect individual preferences, at least they indicate a collective sense of the negative drawbacks of low fertility.

The low intensity of such feeling in the 'low countries' and in Finland on the other hand might indicate that bearing children is understood there as a very individual and private matter which, however, does not prevent people from having a relatively high number of children.

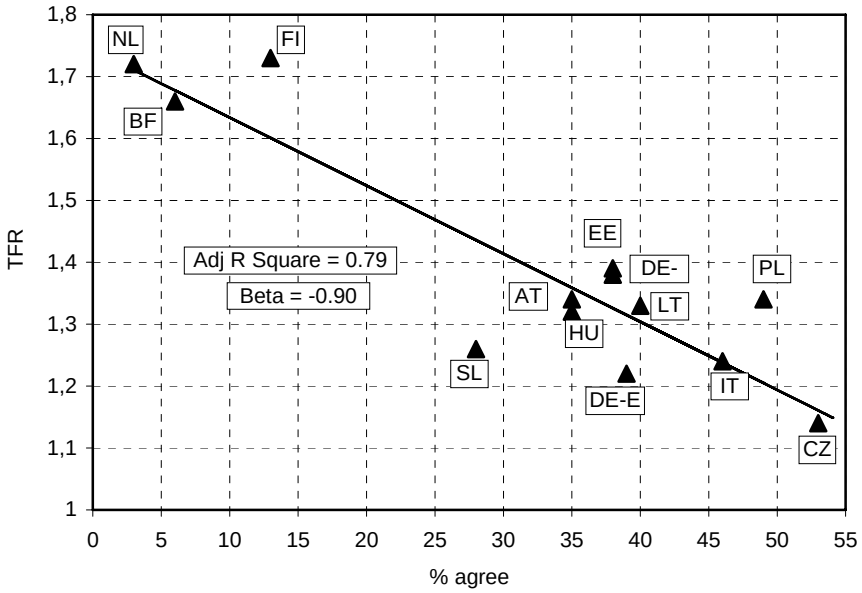

Figure 4. Regression of agreement with the statement 'children are one's duty towards society' and TFR (2000)

3.2 'Hypothetical completed fertility'

From the data on fertility intentions in combination with the number of children that respondents already have, a hypothetical completed fertility rate was calculated. Contrary to standard demographic usage, this rate was calculated not per woman but per respondent (though later on we shall also

show the rate calculated for both sexes separately). Doing so we are stressing the fact that in fertility decisions, both sexes play a role and therefore it has a sense to apply our indicator of future number of children "per capita".

The results presented in figure 5 show that in none of the countries the HCF is lower than 1.6 children per capita and, moreover, in the majority of countries, it reaches at least two children. They suggest that at least in some European countries intentions to have children have not been diminishing. Remarkable is the rather high expected fertility level in the former socialist countries – especially when we confront it with the current levels of their TFR.

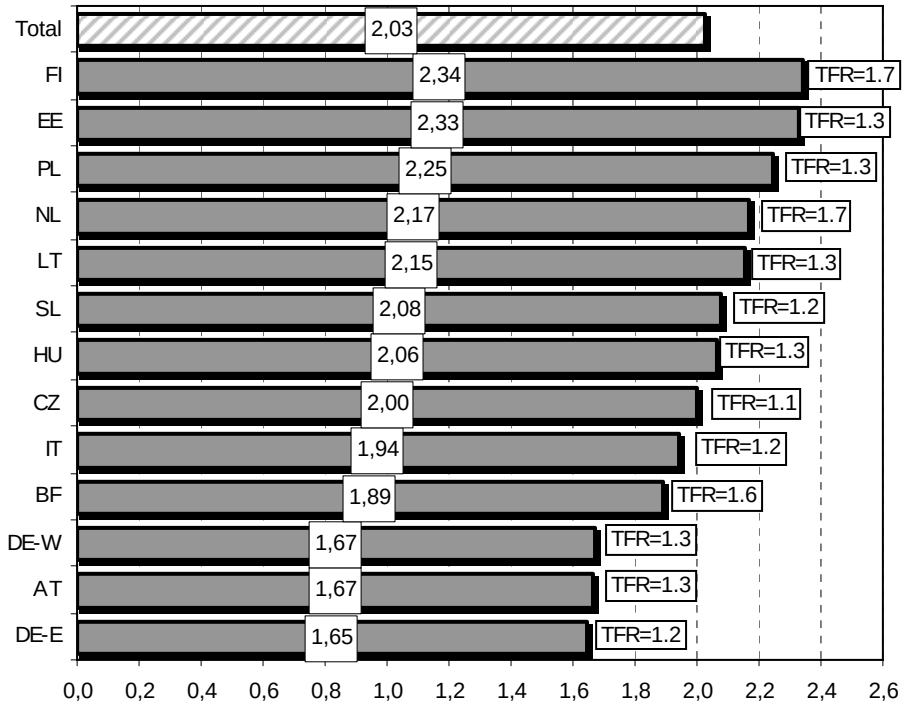

Figure 5. Expected fertility of age group 20-40, both sexes (TFR 2000 in boxes)

The data also show a relatively large distance of 0.65 children between the three highest expected fertility levels that we recorded in Finland, Estonia and in Poland, and the three lowest HCF levels that were found in the German speaking countries: Eastern Germany, Western Germany and Austria.

A similar clustering HCF appears also when ranking the countries by the female and the male (see table 1). What is interesting here is that the female hypothetical completed fertility rate is in the majority of the countries above 2.0 children and that males have, on average, lower HCF than females except for Lithuania. In Hungary, the Netherlands, and in Eastern Germany, the difference is higher than 0.3 children which from a demographical point can be regarded of view as substantial. A message of this result for population policy is more or less clear. Should there be an increase in numbers of children born, young men should have been persuaded somehow to decide for having more children. Here again, the phenomenon of negotiation on the final number of children between male and female partners pops up as an important but so far rather neglected factor.[2]

Table 1. Expected number of children and the 95% confidence intervals, age group 20-40

		95% CI				**95% CI**			***F-M***
	Female	**Lower**	**Upper**	***N***	**Male**	**Lower**	**Upper**	***N***	***Difference***
Finland	**2.37**	2.26	2,47	*468*	**2.32**	2,20	2,44	*471*	0.05
Nether-lands	**2.34**	2.20	2,49	*291*	**2.00**	1,87	2,14	*300*	0.34
Poland	**2.34**	2.26	2,42	*766*	**2.14**	2,04	2,23	*652*	0.20
Estonia	**2.33**	2.20	2,46	*228*	**2.33**	2,16	2,49	*143*	0.00
Hungary	**2.21**	2.12	2,29	*552*	**1.74**	1,61	1,87	*245*	0.46
Lithuania	**2.09**	1.96	2,22	*237*	**2.22**	2,10	2,35	*201*	-0.13
Czech Republic	**2.08**	1.94	2,21	*175*	**1.91**	1,74	2,08	*150*	0.17
Slovenia	**2.07**	1.98	2,16	*316*	**2.09**	1,99	2,18	*328*	-0.01
Italy	**1.99**	194	2,04	*1 180*	**1.90**	1,84	1,95	*1 165*	0.09
Belgium (Flanders)	**1.91**	1.84	1,98	*785*	**1.86**	1,78	1,95	*664*	0.05
East-Germany	**1.81**	1.72	1,90	*342*	**1.47**	1,35	1,58	*306*	0.34
Austria	**1,78**	1,69	1,87	*503*	**1,56**	1,46	1,65	*522*	0.22
West-Germany	**1,75**	1,64	1,86	*387*	**1,59**	1,45	1,73	*359*	0.16
Total	**2,09**	2,07	2,12	*6 526*	**1,96**	1,93	1,99	*5 845*	0.13

Note: Countries are ranked with respect to female column.

According to Goldstein et al. (2003), young couples desire small families because they have been brought up in small families themselves. The hypothesis of transmission of reproductive intentions from one generation to the next was also confirmed in FFS analyses. According to Chesnais (1996), this process „generates an exponential spiral of population implosion“. Our results, however, do not allow us to follow this line of reasoning in no country but in Austria only, and one can only wonder whether Goldstein's et al. interpretation would have been be so pessimistic had they had our figures.

[2] In our surveys, male and female respondents were not partners.

With respect to HCF of different age groups, we have found that there is not clear cut pattern in the DIALOG countries. In table 2, we have HCF (both sexes mixed) for the 20–29 and 30–40 age cohorts, and also – for the reason of comparing with the intensions of the older age group born in the 1960ies – the cohort 1965 completed fertility. As far as the younger generation (20–29) is concerned only Austrian and to a lesser degree also German respondents expect to have low fertility. Others seem either to approach to or even to surpass the replacement level. In many instances, the younger generation have higher HCF than the older one, which is a known fact – previous research shows that younger age groups usually have higher expected fertility than older age groups.

The reasons for this observation can be manifold. On the one hand, older respondents will take into consideration the number of children they already have. The value of children may alter in the course of their reproductive life, especially when events like parenthood completely change their circumstances. Other events in the life course, like marital disruption, occurrence of fertility problems can alter fertility preferences as well. Also societal circumstances such as the incompatibility between raising children and professional carrier can play a role. Attitudinal change can help to rationalise new and current behaviour, it makes people feel better about changed circumstances (Morgan and Waite, 1987). Younger respondents, on the other hand, may give answers that are closer to their ideal. They do not take into account the risk of experiencing various life events that may have an impact on fertility.

Table 2. Hypothetical completed fertility 'per capita' by age groups and the completed fertility of the 1965 cohort

20-29		**30-40**		***Cohort 1965 completed fertility***
Austria (–)	1,23	Eastern Germany	1,60	Western Germany	1,48
West-Germany (+)	1,70	Western Germany	1,66	Italy	1,49
East-Germany (+)	1,72	Belgium (Flanders)	1,86	Eastern Germany	1,57
Belgium (Flanders)**	1,94	Italy	1,90	Austria	1,64
Hungary (–)	1,95	Austria	1,95	Lithuania	1,73
Italy (+)	2,00	Czech Republic	1,97	Slovenia	1,77
Czech Republic (+)	2,03	Slovenia	2,03	Netherlands	1,78

	20-29		**30-40**		***Cohort 1965 completed fertility***
Poland (–)	2,03	Netherlands	2,11	Belgium (Flanders)	1,86
Slovenia (+)	2,13	Lithuania	2,13	Estonia	1,87
Lithuania (+)	2,18	Hungary	2,23	Finland	1,91
Netherlands (+)	2,25	Estonia	2,29	Czech Republic	1,93
Finland (+)	2,35	Finland	2,34	Hungary	1,97
Estonia (+)	2,36	Poland	2,46	Poland	2,00
Total	1,99	Total	2,06		

Note:
(–) indicates that the younger age group (20-29) has lower expected fertility than the older one (30-40) / the older age group a lower expected fertility than the 1965 cohort
(+) indicates that the younger age group has higher expected fertility than the older one / the older age group a higher expected fertility than the 1965 cohort
Source: Council of Europe

In our data, younger respondents have lower expectations than older respondents in three countries only (Austria, Hungary and Poland). The biggest difference between younger and older ones is in Austria – 0.72 child. Young Austrians by far have the lowest expected completed fertility. The differences are smaller in Hungary and Poland but still, the expected fertility among young generations in the latter two countries is reasonably high (1.95 and 2.03 respectively). In all other countries younger cohorts have higher hypothetical complete fertility levels than older cohorts.

Table 2 further compares hypothetical completed fertility of the age group 30-40 with the real completed one of the cohort of females born in 1965 (the latest international data on completed fertility available). We are aware of the fact that such comparison is not quite correct because we compare HCF rates of both sexes with the female cohort fertility. Nevertheless, for reasons of statistically meaningful magnitude of compared sub-samples it was impossible to have only female respondents in both age groups, we had to do so. From this comparison, an indication of the degree to which preferences will have been implemented can be deduced. Assuming that the 30-40 year olds at the time of the survey (being born between 1961 and 1971) represent more or less the 1965 cohort, it is apparent that in the DIALOG countries respondents personally expect higher fertility than is shown by the real demographic data – but there is still a chance that data for e.g. completed fertility of females born in 1970 will be a little bit higher than that of 1965 cohort.

As Eastern and Central European countries are having younger first marriage and childbearing patterns, this can mean there is more time for recuperation of lost fertility at older ages due to postponement of fertility at younger ages, while respondents in countries with later first marriage and first childbearing, may have less reason to be optimistic about attaining the final number of children they actually would have desired. Despite their low period TFR's, the Czech Republic, Hungary, Slovenia, and Poland have relatively high values of HCF. It might be that a greater fraction of postponed fertility can be made up when women will get older in the transition countries. As was shown by Lesthaeghe and Moors (2000), there has been insufficient recuperation after age 30 in Belgium and Germany.

We agree with scholars who have argued that mainly a tempo shift was responsible for the past low to very low fertility in low-fertility countries. They envisage that cohort total fertility of younger generations will come much closer to replacement fertility than current period rates indicate, and the mere halt to postponement will result in a substantial increase in period TFR's (Lesthaeghe and Willems, 1999).

3.3 Voluntary childlessness

One possible indicator of future fertility is planned childlessness.[3] As figure 6 shows, among our respondents aged 20–40, intentions to have no child during their life-course are relatively moderate. Exceptions are both regions of Germany and the Netherlands where the intended childlessness is at the level of 10 or more percent. Minimal levels of planned childlessness (5 or less percent) were recorded in former communist countries and in Finland.

However, we shall get quite a different picture if we add also those respondents, who at the time of survey were childless but not sure whether they will a have child in the future.[4] Some scholars (e.g. Morgan, 1982) think that "don't know" responses need not be treated as missing data, but instead as both valid and meaningful responses. We agree. In the context of our survey (i.e. the effects of population policy), the answer 'not sure yet' might be regarded in many cases in the interview as a euphemism (or politically correct way) for the 'no' answer. Having this in mind, the share of possible future childless respondents is rather substantial in Western and

[3] As this topic is dealt more thoroughly in chapter XX, we shall touch it only briefly here

[4] There is great variation over countries in the number of uncertain responses. From 3% in Hungary to 34% of the 20-40 year old males and females in Finland.

Eastern Germany (31% and 23% respectively), Finland, Netherlands, Belgium, and, surprisingly, also in Catholic Poland (19%). This finding partly accounts for German lower ultimate number of children. Dorbritz and Schwarz (1996) showed that rising childlessness was mainly responsible for the reduction in fertility. Our data suggest that the refusal of a child among childless respondents or their hesitations to have child(ren) can be regarded as an important factor decreasing the hypothetical completed fertility.

Interestingly enough, intended childlessness in Austria is considerably lower than the German one. That means that this factor should not play the decisive role in recorded low Austrian HCF. In a study based on 2001 Eurobarometer data, Testa and Grilli (2004) found that the recorded German and Austrian lowest fertility preferences in Europe remained so even after controlling for different individual and contextual features. The preference to be childless did not appear in this study to be the main driving force of low fertility ideals, but rather the preference for smaller families. The authors repeat the argument put forward by Goldstein at al. (2003) that the mechanism of social interaction is responsible for the transmission of fertility ideals from the older to the younger cohorts.

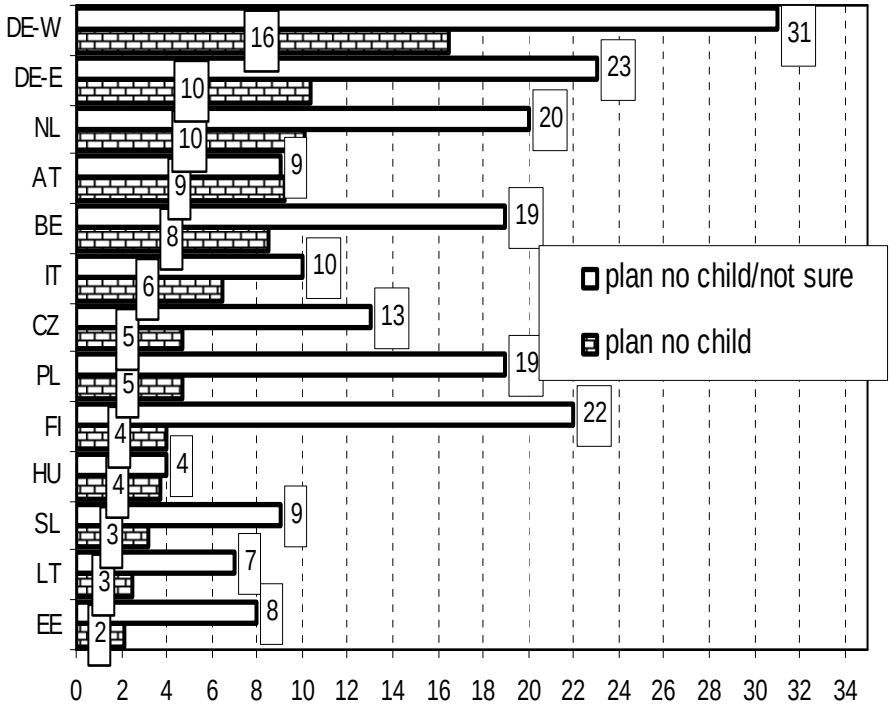

Figure 6. Share of respondents aged 20-40 with 0 children who intend to

have 0 children in the future or who are not sure yet whether they will have a child (%)

3.4 Structure of hypothetical completed fertility

The preference for smaller families, mentioned by Testa and Grilli (2004) as a decisive variable for expected fertility, leads us to show the structure of hypothetical completed fertility of the IPPAS data. Information of the structure of HCF completes the information on mean HCF given earlier because it translates the HCF as the mean into more real situation – the discrete number of children and thus gives us a better idea of the family size expectations.

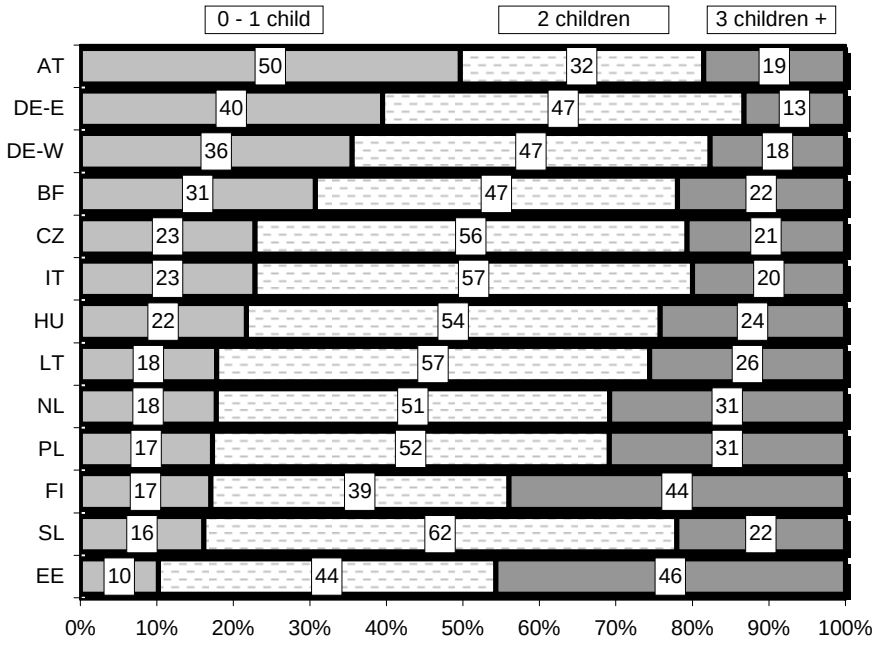

Figure 7. Structure of hypothetical completed fertility in the IPPAS countries (in %), respondents of both sexes, aged 20-40

The structure is depicted in figure 7 with the cluster analysis based on these three variables (share of respondents expecting 0-1 child, 2 children and 3 or more children), we get quite an interesting picture of similar and dissimilar countries (see figure 8).

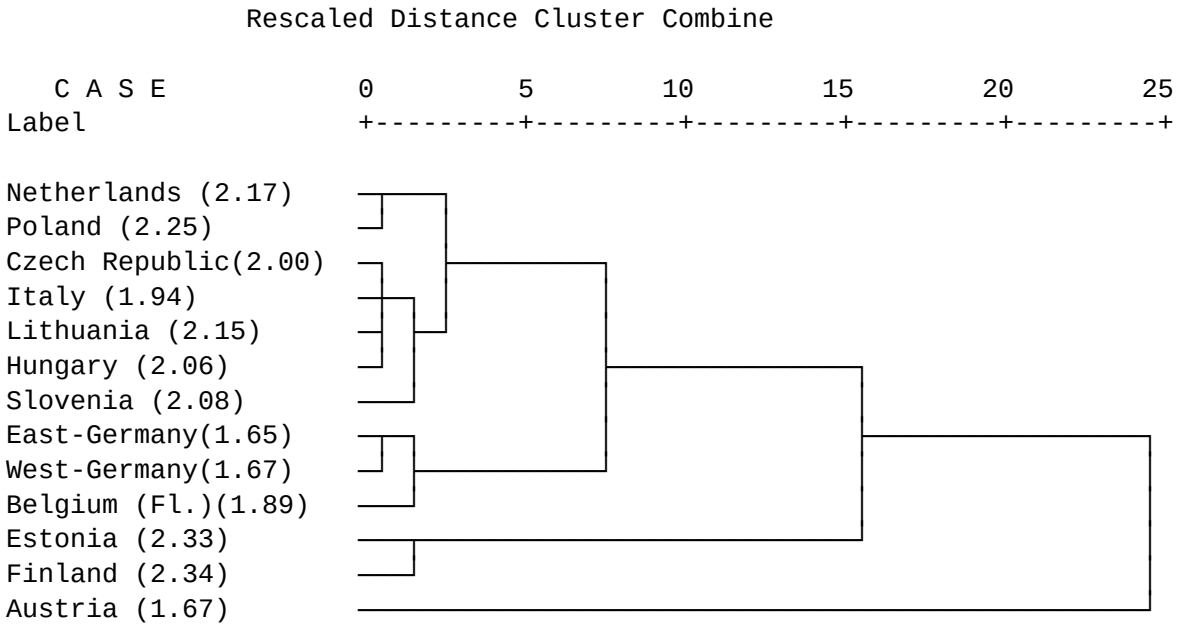

Figure 8. Cluster analysis of the IPPAS countries by the structure of expected children (Dendrogram using Average Linkage – Between Groups)

Note: Figures in parentheses show the hypothetical completed fertility

The results of this cluster analysis of IPPAS countries tell us that there are four groups of countries: the first group consists of two countries, the Netherlands and Poland having 51-52% of respondents planning for two children, 17-18% of respondents planning for 0-1 child, and 31% expecting to have three children and more. The second group contains Czech Republic, Italy, Lithuania, and Hungary with almost an ideal normal distribution of their structure of HCF where 2-children preferences oscillate around 55%. The third group is composed of three countries: Eastern Germany, Western Germany and Belgium with quite a large share of respondents wishing to have 0-1 child only. Finally, the fourth group consists again of two countries – Estonia and Finland. Their characteristic feature is that they have a large share of respondents (46 and 44%) planning for three or more children. The remaining two countries are standing on their own: On the one hand side there is Slovenia having by far the most clear-cut model of two-children family, 62% of respondents said they were planning for two children. On the other side there is Austria where 50% of respondents (the highest share of the IPPAS countries) expect to have no or one child.

When analysing hypothetical completed fertility we should keep in mind a basic question whether our IPPAS respondents who represent their respective populations will meet their expectations and will ultimately have the numbers of children as they indicated. Therefore, we have to ask ourselves how likely our data on hypothetical completed fertility are. Perhaps table 3 can help. In it, typologies of respondents were created according to current number of children and plans for future children.

Table 3. Typology of respondents aged 20-40 with respect to actual number of children and intentions to have additional child(ren): share of types, hypothetical completed fertility (HCF) and mean age

	(1) Having 0 child, planning 0			*(2)* Having 0 child, not sure to have more			*(3)* Having 0 child but planning child(ren)			*(4)* Having child(ren) but planning 0			*(5)* Having child(ren), not sure to have more			*(6)* Having child(ren), planning more		
	%	HCF	Age	%	HCF *	Age	%	HCF	Age	%	HCF	Age	%	HCF#	Age	%	HCF	Age
Belgium (Fl.)	9	0.00	32,2	11	–	27,5	32	1,99	25,4	32	2,03	35,3	7	1,71	32,5	9	2,70	30,8
Czech Rep.	5	0.00	29,6	8	–	25,7	26	2,08	24,1	35	1,95	34,9	13	1,77	31,5	12	2,77	27,4
East-Germany	10	0.00	31,6	12	–	28,9	28	1,88	26,3	34	1,76	35,8	7	1,28	31,1	8	2,52	30,8
West-Germany	17	0.00	31,4	15	–	29,1	27	2,12	26,9	27	1,98	35,9	7	1,47	33,3	8	2,68	31,9
Estonia	1	0.00	32,0	7	–	28,5	33	2,31	25,0	19	2,05	35,1	22	1,77	33,0	18	2,96	30,4
Italy	6	0.00	30,8	4	–	29,0	47	2,08	27,2	27	1,83	35,7	3	1,63	34,1	13	2,65	32,6
Lithuania	3	0.00	33,1	5	–	29,0	19	2,13	24,4	38	2,04	34,4	22	1,63	31,9	14	2,89	29,3
Hungary	5	0.00	28,9	1	–	32,4	45	1,98	24,8	34	2,22	33,2	1	1,37	33,3	13	2,78	28,9
Netherlands	9	0.00	31,4	12	–	31,1	35	2,27	27,5	22	2,22	36,4	9	1,76	32,9	13	3,57	30,9
Austria	9	0.00	29,0	n.a.	–	n.a.	33	1,03	26,9	42	2,10	34,8	n.a.	n.a.	n.a.	16	2,82	30,7
Poland	5	0.00	28,6	14	–	26,3	21	2,05	24,3	32	2,46	34,2	17	1,80	31,2	11	2,99	28,5
Slovenia	3	0.00	28,6	6	–	27,1	37	2,17	25,3	32	1,99	35,5	10	1,64	32,9	12	2,60	30,2
Finland	4	0.00	31,9	19	–	28,9	30	2,24	26,1	17	2,39	36,4	15	2,01	33,4	16	3,20	30,2
Total	8	0.00	29,6	9	–	28,1	30	2,02	26,0	29	2,13	34,9	10	1,86	32,5	13	2,92	29,9

Notes:

* Expected fertility cannot be computed because respondents are not sure about the number of intended children

This is the actual number of children. Expected fertility cannot be computed because respondents are not sure about the number of intended children.

Let us first look at column 6. Those are respondents who have child(ren) and who plan more. Their HCF is quite high ranging between 2.52 (East Germany) and 3.57 (The Netherlands). The mean age is relatively still suitable for meeting their level of completed fertility. The share of the type is, however, not very large, on average it is 13% in the IPPAS countries.

Then there is column 5, i.e. those who have child(ren) but are not sure if they will have more. As they did not say how many children they expect in the future (because they were not sure if they have them at all) their HCF given there is just the current mean number of children. Since the age of these respondents is relatively high, it is very likely that these respondents will have more children only seldom. Their fertility is rather low but with the exception of Eastern Germany and Hungary, it is in all countries higher than the 1965 cohort fertility. The share of this type is small, except for Estonia, Lithuania, and Poland.

The type of respondents in column 4 indicate that they have completed their fertility. They do not intend to have additional child(ren) and their age is relatively high, actually the highest of all the types. Their expected completed fertility oscillates around two in the majority of IPPAS countries. They comprise shares from 17% (Finland) to 42% in Austria.

In column 3, there are respondents who have no children yet but do plan to have some in the future, therefore their fertility is purely hypothetical. It is the youngest type of all the six, and if this should be the new generation of 'baby-bearers', the future fertility in the analysed countries will be close or even above the replacement level, with one striking exception – Austria. Here childless respondents plan one child only. Here Austria is a real outlier and what is interesting is that the respondents from other German speaking territories are very much different with HCF 1.88 and 2.12.

3.5 Value of children (VOC)

The main reason why people have children in modern societies is that they value them. "The twentieth-century economically useless but emotionally priceless child" (Zelizer, 1994:209) is for many, despite the low birth rates, one of the principal goals in life. In our article, a very important aim was to find out what is the relationship between the value-of- children and the expected family size. The value of children was measured by means of seven items (the exceptions are Italy where only four items were available, and Austria with five items) that were merged into a composite

index ‘value of children’. The index ranges from 1 to 5: the higher the score the higher the value ascribed to children. [5]

It is quite interesting that the mean of the value of children index is highest in the former communist countries Czech Republic, Poland and Hungary (see figure 9) that also – currently – have very low period fertility rates. On the other hand, low means of index were recorded in Finland, Belgium and the Netherlands where fertility level is not so low.

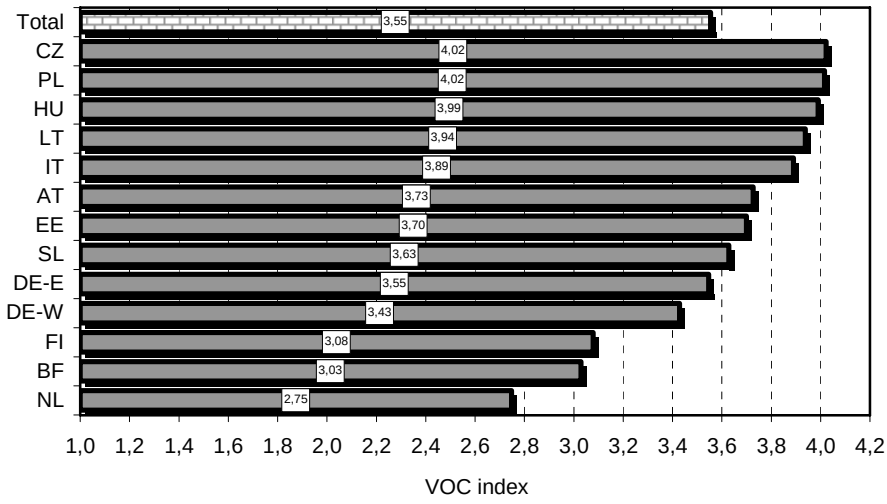

Figure 9. Value of children in the IPPAS countries (mean of the value of children index)

At the aggregate level, there is a strange relationship between mean value-of–children index and the country’s TFR (see figure 10). Countries with high value-of–children index have the lowest period fertility and vice versa (beta = -0.86). Apparently, the ecological fallacy is at play here because at the individual level, the relationship should not be negative but positive. It is very hard to believe that populations who value children

[5] These items were worded as follows: (1) I believe that in our modern world the only place where you can feel completely happy and at ease is at home with your children; (2) I always enjoy having children near me; (3) I believe you can be perfectly satisfied with life once you have been a good mother or father; (4) I like having children because they really need you; (5) I believe it's your duty towards society to have children; (6) I do not believe you can be really happy if you do not have children; (7) I believe that the closest relationship you can have with anyone is with your own child. Before adopting the index, measures of reliability (Cronbach alpha) were computed for each country. The alpha values were satisfactory in all countries, i.e. they were higher than 0.7.

emotionally and socially 'only' with a medium strength (Finland, Belgium, the Netherlands) would have on average higher fertility than those who evaluate them relatively high (Czech Republic, Poland, Hungary). Therefore we understand this result as an indication that in countries with relatively high value of children but low period fertility there is something going on which prevents the contemporary young generation to have children.

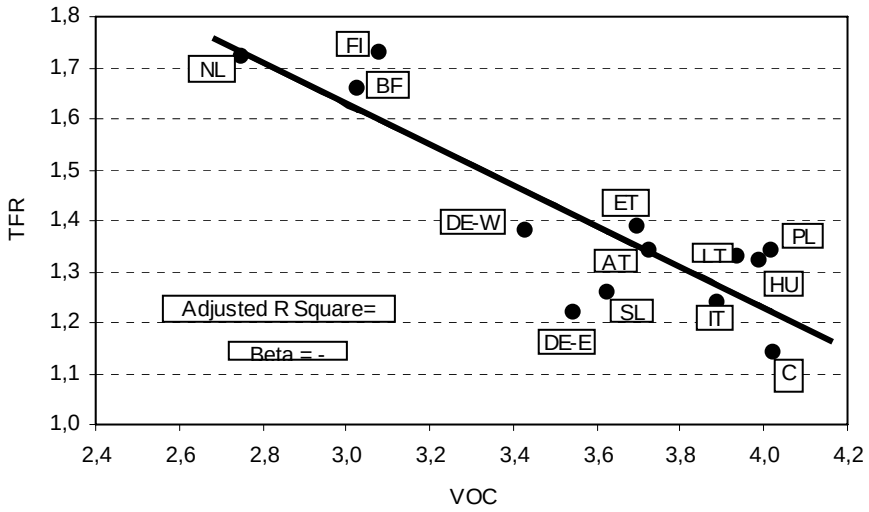

Figure 10. Total fertility rate by mean value of children in the IPPAS countries (aggregate level data)

Shall we get a different picture if we run a simple regression with the hypothetical completed fertility on aggregate level instead of TFR? Yes, we do as figure 11 shows. Here, the relationship between the index of VOC and expected fertility does not exist (Adjusted R Square is 0.09, beta = -0.02). Countries with a relatively high levels of VOC have different expected fertility (for instance Austria, Slovenia or Estonia), and vice versa, moderate values of VOC translate in quite different means of expected fertility in Belgium, the Netherlands and Finland. It is interesting that previous negative association between levels of births (measured as aggregate TFR) and the value of children (measured as the mean of VOC) disappeared but it is not still in the assumed pattern: higher intensity of VOC being accompanied by higher hypothetical completed fertility.

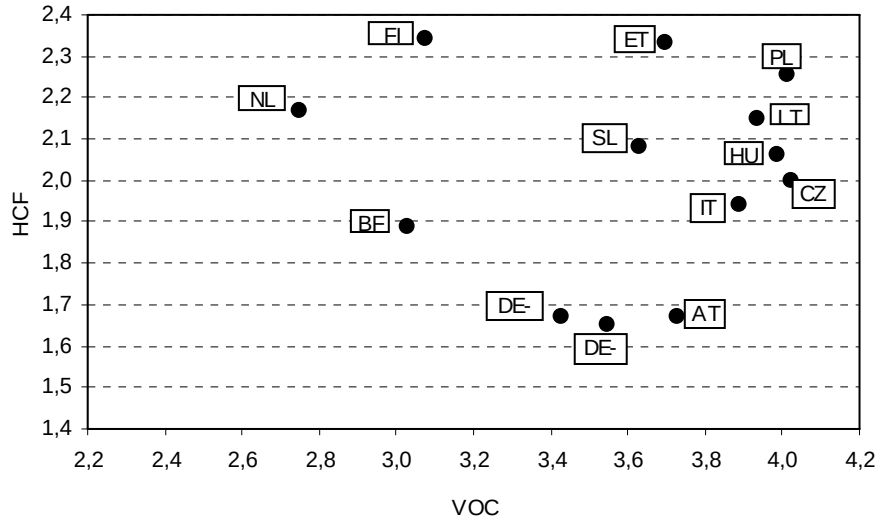

Figure 11. Hypothetical completed fertility by means of value-of-children index (aggregate level data) in the IPPAS countries

Let us therefore use individual level data and check if there is a correlation in our dataset between the VOC index and hypothetical completed fertility. The result is shown in table 4. The table shows quite clearly that at the individual level Pearson correlations are in all countries positive and that in many of them not trivial. Nevertheless the fact is that its strength varies. On the one hand, it is almost zero in Estonia and Slovenia, on the other hand it is relatively strong in Eastern Germany (0.34), The Netherlands (0.41), Austria (0.42) and former Western Germany (0.46).[6] Our assumption then that values do play a role in fertility has been in many countries confirmed. Why there is no or minimal relationship of this kind in Slovenia, Estonia, Lithuania, Italy or Poland, we do not know.

[6] Standardised measures of associations and correlations higher than 0.2 in survey data are usually regarded as a good indication of the existence of a relationship.

Table 4. Pearson correlation between mean hypothetical completed fertility and mean index of value of children (VOC)

IPPAS country	***Pearson corr.***
Slovenia	0,06
Estonia	0,08
Lithuania	0,12
Italy	0,17
Poland	0,18
Hungary	0,21
Finland	0,26
Belgium (Flanders)	0,27
Czech Republic	0,27
East-Germany	0,34
Netherlands	0,41
Austria	0,42
West-Germany	0,46

3.6 Demand for policies

We also had a look at the potential effects of policies on fertility. We constructed a two-point scale variable indicating the degree of belief in the potential fertility enhancing effect of policies. The scale synthesizes the subjectively perceived effects on facilitating parenthood, the timing of children (tempo) and the number of children (quantum).[7]

If we rank countries by the proportions of their respondents' belief in the fertility enhancing effects of policies, it shows that more than 50% of the respondents are strong social policy believers in Finland, Slovenia and Poland, and almost 50% in Czech Republic, Eastern and Western Germany. Only about 1 out of four respondents believe strongly in effects of policy in Austria, Belgium and the Netherlands. If we compare the desired family sizes of those who believe strongly in policy effects with those who believe only weakly,, we obtain some idea of the potentials of policies. It appears that strong believers want more children. The correlation is significant exactly in the countries where the lowest values for hypothetical completed fertility are noted: Austria, Eastern and Western Germany and Belgium. This finding can in our view be interpreted as a demand for better policies in these low fertility countries. At least, there is reason to believe in the

[7] Items included are: It would be easier for me to have the number of children I want ; It would enable me to have my next child sooner ; I would reconsider the possibility of having a(nother) child ; I would probably decide to have a(nother) child.

potential of family policy to enhance people's wish for attaining their desired number of children, and thus enhancing fertility.

Table 5. Mean HCF values 20-40 year old men and women, by belief in fertility effects of policies. Countries ranked by proportions of strong believers

	Strong belief in policy effects		Weak belief in policy effects		Difference
	HCF	%	HCF	%	
Finland	2.65	61.1	2.42	38.9	+0.23
Slovenia	2.12	59.7	2.03	40.3	+0.09
Poland	2.39	56.8	2.42	43.2	-0.03
Czech Republic	2.15	49.2	1.96	50.8	+0.19
**East-Germany ** **	1.90	47.7	1.49	52.3	**+0.41**
West-Germany **	2.08	47.3	1.68	52.7	**+0.40**
Hungary	2.11	35.1	2.08	64.9	+0.03
Belgium*	2.02	28.2	1.83	71.8	**+0.19**
Netherlands	2.51	26.9	2.47	73.1	+0.04
Austria**	1.89	25.3	1.54	74.7	**+0.35**

** Correlation is significant at the 0.01 level

* Correlation is significant at the 0.05 level

3.7 Why do people desire small or large families?

A lot of fertility research of the past decades has looked into the linkages between fertility and cultural values, employment history, educational level and other individual or household-level characteristics on the one hand, and contextual features on the other hand. Although similar patterns of explanation are often found, results often seem anomalous, due to both societal changes and due to changes in people's status and preferences. Patterns of explanation change over time, and inter-country differences need to be linked to cross-national differences in for example the adoption of family friendly policies.

Using again individual level data, we will have a brief look at other factors in the IPPAS-dataset, next to the value-of children index (which has shown correlations with HCF on the individual level in all countries), that possibly determine different levels of preferred fertility. Multivariate analysis' strength is that it disentangles the net effects of several characteristics, controlling for the effects of the others.[8] By means of

[8] Unfortunately, changes in preferences and ultimately expected family sizes are not available from successive longitudinal surveys (with some exceptions for some countries).

multinomial regression analysis we estimated both the impact of demographic, socio-economic features and value orientations on the desired family size. Multinomial regression is similar to logistic regression, but it is more general because the dependent variable is not restricted to two categories. It gives parameter estimates (odds ratios) for categories of the dependent variables. Odds ratios compare the odds of one group of people to belong to one category of the dependent variable (in our analysis the group with low fertility aspirations), compared to the odds of another group. The magnitude of the odds ratios within a tier (e.g. the low fertility group) indicates which variables have the strongest effect for that tier's category of the dependent variable.

For the dependent variable (HCF) we distinguished three subgroups indicating three levels of hypothetical completed fertility: respondents with low fertility aspirations (0-1 children), medium fertility aspirations (2 children) and high fertility aspirations (3 or more children). We will comment on the contrasts between the group with the highest fertility aspirations and the group with the lowest fertility aspirations. The ‘high fertility level‘group is being used as the reference group. A model was constructed that controls for all relevant individual-level socio-demographic and socio-economic independent variables.

1. Demographic background variables are introduced as control factors: age and sexof the respondent, the number of own children already born to the respondent and the age at first parenthood. Age is first introduced as a continuous control factor, and next two age groups are distinguished in the model (20 to 30 and 31 to 40) in order to account for the differences in timing of fertility of both groups. Timing of fertility, obviously, is an important determinant of the fertility intensity. There is a well-known negative association between the age at first birth and completed fertility. Also, previous fertility research indicates that even a comprehensive research instrument cannot eliminate the impact of the number of children attained on the intentions expressed (Callens and Deven, 1993).
2. Human fertility occurs in relational units and thus it can be assumed that the connection between partnership type and fertility is a close one. The legal status of a union (married / unmarried cohabitation) is considered dubious to treat as an independent variable, because conversions of cohabitations into marriages are often a consequence of parenthood rather than a cause. Moreover, our data show that married and cohabiting people’s HCF do not differ significantly; cohabiting people even have

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From those that do exist we know preferences have remained quite stable since the 1970s, see e.g. de Graaf (1995).

slightly higher fertility. Therefore, we put marriage and cohabitation into one category.

3. Educational level (the highest educational level attained) and current employment status (employed full-time or part-time or not employed) are introduced as indicators of the respondent's socio-economic status. Also preferred employment is introduced.
4. Cultural theories connect changes in family building behaviour with changes in value orientations. The 'value-of-children' (VOC) is introduced as the only variable pertaining to the respondent's value system. Numerous studies have shown that religiousness still exerts a strong positive effect on fertility. However, the factor religion was left out of our final model because it correlates with the VOC indicator and because it adds little to the explained variance in the total model.

All the independent variables are categorical ones, for them, the reference category is put first (value 1.00) in the table. There are only two exceptions: age at first birth and age of respondent, which are continuous factors in the multinomial logistic model.

Table 6 shows the odds ratios for belonging to the first category of the dependent variable, i.e. to the group with low fertility aspirations, for people having different characteristics on each of the independent variables introduced in the model. Multinomial logistic regression was run in all 11 countries separately.

Table 6. Odds ratios of belonging to LOW fertility group (0 or 1 children). Women and men, aged 20-40. HIGH fertility group (3 and more) = reference group

		DE-E	AT	DE-W	BE	IT	CZ	HU	SL	NL	PL	FI
Cox&Snell (*)		0.61	0.76	0.55	0.55	0.22	0.49	0.39	0.35	0.42	0.47	0.39
Age first birth		1.47***	0.78***	1.18***	1.33***	1.13***	1.31***	1.29***	1.28***	1.12***	1.26***	1.10***
Age respondent		1.19***	1.43***	1.35***	1.30***	1.22***	1.17	1.26***	1.38***	1.44***	1.29***	1.34***
Sex of respondent	Female	1.00*	1.00	1.00*	1.00***	1.00***	1.00*	1.00*	1.00***	1.00***	1.00**	1.00
	Male	0.46	0.50	0.41*	0.27***	0.67**	0.29**	0.44**	0.22***	0.44*	0.52**	0.75
Educational level	Low	1.00***	1.00**	1.00***	1.00***	1.00***	1.00**	1.00***	1.00***	1.00	1.00*	1.00***
	High	0.03***	0.09*	0.27*	0.02***	0.41***	0.13**	0.15***	0.02***	0.65	0.28**	0.14***
	Medium	0.22	2.78	1.96	0.22***	0.75*	0.31**	0.44***	0.16***	1.14	0.70	0.29***
Current Employment												
	Full time	1.00***	1.00**	1.00	1.00**	1.00	1.00**	1.00**	1.00	1.00***	1.00	1.00
	Part time	12.81***	4.65**	1.26	1.78	1.67**	2.25	0.68	1.67	3.32**	1.33	1.46
	Not employed	0.39	0.78	0.74	0.74	1.38*	0.17**	0.69	0.95	11.38***	1.69**	1.98**
Preferred Employment	Full time	1.00***	na	1.00***	1.00***	1.00***	na	na	1.00	1.00***	1.00***	na
	Part time	0.20***		0.33**	0.33**	0.67**			0.36**	0.07***	0.44**	
	Not employed	0.05***		0.07***	0.40*	0.40***			0.62	0.07***	0.43**	
VOC	(Very) high	1.00***	1.00**	1.00***	1.00**	na	1.00***	1.00***	1.00	1.00**	1.00**	1.00*
	(Very) low/medium	4.84**	3.37**	8.26***	1.82**		4.45***	2.13**	1.75*	3.17*	1.57	1.38
Relational status												
	No partner	1.00	1.00**	1.00	1.00	1.00***	1.00*	1.00	1.00***	1.00	1.00**	1.00
	Living spouse	0.49	4.76**	0.89	0.94	0.48***	1.29	0.63	0.19***	1.50	0.33***	0.64
	LAT	0.13**	7.94*	0.63	0.97	0.51***	4.00	0.40**	1.43	1.49	1.03	0.95

Notes: Estonia and Lithuania are left out of the analyses because they have insufficient observations to perform the analysis.

(*) The Cox-Snell R^2 attempts to provide a logistic analogy to R^2 in OLS regression. It varies from 0 to 1, as does R^2 in OLS. It says how much of the variability in our dependent variable is explained by the total model.

*** significant at the 1 per cent level; ** significant at the 5 per cent level; * significant at the 10 per cent level.

For each variable, odds and their significance are given relative to the reference level (first category, indicated by 1).

The p-value for the entire multinomial factor is given beside the reference level.

How to read table 6 is illustrated by interpreting some results for East-Germany (see the column labelled as DE-E). All odds ratios must be compared to the reference group, i.e. the group desiring at least three children, and to the reference category of each variable: in the model this category is put first and is indicated with figure 1.00.

The odds ratio for the factor 'age at first birth' in DE-E is 1.47 and it is highly significant: it means that with increasing age at first parenthood, the odds of having a small number of children increase. And because it is the highest value of all the countries, we can say that this factor 'timing of first birth', compared to other countries has the biggest effect in Eastern-Germany. The odds ratio for age of respondent is 1.19 and is also highly significant. This means that the older the respondent, the higher the odds of desiring a small family. There is a slightly significant effect of the sex of the respondent: males have smaller odds of belonging to the low fertility group. The effect of the respondent's sex is similar in all countries and points to the fact that females have children at younger ages, thus reaching higher fertility than men at comparable ages.

The odds ratio of people with high educational levels in Eastern Germany to have a small family is very small (0.03), in comparison to people with low educational levels. In most countries education has a clear, similar and significant effect on the desired family size: after controlling for the effects of other variables included in the model, the odds of highest educated people to belong to the low fertility group are significantly lower than the odds of the lowest educated people. In other words, higher educated people desire larger family sizes. This finding goes against the postulated negative relationship between education and fertility. Our finding is not unique. In general, socio-economic differentials in fertility have strongly been reduced and research has shown (Schoenmaeckers et al., 2002) that in some countries an inversion of the classical negative relationship between fertility and socio-economic status begins to appear: the higher fertility levels of the lower educational and occupational strata have disappeared but somewhat higher numbers of children are desired among the better educated. Pursuing a higher educational degree seems no longer an impediment for achieving the desired number of children. And the postponement behaviour of the higher educated does not seem to influence their ultimate wanted fertility. According to Lesthaeghe (1999), the traditional effect of postponement (having a negative impact on fertility) will be slowing down or even stop as the gaps in socio-economic positions between men and women are gradually closing. He also maintains that this process of closing gender gaps is lagging behind in some countries, implying that some women in some countries will

still keep postponing childbearing (entailing the possibly fertility-reducing effect).

In the model, we included information both on the current employment of the respondent and on the desired employment of the respondent. The effect of this variable is dependent on the labour market situation, the levels of unemployment, the availability of part-time jobs, the gaps between labour force participation between men and women. Its effect is therefore very country-specific. The employment variable, contrary to education, has different net effects (that is after controlling for the effects of other variables in the regression model) in different countries, there is no uniform pattern.

In Finland, the Netherlands, Poland and Italy, the odds of people currently not working to end up in the low fertility group are significantly higher than the odds of people currently working full time. In Poland, low levels of social protection for unemployed people may contribute to lower desired family sizes of unemployed people. In the Netherlands and Finland this finding possibly reflects a favourable social policy climate: working full-time is no impediment for achieving higher fertility levels, and thus it even enables people to desire larger families. On the contrary, in Eastern Germany and Czech Republic people working full-time have a higher risk of achieving low fertility compared to people currently not working. In these two countries the effects of full-time labour are strong. This is probably due to the more problematic combination of professional labour and raising children. The collapse of the Communist regimes brought about the dismantlement and the weakening of the socialist family protection systems. E.g., in Eastern Germany, working mothers lost a lot of their social protection after reunification and following this, according to Chesnais, the fertility rate was cut in half in only two years (Chesnais, 1998).

In Eastern Germany and Austria, Italy, and also in the Netherlands, part-time work means an increased risk for low fertility, compared to full-time employed people. The effects of part-time labour are strongest in Eastern Germany and Austria. The odds of part-time employed people in Eastern Germany to have only one or no children at all are 12.8 times greater than the odds of full-time employed people. Part time work may not be used as an instrument for combination here; it may rather be performed out of economic necessity, or the part time jobs may be lowly qualified. Looking at preferences with regard to employment, however, indicates that the preference for part-time jobs associates with lower risks of ending up with a small family. For instance, in Eastern Germany the odds of people *preferring* to work part-time to have only 1 or 0 children are 5 times lower (0.20)

compared to the odds of people preferring to work full-time. People desiring to work full-time also desire the lowest fertility. The actual employment clearly does not reflect the preferred employment situation.

4. CONCLUSIONS

In this chapter we were looking at the fertility climate in the DIALOG countries. Analysing it by means of several indicators we were trying to find clues whether we can expect any upturn in fertility in the near future. Our results lead us to some speculative ideas.

First, it seems to us that we recorded hints of a possible end of lowest low fertility. Looking at people's views on the declining number of births and on their moral obligations towards society and assuming that these views are reflections of personal values and intentions, already gave some reason for hope in current low fertility countries. Estimations of future fertility on the basis of expressed individual intentions gave us clearer indications that fertility levels in current low fertility countries will possibly recover in the near future. It seems to us that fertility could oscillate around replacement level not just in the Nordic countries but also in several of the transition countries (Czech Republic, Slovenia, Hungary, Poland) and in Italy. If intentions will become true, women will bear more children than is suggested by the current low period measures like the total fertility rate.

Second, we are inclined to believe that we found indicators which entitle us to express our assumption that Europe is moving to a two-speed fertility area. The data show a gap of about 0.65 children between the highest observed completed fertility levels (Finland, Estonia) and the lowest observed completed fertility levels (East Germany, West Germany and Austria). There seems to be a preference for larger families in *Nordic countries.* The results allow us to wonder whether a new transition is on the way there with the average family size larger than before. Higher fertility levels may be wanted and realized when there is no need for competition between jobs, time-off and children. If both parents work and good family policy is available, this may leave room for a changed attitude towards the ideal family. The three-child family is already popular among the higher educated. If we regard this group as the trendsetters, this could lead to a continuing higher fertility.

While fertility levels in former Eastern European countries like Czech Republic seem to be recovering (as the postponement effect is being

abandoned), *German speaking countries* seem to move into another transition: from mediate to low fertility. Our results suggest fertility levels will remain far below European average. Desired childlessness is most widespread in Western Germany, while Austria is the country where the smallest families are desired (Austria is the only country among all DIALOG-countries where the one-child family is more popular than the two-child one). Having no children or having only one child have become alternatives to the two-child family in both countries. On the other hand, we found that value-of-children still correlate strongly with fertility behaviour there (in both Germanies values-of-children have shown to have a very strong impact); and we found out that there is a latent demand for family policies in the German speaking countries. Part of the explanation of this "German pattern" may be found in the fact that the effect of postponement on completed fertility probably still plays more in the German speaking countries. In Germany and Austria (and also in Belgium) female labour participation still lags behind male participation. Hence the halt to postponement of fertility, following Lesthaeghe's reasoning, may be somewhat further away. Austria, Belgium and Germany also have later childbearing patterns than Eastern and Central European countries.

Compared to earlier measures of hypothetical completed fertility based on previous surveys it is remarkable that the difference between desired fertility levels in German speaking countries and other European countries has become larger. The FFS data from the beginning and from the mid 1990s show that German speaking countries still had ultimately wanted family sizes of around 2.0 children (see FFS Standard Country reports) at that time.[9] It was the lowest among the FFS countries but not as low as is shown in our IPPA survey 10 years later.

Southern Europe takes a particular place in the European picture. TFR-levels dropped very quickly and sharply there. Italy knew a massive postponement effect which has not been matched by any sizeable recuperation after age 30 (Lesthaeghe and Moors, 2000). Although Italy's HCF is higher than expected on the basis of TFR, it still ranks on the lower part of the HCF-continuum. Italy still has much potential for increases in female labour force activity, the gender gap is largest of all IPPAS-countries, and there is high youth unemployment. Since Italy still has much potential for increases in female labour force activity the halt to postponement may be

[12] Unfortunately, changes in preferences and ultimately expected family sizes are not available from successive longitudinal surveys (with some exceptions for some countries). From those that do exist we know preferences have remained quite stable since the 1970s, see e.g. de Graaf (1995).

further away. Italian women now give priority to investment in human capital. According to Chesnais (1998), in Italy, mothers have to make difficult economic sacrifices and the obstacles to childbearing are still enormous. A remaining additional obstacle is the difficulty of combining paid work with a large family, as was recently shown in a study by Salvini (2004). She believes that the lack of job security and uncertainty about the future may be equally strong obstacles to an upturn in fertility (Salvini, 2004:34).

But: will expectations be realized?

Our results are more or less scenarios of the future. Whether they become reality will depend on conditions on the family policy context (good parental leave, extensive day care, family allowances), but also on the European labour market, the availability of (part-time) jobs, the gender equity system, changes in family values, congruency between partners. Alleviating the burden for young mothers is the necessary precondition for women to realize their fertility intentions – and we did find evidence of a demand for better policies in at least the low fertility countries.

The multivariate analysis showed that higher education does not prevent women from wanting large families any longer, as it did in previous decades. This is a positive evolution. But nowadays, the lower-educated seem to encounter impediments for realizing their desired number of children. This finding must be put in relation to the labour market opportunities for this segment of the active population. The varying country results pertaining to the labour market situation of people showed us that improving conditions on the labour market remains an important field of action for social policies; such policies should aim at allowing people to combine both work and a family, by offering qualitative and flexible jobs. That way, family strategies need not counteract employment strategies and vice versa. In countries that offer good quality part-time jobs, good parental leave, crèches, family allowances, and in countries having a gender balance in labour participation and household task division, fertility is ultimately generally higher. A multi level analysis performed on FFS-data by De Rose and Racioppi (1999) showed that lowest expected fertility (0 or 1 child) is enhanced by a lower degree of modernisation in social and demographic conditions and by an unfavourable gender system.

We must, however, not lose out of sight that, without the policies that have already been implemented in the past decades in the field of gender equality, creating more opportunities for women to combine motherhood

with paid labour, financial support for families with small children and leave schemes for young parents, fertility might even have been lower. These policies have had their benefits but, according to some scholars, currently might be insufficient in order to redress actual fertility to the levels necessary for population replacement. "Up to date actions did not correspond to the real scale of the problem but were in most cases symbolic political acts accompanied by the creation of institutions and facilities for the partial management of incompatibility at the time of the arrival of a child and in the early family formation years, but not in the life-course perspective" (Avramov, Cliquet, 2003: 386). Our results on hypothetical completed fertility show that the potential for fertility recovery is present, but more drastic changes in policies may be needed in order to bring these potential behavioural changes to reality and enabling people to achieve their desired goals.

As is argued by Avramov and Cliquet (2003), perhaps it will be necessary to rethink the entire life course perspective of education, work, parenthood and retirement. The highest burden of duties now is on people during early years of family formation. The above mentioned authors suggest that the "current stress accumulation" among young adults could be relieved by spreading formal education over a larger age range, by directing more societal resources to the young phase in the life course, by providing good jobs for young people, and by offering them sufficiently flexible opportunities to have both a job and the family.

If they are right and this is the *conditio sine qua non* for permanent fertility increase to replacement level, then our European societies will have to undergo a change that is almost revolutionary.

REFERENCES

Avramov, Dragana, R. Cliquet. 2003. Economy of time and Population Policy. Rethinking the 20th Centrury Life Course Paradigm. *Zeitschrift für Bevölkerungswissenschaft,* 28,2-4, 369-402.

Babbie, Earl. 2001. *The Practice of Social Research.* 9th Edition, Wadsworth, Belmont, CA.

Bernhardt, Eva. 2004. Is the Second Demographic Transition a useful concept for Demography? *Vienna Yearbook of Population Research*. Vienna Institute of Demography, Austrian Academy of Sciences, pp. 25–28.

Billari, Francesco C. 2004. Choices, opportunities and constraints of partnership, childbearing and parenting: the patterns in the 1990s. Background paper for the European Population Forum, Geneva, January 2004.

Bongaarts, John. 2001. “Fertility and reproductive preferences in post-transitional societies.” *Population and Development Review* 27 (Supplement): 261–281.

Bongaarts, John. 2002. The end of fertility transition in the developed world. *Population and Development Review* 28, 3: 419–443.

Bracher, M., Gigi Santow, Fertility Desires and Fertility Outcomes. *Journal of the Australian Population Association*. 8, 1, 33-49.

Chesnais, J.C. 1998. Below-Replacement Fertility in the European Union (EU-15): Facts and Policies, 1960-1997. *Review of Population and Social Policy*, 7, 83,101.

Cliquet, Robert et al. 1992. The 1991 Fertility and Family Survey in Flanders. Framework and Questionnaire. Brussels, CBGS. CBGS Working document n° 82.

Coombs, L.C. 1979. Reproductive goals and achieved fertility : a fifteen-year perspective. Demography, 16, 523-534.De Graaf, A. 1995 Vrouwen zijn minder onzeker over hun kidnertal. Maandstatistiek van de Bevolking, 43,1, 14-20.

De Rose, A., F. Racioppi. Describing and explaining differences in ferility among the European countries : a multilevel apporach. Paper for the European population Conference, The Hague, 1999.

Dorbritz, J., K. Schwarz, 1996. Infertility in Germany – a mass phenomenon? Analyses of manifestations and causes. *Zeitschrift für Bevölkerungswissenschaft*, 21, 231-261.

Goldstein, Joshua, Wolfgang Lutz, Maria Rita Testa. 2003. "The emergence of sub-replacement family size ideals in Europe", *Population and Policy Review*, 5-6, 22.

Hakim, C. 2003. A New Approach to Explaining Fertility Patterns : Preference THeory. *Population and Development Review*, 29, 3, 349-374.

Lesthaeghe, R, P. Willems. 1999. Is Low Fertility a Temporary Phenomenon in the European Union ? *Population and Development Review*, 25, 2, 211-228.

Lesthaeghe, R., G. Moors. 2000. Recent Trends in Fertility and Household Formation in the Industrialized Wold. Paper prepared for the Welfare Policy Seminar to be held at the National Institute of Poopulation and Social Security Research, Tokyo, 2000.

Monnier, A. 1987. Projets de fécondité et fécondité effective: une enquête longitudinale. *Population*, 42, 6, 819-842.

Morgan, P. 1982. Parity-specific fertility intentions and uncertainty: the United States. *Demography*, 19, 215-334.

Noack, T., L. Ostby 1985. Fertility expectations : a short-cut or dead-end in predicting fertility ? *Scandinavian Population Studies*, 7, 48-59.

Noack, T., L. Ostby. 2002. Free to chose – but unable to stick to it ? In Kijzing, E. and M. Corijn, Dynamics of Fertility and Partnershop in Europe. Volume 2. United Nations.

Quesnel-Vallée, Amélie, S.P. Morgan. 2003. Missing the target ? Corespondence of fertility intentions and behaviour in the U.S. *Population Research and Policy Review*, 22, 497-525.

Salvini, Silvana. 2004. Low Italian Fertility : the Bonaccia of the Antilles? *Genus*. LX, 1,19-38.

Schoenmaeckers, R., E. Lodewijckx, C. Van Peer. 2002. Sociale verschillen inzake het krijgen van kinderen. Een reden voor beleidsmaatregelen ? *Bevolking en Gezin*, 31 (2002), 1, 3-50.

Van de Kaa, Dirk. 1987. Europe’s Second Demographic Transition. *Population Bulletin*, Vol. 42, No. 1.

Van de Kaa, Dirk. 2004. Is the Second Demographic Transition a useful research concept? Questions and answers. *Vienna Yearbook of Population Research*. Vienna Institute of Demography, Austrian Academy of Sciences, 4-10.

Van Peer, Christine. 2002. Desired and achieved fertility. In Kijzing, E. and M. Corijn, Dynamics of Fertility and Partnershop in Europe. Volume 2. United Nations.

Voas, David. 2003. Conflicting Preferences: A reason Fertility Tends to Be Too High or Too Low. *Population and Development Review* 29 (4), 627–646.

Westoff, C.F.. 1990. Reproductive intentions and fertility rates. *International Family Planning Perspectives*, 16, 3, 84-89.

Zelizer, Viviana, A. 1994. Pricing the Priceless Child. The Changing Social Value of Children. Princeton University Press, Princeton, NJ.