

## CHAPTER 2

# FERTILITY POSTPONEMENT: THEORIES, EXPLANATIONS, AND EMPIRICAL EVIDENCE

*This chapter provides a comprehensive overview of theories, explanations and findings on the determinants of fertility postponement, in particular with regard to first births. It pays attention to the effects of educational attainment, to the conflict between employment and parenthood, to the influence of unemployment and various forms of uncertainty, to the changing character of intimacy and partnership relations, and to the influence of contraceptive technology, especially the pill. Besides reviewing different factors, it aims to highlight the importance of life-course perspective for understanding fertility postponement and to examine norms and attitudes relevant to the timing of parenthood. Life course perspective provides a unifying framework which aptly connects various dimensions of the otherwise fragmented evidence on delayed parenthood. This review indicates that the shift towards late timing of parenthood is an outcome of fundamental social, economic, and cultural transformation, which altered the norms related to parenthood as well as the nature of decision-making on the timing of childbearing.*

### 2.1 INTRODUCTION

In 1994 a woman named Rosana Della Cortes made headlines when she had a baby at the age of 63 and became the oldest woman in the world to give birth to a healthy child (Maratz Henig 2004). Three years later, Californian resident Arceli Keh gave birth to her first child at the same age. She proclaimed that she decided to undergo expensive fertilisation treatment after she had travelled, had pursued a career and made sure her “marriage would last before having children” (All 2004). While these are extreme examples of women undergoing difficult procedures in an attempt to give birth at an age which is well beyond the natural reproductive period, they signify a widespread trend towards later childbearing, which is affecting all advanced societies.

In a number of European countries, the mean age of women at childbearing has surpassed the age of 30. However, such a late pattern of childbearing was not exceptional in the past, when families were larger and women often continued bearing children until the end of their reproductive age. The most radical transformation is related to the start of family building—the age when women give birth to their first child. In the countries of Western, Northern, and Southern Europe, first-time mothers are on average 26 to 29 years old, up from 23 to 25 years at the start of the 1970s (see Chapter 3, Section 3.4.1). Postponement of first births, which in some countries has continued uninterrupted for more than three decades, has become one of the most prominent features of fertility patterns in developed societies. Lesthaeghe and Neels (2002: 333) see fertility postponement as a ‘hallmark’ of the second

demographic transition, thus revisiting the earlier idea that the decline of fertility below replacement level is the most important feature of this transition (van de Kaa 1987: 4). In contrast, Kohler, Billari, and Ortega (2002: 659-661) proposed that the delay of childbearing constitutes a distinctive 'postponement transition' towards a late-fertility regime. In their view, this process could eventually lead to a concentration of childbearing into an increasingly narrow age interval, implying a 'rectangularisation' of fertility patterns (ibid.: 669; see also Chapter 3, Section 3.4.2).

Although a vast number of contributions address the patterns, determinants and consequences of delayed parenthood, many of them are country-specific studies which focus on a limited number of explanations. They are highly valuable for documenting different features of fertility postponement, but at the same time frequently provide fragmented evidence. Three types of publications are relatively rare in this respect: (1) comparative cross-country studies (e.g. Bosveld 1996; Beets et al. 1999; Frejka and Calot 2001 and 2001a; Lesthaeghe 2001; Bongaarts 2002; Kohler, Billari, and Ortega 2002; Billari and Kohler 2004); (2) studies providing a wider perspective on the determinants of delayed parenthood (e.g. Rindfuss, Morgan, and Swicegood 1988; Blossfeld and Huinink 1991; Lesthaeghe and Willems 1999; Liefbroer 1999; Kohler, Billari, and Ortega 2002; Mills and Blossfeld forthcoming); and (3) contributions discussing and analysing the eventual 'catching up' of postponed fertility (e.g. Lesthaeghe 2001; Billari and Kohler 2004). Thus, a broader, integrating perspective on changes in fertility timing remains relatively undeveloped.

Examining the existing body of literature on fertility postponement, one may quickly become perplexed by the complexity of determinants of this process. Lesthaeghe (2001) lists seven general and seven country-specific factors contributing to the postponement of childbearing<sup>1</sup> and, as this chapter reveals, this list could be extended. Moreover, most factors fuelling fertility delays are mutually interrelated and their impact is difficult, if not impossible, to quantify. Some determinants have different impact on men and women, different birth cohorts and sub-populations, or their impact may change over time. For instance, prolonged education delays the transition to a stable job and hence to economic

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<sup>1</sup> Lesthaeghe (2001: 17-18) offers the following inventory of factors that account for the new patterns of family formation and postponed parenthood:

**General factors:** 1) increased female education and female economic autonomy; 2) rising and high consumption aspirations that created the need for a second income in households and equally fostered female labour force participation; 3) increased investments in career developments by both sexes, in tandem with increased competition in the workplace; 4) rising 'post-materialist' traits such as self-actualisation, ethical autonomy, freedom of choice and tolerance for the non-conventional; 5) a greater stress on the quality of life with a rising taste for leisure; 6) a retreat from irreversible commitments and a desire for maintaining an 'open future'; 7) rising probabilities of separation and divorce, and hence a more cautious 'investment in identity'.

**Country-specific factors:** 1) the geographical mobility of young adults in tertiary education; 2) lack or availability of state subsidies for students in the forms of fellowships, housing facilities and transportation subsidies; 3) the flexibility of the labour market, including the possibilities for part-time work; 4) youth unemployment; 5) minimum income guarantees; 6) costs and availability of housing, both for 'starters' and for households in later stages of family formation (often linked to the structure of labour market and its regulations); 7) contraceptive availability and methods mix; access to abortion.

independence, but it also influences the timing of parenthood in a number of indirect ways, through a less traditional or family-centred value orientation, increased career opportunities, or increased ability to process information and use contraception. The strong interaction between different ‘explanatory’ factors makes it clear that any categorisation of determinants responsible for delayed parenthood is to a large extent artificial.

Postponement of childbearing and its implications for period fertility rates constitute a unifying topic of this study. To portray the issue of later childbearing from a broader perspective, this chapter provides a comprehensive overview of theories and findings on the determinants of delayed childbearing. Besides discussing various relevant factors, it aims to highlight the salience of life-course perspective for understanding the interplay between various factors and to review the norms relevant to the timing of parenthood. While this chapter concentrates on the existing studies and explanations, it is linked with Chapter 3, which provides an empirical cross-country comparison of postponement and subsequent ‘recovery’ of period fertility and develops a simplified model of this process.

Before addressing the issues raised above, several notes should be made. The terms ‘fertility postponement’ or ‘fertility delay,’ used so frequently throughout this study, are often not clearly defined. Studies based on individual data often interpret the decline in the propensity to have children among women below a certain age, say 25 or 30, as a sign of postponement. At an aggregate level, fertility postponement is commonly conceptualised as an increase in the age at which women give birth to their first child. This is not a sufficient definition in a strict sense, when the term ‘postponement’ implies that the ‘postponed’ births should take place later in life (Frejka and Calot 2001a: 6). However, for a variety of reasons, not all ‘postponed’ births are eventually ‘realised.’ The precise distinction between fertility decline and fertility postponement can be made within a cohort perspective, which enables quantification of the extent of ‘catching up’ among older mothers. Period analysis, particularly during the earlier stage of fertility delay, does not enable a reliable identification of what proportion of ‘postponed’ births is eventually ‘caught up.’ Therefore, this study adopts a looser view on fertility postponement, conceptualised as an increase in the age at which women give birth to their first child (see the discussion on different measures of first birth timing in Chapter 3, Section 3.3.3). Such an increase can also take place as a consequence of a decline in cohort fertility, stronger among younger women and less intensive among older ones. This possibility, however, still implies that women are bearing children *on average* at a later age.

The focus on the entry into parenthood is crucial for understanding the overall trends towards later childbearing. While second and higher-order births are being postponed as well, this is mostly a consequence of first birth postponement rather than a manifestation of change in birth intervals. It should be stressed that the determinants of delayed parenthood are frequently identical with the determinants of low fertility and non-parenthood, i.e., final childlessness, and it is not always possible to make a clear distinction between them. The

theories and empirical observations reviewed in this chapter mostly pertain to the experience of advanced ‘Western’ societies, including insights from the United States and Japan. The issue of delayed fertility in the post-communist societies of Europe is explored in more detail in Chapter 7 and particularly in Chapter 8.

The subsequent parts of this chapter consist of three main sections: Section 2.2 reviews the main determinants of delayed fertility, paying particular attention to the effects of educational attainment, the conflict between employment and parenthood, the influence of unemployment and various forms of uncertainty, the changing character of intimacy and partnership relations, and the influence of contraceptive technology, especially the pill. Section 2.3 highlights the main features of the life course perspective pertinent to the trend of delayed parenthood, and reviews the influence of norms and culturally shared concepts on the timing of first births. The concluding section provides a brief summary and discusses the rationality of late childbearing within the concept of ‘optimal age at childbearing.’

## **2.2 MAIN DETERMINANTS OF DELAYED PARENTHOOD**

### **2.2.1 The effects of educational attainment**

During the last four decades young Europeans have spent an ever larger portion of their lives in education; post-secondary education, in particular, has undergone a massive expansion.<sup>2</sup> Post-industrial economies generate a demand for a highly educated and flexible workforce. For individuals, pursuing higher education constitutes the main pathway for finding a stable job, receiving sufficient wage, and increasing their career prospects (Kohler, Billari, and Ortega 2002). Most men and women remain enrolled in education in early adulthood; the expected number of further years in education at age 15, which constitutes in many countries the minimal limit of compulsory school attendance, reaches as high as 8.5 years in France (OECD 2001). Consequently, up to half of all people aged 20-24 (even 50 to 55% in Denmark, Finland, and France) are enrolled in full-time or part-time studies. Women have especially benefited from this development and now form more than half of the graduate and postgraduate students in a majority of European countries. Such educational expansion has a direct implication for fertility trends. In present-day Western societies, the period spent in education is universally perceived as incompatible with family formation; this view is supported by numerous studies which have illustrated that ‘being in education’ strongly reduces the risk of having first child (see e.g. Rindfuss, Morgan and Swicegood 1988; Blossfeld and Huinink 1991; Kravdal 1994; Blossfeld 1995; B. Hoem 2000; Baizán, Aassve, and Billari 2003). This relationship was once less pronounced in Central and Eastern Europe, where education was less at odds with family life (see Chapter 8, Section 8.2.2). Given that students usually lack resources (sufficient income and housing), and their future living and

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<sup>2</sup> In the former communist countries of Central and Eastern Europe, this expansion took place later, especially after 1990 (see Chapter 8, Section 8.3.2, and a more detailed account in Sobotka 2002).

employment conditions are uncertain, prolonged education has been often interpreted from a life course perspective as leading to a delayed transition to economic independence, and hence to adulthood (Blossfeld and Huinink 1991; Toulemon 1996; Kohler, Billari, and Ortega 2002). Even in countries which traditionally had strong pro-natalist norms, achieving economic independence was seen as a precondition for family formation. Rindfuss, Morgan and Swicegood (1988: 21) stress that the centrality of material responsibility to marriage and parenthood is repeatedly found in the literature, and the notion of waiting until people can 'afford' to have children is an ideology which was prevalent in Western Europe already in the pre-modern era.

The **direct effect of prolonged education** on postponing motherhood appears to be the most important factor fuelling fertility postponement. Beets et al. (2001) found that highly educated women were the 'forerunners' of this process in European countries, and estimated that the increasing education level explains about half of the increase in the mean age at first birth among Dutch women born between 1931-40 and 1961-65. Substantial differences in first birth timing according to the level of education achieved are found across all developed societies. The example of French women born in 1950-55 is illustrative: those who left education after completing primary school have given birth to a first child at age 22.6 on average, while those with four and more years of post-secondary education had their first child at age 28.4 (Meron and Widmer 2002: 303).

However, prolonged education does not just have a 'mechanistic' effect of deferring union formation and first births by a comparable magnitude. Education influences the timing of the transition to parenthood in a number of indirect ways; the duration, the type, and the level of education are connected with different factors leading to delayed parenthood (e.g. Beets et al. 2001). Two developments are repeatedly found in country-specific studies: (1) additional postponement of childbearing within each educational category and (2) increasing differences in first birth timing by educational level, with highly educated women postponing childbearing to a larger extent than the women with less education, who often continue having children at early ages (see Rindfuss, Morgan, and Offut 1996 and Martin 2000 for the United States; Joshi 2002 for the United Kingdom; Lappegård 2002 for Norway; Meron and Widmer 2002 for France; Noguera, Golsch, and Stainhage 2003 for Spain).

There are numerous indirect effects of education which may impinge on the timing of parenthood: educational level is closely linked to almost all the factors discussed in the subsequent sections. Higher education enhances the position of individuals on the **labour market** and increases the 'opportunity costs' of childbearing (see the discussion on motherhood-employment compatibility in Section 2.2.2). People with higher education have **values and preferences** distinct from individuals with lower education, although not necessarily due to the effects of education itself, as (self-)selection to higher education plays a role in value orientation as well. Education goes hand in hand with increased material and career aspirations. Individuals with higher education are more proficient in obtaining and

assimilating information, and are less sensitive to social pressure (Bouwens, Beets, and Schippers 1996). They embrace values such as autonomy, independence, and self-realisation. Educational groups may be viewed as “possessing a cultural capital, a ‘Weltanschauung,’ and a preference map of some stability at ages around which the transition to adult life (...) is centered” (Lesthaeghe and Surkyn 1988: 17). Thus, the reluctance to start a family among women and men with higher education may be seen in the light of their increased resistance to normative pressures, their higher flexibility, and stronger attachment to career building, as well as the anticipated higher costs of having children with respect to their individual autonomy (e.g. Liefbroer 1998).

Better access to information and, plausibly, more realistic life planning, also enable highly educated people to exercise more effective **control over their fertility ‘career.’** They experience sexual intercourse later than their lower-educated counterparts (Kontula 2003: 88-89) and subsequently use contraception more effectively. Furthermore, many studies suggest that despite the late timing of childbearing, highly educated women also have the best ability to realise their fertility intentions later in life (see Chapter 3, Section 3.6).

The level of education attained is also linked with distinct **partnership pathways.** In some societies, less traditional living arrangements such as cohabitation, an extended period of single living, or same-sex partnerships initially spread among the people with higher education, who attach more value to independence and personal autonomy (see e.g. de Feijter 1991 for the case of the Netherlands). These less binding, less stable relationships are associated with delayed parenthood (see Section 2.2.4 below). In addition, highly educated women are likely to seek more egalitarian relationships and, above all, to develop higher standards concerning a potential partner’s qualities in terms of education and income. These increased standards lead to delayed union formation and marriage (Oppenheimer 1988), contributing in turn to further postponement of childbearing.

### **2.2.2 The conflict between employment and motherhood**

The conflict between motherhood and career aspirations, fuelled by rapidly increasing educational level and labour force participation among women, constitutes one of the most widely debated issues in contemporary fertility research. Traditionally, employment and motherhood were seen as incompatible roles. This view is supported by the economic perspective on family formation, especially Becker’s (1991) argument that the increasing earning power of women increases both their labour force participation and the opportunity costs of childbearing, consequently reducing the demand for children. Having a lower demand for the ‘quantity’ of children, educated women prefer to invest more into education and other training of their children (Becker 1991: 153). Many recent studies, however, have found that the relationship between labour force participation and fertility is not straightforward and may be filtered through a number of additional factors. Liefbroer and Corijn (1999) advocate a

dynamic perspective on the compatibility between family life and labour participation, stressing that societal differences, cohort, age, and education modify this relationship. From a macro perspective, the seemingly counter-intuitive positive association between period total fertility and women's labour participation has been found in OECD countries since the mid-1980s (see Brewster and Rindfuss 2000; Rindfuss, Guzzo, and Morgan 2003; Billari and Kohler 2004; Engelhardt and Prskawetz 2004). The complex relationship between the two interdependent 'careers' of employment and fertility (see Willekens 1991b) considerably influences the timing of family formation. Brewster and Rindfuss (2000: 282) noted that birth timing and spacing "may comprise key components of strategies to balance work and family responsibilities." This section looks at various implications of women's employment for fertility timing; the related issues of unemployment and job uncertainty are explored in the following section.

Decision-making on parenthood in contemporary advanced societies is shaped by two normative expectations concerning women's labour attachment. Firstly, most women expect and are expected to participate in paid employment, typically from the time they complete their education. Secondly, between the two available strategies for co-ordinating career and fertility—having children first and postponing the entry into the labour market, or entering the labour market first and having children later—only the second is compatible with the norm of accumulating resources before having a family (see also Section 2.3.2 below). Consequently, the vast majority of women accumulate some work experience before starting a family (e.g. Huinink and Mayer 1995). Former state-socialist societies, where many women had children early in life and entered the labour force once they had achieved the desired family size, constitute an exception to this norm (see Chapter 8, Section 8.2.2).

These considerations point out the importance of country-specific institutional settings, namely family and welfare policies, employment policies, childcare and gender equality in hindering or facilitating **childbearing and employment compatibility**. In particular, the combination of several factors typical of societies with a prevailing Conservative (Continental) welfare regime and 'Familiastic' (Southern European) welfare model appears to have a negative impact both on tempo (i.e., inducing additional postponement) and on quantum of fertility by reducing the opportunity for women to have independent career (e.g. Esping-Andersen 1999). High unemployment rates coupled with low family benefits; policies supportive of the traditional male breadwinner family model; costly and scarce childcare; expensive rental housing; and limited part-time work opportunities characterise many societies with very low fertility and very late timing of motherhood. Moreover, norms prescribing that mothers should stay at home when their children are young increase role incompatibility between employment and fertility (Brewster and Rindfuss 2000). Southern European countries, especially Italy and Spain, exemplify such a situation (see Baizán, Michielin, and Billari 2002 for Spain and Dalla Zuanna 2001 for Italy).

Liefbroer (1998) argues that the costs of childbearing for one's autonomy and career will be decisive for the timing of a first pregnancy, and that institutional arrangements can facilitate childbearing. Mills and Blossfeld (forthcoming) hypothesise that in countries where fertility-motherhood combination is institutionally impeded, such as Germany and Spain, highly educated women are more likely to delay childbearing. Germany, which is characterised by a conservative welfare regime supportive of the traditional male breadwinner family, is an example of the intensified conflict between career aspirations and motherhood among highly educated women (Huinink and Mayer 1995). The result is a substantial delay of childbearing among career-oriented women (Blossfeld and Huinink 1991; see also Kemmkes-Grottenhaler 2003 for a local study).

**Part-time and flexible jobs** are often perceived as detrimental to employment security and career advancement (see also the following section), but at the same time are frequently viewed as arrangements which facilitate easier combination of work and child-rearing among women (Liefbroer 1999). Consequently, women work part-time considerably more often than men and for most of them part-time employment reflects their preferences, which is not the case among men, whose part-time labour participation is often involuntary (e.g. Berhardt 1988). For mothers who want to resume their labour participation soon after childbirth, the opportunity to work part-time is often instrumental for their decision; various surveys have shown that women with children below the age of six work part-time considerably more often than other women do (e.g. Rosenfeld 1996). Furthermore, even women working full-time attach great importance to policies supporting part-time work opportunities. In Dutch survey conducted in 1994, 58 percent of women employed full-time stressed the importance of policies promoting part-time employment, and 37 percent considered flexible working hours important (Bouwens, Beets, and Schippers 1996: 30, Table 4.1).

**Availability of childcare** may play an enabling role for women to establish themselves on the labour market and have children without seriously interrupting their career paths. Kreyenfeld (2001: 204) has partly attributed the persisting differences between East and West Germany in women's employment levels and first birth timing to the differential availability of childcare, which remained high in the East during the 1990s. As a result, East German couples are

“able to have children more rapidly since they are not obliged to postpone parenthood until the male ‘breadwinner’ has established himself in the labour market. Besides this, since childrearing and employment are compatible, ‘career-oriented’ East German women should be more likely to have children than their West German counterparts who increasingly avoid parenthood altogether.”

In this view, the restricted supply and high price of childcare facilitate fertility postponement. Although studies investigating this topic are rare, one important exception—del Boca's (2002) analysis of the effects of childcare and part-time work opportunities for women in

Italy—concluded that the decisions to work and to have a child are positively influenced by the available supply of childcare. So far, there have been no signs of convergence in family policies across Europe (Gauthier 2002), and, consequently, the range of costs and availability of childcare services, as well as the split between the public and the private provision of childcare, remains broad (Gauthier 1996, Esping-Andersen 1999). In countries where childcare is expensive, increasing reliance on paid childcare may also encourage fertility delay, as earnings often rise with age (Rindfuss, Morgan and Offut 1996).

As Gustafsson (2001: 241) noted, **the recruitment policies of firms**, concentrating on young talented individuals, may reinforce postponement incentives. Whether due to demanding competition for available positions or to the deliberate employment policies of firms, it is apparent that competitive markets reward young, single and childless, women, and that childbearing may pose a threat to one's career prospects. Often, firm recruitment strategies may cross the fine line of gender discrimination, especially in countries where gender equality is not strongly backed by the law and government's policies.

Many authors emphasise that **gaining stable work** is an important precondition for parenthood, more than the transition to employment itself. This is particularly valid for men, whose income in dual-earner families usually remains higher than that of women. This factor has been emphasised by Oppenheimer (1988), who argued that the less stable employment and declining relative earnings of young men in the U.S. after 1970 facilitated marriage postponement. Mills and Blossfeld (forthcoming: 9) stressed the influence of job flexibilisation: as regular long-term contracts become rare, young adults increasingly enter more temporary 'stop-gap jobs,' thus delaying entry into a stable job position. High unemployment rates, concentrated among young people, combined with increasingly precarious job positions and legislation strongly protecting 'insiders' on the labour market constitute barriers that contribute to intensive fertility postponement in Southern Europe (for Spain, see Baizán, Michielin, and Billari 2002 and Noguera, Golsch, and Stainhage 2003).

Provided that a woman has a stable job, her **level of income**, which is usually contingent upon age or duration of employment may provide yet another incentive to postpone childbearing. The economic perspective of lifetime income provides a strong rationality for very late motherhood. Happel, Hill, and Low (1984: 305) propose that the life-cycle utility of a couple is maximised when births are delayed to the biological limit, thus delaying the woman's unemployment and child expenses to a period when the man's earnings are relatively high.<sup>3</sup> This line of reasoning highlights the 'consumption smoothing motive,' which assumes that couples prefer the stable life-cycle consumption stream achieved by a combination of the man's increasing income over time and the postponement of childbearing. Fertility delays are encouraged particularly when the educational period is extended, or

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<sup>3</sup> The idea of 'utility maximisation' with regard to the timing of childbearing over the life course is related to the notion of optimal age at motherhood, briefly discussed in the concluding section (Section 2.4).

among workers in occupations with a steep earning profile (Cigno and Ermisch 1989).<sup>4</sup> Inspecting data for the United Kingdom, Joshi (2002) analysed the life-time earnings of different categories of women and found that fertility postponement could reduce the ‘motherhood penalty,’ i.e., income loss associated with motherhood. This is particularly the case for women with university degree: assuming maternity leave is fully paid, the model income profile showed no loss in earnings associated with first birth at age 30 (p. 455). Empirical studies typically find that an increase in women’s wages is associated with first birth postponement (e.g. Heckman, James, and Walker 1990 and the aggregate-level study by de Cooman, Ermisch, and Joshi 1987) or they conclude income does not have any considerable influence therein. Kravdal (1994: 266) argues that the motive of wealth accumulation is important for childbearing postponement, but that economic potential is unimportant for first birth timing as a motive of maximising life-time income, as “it seems plausible that any such impact on the optimal timing is unknown to the couple at the time of decision-making.”

While most studies have focused on the conflict between fertility and employment, Hakim (2003) posited that researchers tend to ignore the fact that a considerable number of women are ‘**home-centred**’ or ‘**family-centred**’ and prefer to give priority to family life<sup>5</sup>. In her view, the general emphasis on family-friendly employment policies and the positive ‘bias’ towards working mothers should be replaced by more diverse policies reflecting differences in lifestyle and preferences among women. Although Hakim’s categorisation ignores the substantial fluidity in women’s labour attachment and preferences over the life course, the position of housewives has indeed become neglected. Not only have economically inactive women become a relatively small minority in most countries, but new attitudes on women’s employment may even stigmatise those who have chosen to stay at home (Chafetz 1995: 78). Economically inactive women tend to have children considerably earlier than other women (e.g. Kravdal 1994, Meron and Widmer 2002). At the same time, they constitute a select group of women with a strong preference for family and children, a segment which is unlikely to grow significantly even if it is explicitly addressed by family policies.

Liefbroer and Corijn (1999: 52) distinguish between **structural** role incompatibility, i.e., “actual social opportunities and constraints on the roles of women” and **cultural incompatibility**, which “relates to broad ideologies, values and norms concerning the role of women in the society.” The impact of the cultural dimension is difficult to grasp. McDonald

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<sup>4</sup> Happel, Hill, and Low (1984: 305 and footnote 7) also consider factors which may encourage earlier childbearing, such as availability of childcare, or having a job where an interruption in work is related to a strong penalty in the woman’s career development.

<sup>5</sup> The notion of two contrasting groups of women—‘family oriented’ and ‘career oriented’—has a relatively long tradition in fertility research. However, Bernhardt showed already in 1988 how an increase in part-time work opportunities in Sweden in the 1970s gave rise to a ‘combination strategy’ of part-time employment and childrearing. This strategy became common after the birth of a first child and was equally pursued by women who had previously tended to stay at home as well as those who had worked full time.

(2000, 2000a, and 2002) has suggested that very low fertility is an outcome of high levels of gender equity in individual-oriented institutions (implying a relatively high structural compatibility), combined with a persisting gender inequality within the family. This poses a dilemma for women, who may increasingly perceive their family role as inconsistent with their individual aspirations. One example of continuing inequality within the family is provided by various time-budget surveys, which clearly indicate that women still do most of the domestic work (e.g. Joshi 1998, Table 2; Esping-Andersen 1999: 57-60). Both among housewives and employed women, the time spent on ‘social reproduction’—child-rearing and related domestic tasks—is not compensated for in terms of family benefits or other means, and the equal division of domestic tasks between men and women may be a distant goal. As Joshi (1998: 177) noted, in “the private arena of home life, at least among young adults, the ideology of sex equality runs ahead of practice.” But differently from McDonald’s hypothesis, lower structural and cultural incompatibility appear to go hand in hand. ‘Family-oriented’ welfare regimes in Italy and Spain, hindering a compatibility of employment and childbearing for women and embracing the traditional breadwinner model, are good examples of both (e.g. Dalla Zuanna 2001, Del Boca 2002). In Esping-Andersen’s words (1999: 67) “the great paradox of our times is that familialistic policy appears counter-productive to family formation.”

### 2.2.3 Unemployment, uncertainty, economic conditions and first birth timing

For many women, the conflict between motherhood and career aspirations may pose a challenge for which there is no good solution. Career attachment and childbearing decisions are also strongly influenced by employment opportunities, level of unemployment, and more generally by levels of well-being and existential security. This section first discusses the effects of unemployment on first birth timing, and then looks at the more abstract influence of uncertainty and economic conditions.

Does **unemployment** fuel fertility postponement, or is it a factor which motivates women to take advantage of temporary inactivity and opt for childbearing instead of competing for scarce jobs? There appears to be consensus about the societal-level influences of unemployment: high unemployment rates increase economic uncertainty and discourage young people from union formation and parenthood. Southern European countries, in particular Italy and Spain, again constitute a primary example of this situation:

“The chronic youth unemployment in Southern Europe has discouraged young adults from entering the labour market, has made higher education more attractive, and has caused working conditions to deteriorate toward a high fraction of low-paid temporary jobs” (Kohler, Billari, and Ortega 2002: 654).

Unemployment may influence fertility decisions of women and men directly, but it also affects partnership formation. Prioux (2003a), for instance, reports a strong negative

association between the rate of entry into first unions in France and the rate of youth (age 20-24) unemployment.

Studies based on individual data, however, provide conflicting findings on the effects of unemployment. Employment policies, welfare benefits, and individual characteristics modify fertility decision-making under unemployment. Among men, unemployment reduces the risk of entering parenthood (Rindfuss, Morgan, and Swicegood 1988; Huinink 1995; Kreyenfeld 2001), although this relationship may operate via reduced risks of marriage or union formation (Ahn and Mira 2001; Noguera, Golsch, and Stainhage 2003). This is a clear indication that the economic contribution of the male partner is essential for parenthood decisions. An important exception is the finding of Kohler and Kohler (2002) that in Russia in the mid-1990s, women with unemployed husbands had a higher probability of having a child (see Chapter 8, Section 8.3.3). For women, the reported effects of unemployment on first birth rates range from negative (Meron and Widmer 2002 for France; Noguera, Golsch, and Stainhage 2003 for Spain) through neutral to positive (Kravdal 1994 for Norway; Liefbroer and Corijn 1999 for Flanders and the Netherlands; Kreyenfeld 2001 for Germany). In countries with established welfare systems and generous family support arrangements, unemployment benefits and parental leave may provide sufficient replacement for earned income and enhance the motivation for childbearing. Andersson (2000) has found that unemployment had a very strong positive effect on first birth rates in Sweden among women with very low earned income (see also B. Hoem 2000). Higher benefit levels were associated with an increase in the propensity to start childbearing. Moreover, even in cases where high unemployment seemingly acts as one of the main forces behind the deferment of births, for instance in Spain, micro-level analysis has not identified joblessness as a major factor driving period fertility decline (Ahn and Mira 2001).

Unemployment constitutes an example of a situation which is often referred to by the terms ‘instability’ and ‘uncertainty.’ Presumably, both individual-level and societal conditions associated with **uncertainty** have a strong impact on fertility decisions. However, it is important to distinguish between different types of uncertainty and the different measurement frameworks used to capture them. For instance, Mills and Blossfeld (forthcoming: 18-19) distinguish between (1) *economic uncertainty*, related to the “economic precariousness of an individual’s employment and educational enrolment circumstances,” (2) *temporal uncertainty*, and (3) *employment relationship uncertainty*, reflecting the type and precariousness of one’s employment contract. In this framework, being unemployed leads to a high level of an individual’s *economic uncertainty*, whereas rising unemployment rates could lead to higher *temporal uncertainty*. Young adults are increasingly susceptible to all forms of uncertainty, especially with regards to their employment situation, which has a disproportionate impact on disadvantaged—especially less educated—social groups. In addition, the rapid pace of change, the unpredictability of social and economic developments, and the overflow of information create *uncertainty about possible behavioural outcomes* as

well as about the *probability of these outcomes*, and about *the amount of information to be collected for a particular decision* (Mills and Blossfeld forthcoming: 17). The authors attribute rising uncertainty among young adults to the broadly defined forces of globalisation.

High levels of uncertainty are conducive to the foregoing of long-term commitments, consequently leading to the postponement of marriage and parenthood, as well as to the widespread adoption of ‘open-future’ strategies.<sup>6</sup> This is a rather standard conjecture, which, however, is not fully supported by empirical findings. Rather, the available evidence suggests that the influence of uncertainty on first birth timing differs in time, across countries, by type of uncertainty, and has a different impact upon various population groups. The example of unemployment, discussed above, is illustrative of the complex ways uncertainty may affect first birth timing. Similarly, econometric analysis of fertility in England and Wales by de Cooman, Ermisch, and Joshi (1987) has revealed the complex impact of **economic variables** on fertility, which exert different influence on men and women, different birth orders, and different age groups within a given parity. The authors have concluded that “the fertility reactions to economic changes are likely to be in opposite directions from couples at different stages of family building” (p. 266). Specifically, labour market conditions did not seem to affect much the cohort quantum of fertility, but rather influenced fertility timing. Improvements in women’s labour market prospects in the 1970s, following the Equal Pay Act, have intensified the postponement of first births (see also Joshi 2002). Combining individual and aggregate data, Santow and Bracher (2001) detected the positive influence of national economic trends (captured by GDP growth) and the negative influence of unemployment rates among women of respondent’s age group on first birth conception rates in Sweden. This relationship was not mediated by individual economic circumstances. Some other studies have also found a positive influence of macro-economic development on fertility, implying that more women defer parenthood in times of economic uncertainty (e.g. de Jong 1997 for the Netherlands; Andersson 2000 for Sweden; Vikat 2002 for Finland).

At this point we have arrived at inconsistent and often conflicting evidence on the effects of the labour market and economic uncertainty on first birth postponement. At the societal level, worsening economic and employment conditions are usually associated with reduced fertility and accelerated postponement. However, improving labour market conditions for women may lead to first birth deferment as well. At the individual level, labour market uncertainty usually reduces the propensity for parenthood among men, while the effects among women are filtered through cultural-specific conditions and are inconsistent. Overall,

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<sup>6</sup> Many sociologists have associated contemporary societies with a changed nature of risk, discontinuity, and with rapidly expanding choices and opportunities. Individuals are continuously confronted with a plurality of options coupled with uncertainty (Mills 2000: 27). In Bauman’s (2000: 128) view, the infinite collection of choices people face creates perpetual anxiety and facilitates irresponsibility and avoidance of long-term commitments: “‘Rational choice’ in the era of instantaneity means *to pursue gratification while avoiding the consequences*, and particularly the responsibilities which such consequences may imply” (see also discussion in Section 2.3.2 below).

there is still very little understanding as to how particular types of uncertainty affect individual decision-making on fertility timing and quantum, and as to how this decision-making is shaped by class-specific resources and aspirations. Further interesting insights into the effects of uncertainty on fertility timing have been gained from the recent experience of the post-communist societies, debated in Chapter 8 (Section 8.3.3).

#### **2.2.4 The transformation of family and partnerships**

This subsection briefly reviews the changing character of intimacy, partnership behaviour, and living arrangements, and links these changes with the deferment of parenthood. Many issues discussed here are closely related with shifts in societal norms, values, and attitudes towards parenthood and first birth timing, which are further discussed in Section 2.3.2 below. Additionally, the transformation of living arrangements can be better understood from a life-course perspective, as outlined in Section 2.3.1.

Giddens (1999: 58, quoted by Mills 2000: 33) has proclaimed that marriage and family have “become shell institutions. They are still the same, but inside their basic character has changed.” In his explorative book on the changing character of intimacy, Giddens (1992) outlines some important features of present-day relationships. First of all, intimate relations have become egalitarian and individualistic. ‘Reflexive’ individuals are entering partnership

“for its own sake, for what can be derived by each person from a sustained association with another; and which is continued only in so far as it is thought by both parties to deliver enough satisfactions for each individual to stay within it.”

(Giddens 1992: 58)

Sexual affection, intimacy, emotional communication and reciprocal sexual pleasure are the key elements holding partnerships together (Giddens 1992: 62; Mills 2000: 34). Parenthood is not the main objective of the ‘pure relationship.’ If a couple (or an individual) has children, the quality of the parent-child relationship comes to the fore, and an emphasis upon intimacy and greater permissiveness replaces traditional parental authority (Giddens 1992: 98; see also Alwin 1996). Instability is another key feature of the ‘pure relationship’, for “it can be terminated, more or less at will, by either partner at any particular point” (Giddens 1992: 137). Giddens’ conceptualisation of partnership and intimacy transformations<sup>7</sup> implies that present-day partnerships fall short of providing that sense of predictability and security which marriages once often stood for. Rather, relationships serve as ongoing reflective, self-fulfilling projects, where partners engage in a constant monitoring of whether the quality of their relationship is still satisfactory (Liefbroer 1999), and which may or may not eventually lead to parenthood.

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<sup>7</sup> See Mills (2000, Chapter 2) for a more comprehensive account of Giddens’ ideas on partnership transformation.

The changing nature of intimate relationships has enabled a profound transformation of family forms and living arrangements, especially since the late 1960s. The main contours of the changing European family are well known (e.g. Kuijsten 1996; Kiernan 2002) and have become the cornerstones of the concept of the second demographic transition (see e.g. Lesthaeghe and van de Kaa 1986; Lesthaeghe 1995; Lesthaeghe and Surkyn 2002; van de Kaa 1987, 1994, 1997, and 2001). Marriage has been increasingly replaced by cohabitation, extended spells of single living, and unconventional living arrangements. Accelerating divorce rates have further eroded marital unions. The waning of marriage as an institution has led to the pluralisation of families and living arrangements. Marriage has also ceased to be the only socially accepted pathway to childbearing. Sex has been separated from reproduction, and reproduction has been detached from marriage. The separation of sex from procreation was made possible by the diffusion of the contraceptive pill (see the following section). Voluntary childless marriages as well as non-marital fertility have become common, although across societies this process has been progressing with varying intensity, contingent upon cultural traditions and institutional settings of particular countries and regions. As a result, European family patterns are characterised by an “almost bewildering variability” (van de Kaa 1997: 23; see also Kuijsten 1996).

What are the implications of the changing character of family and living arrangements for the timing of first births? Much evidence suggests that the ‘transformation of partnerships’ has a sizeable delaying effect on first births. In the traditional family, children were the expected outcome of marital union, a source of meaning and social status for a married couple. In the era of ‘late modernity’ (or ‘liquid modernity’, as Bauman (2000) coins it), having children is not a self-understandable goal of many unions; rather, parenthood has become a ‘derivative’ of the individuals’ quest for self-fulfilment (van de Kaa 2004).

The increasing education and labour attachment of women, coupled with more **egalitarian relationships** between partners, has also changed decision-making on union formation and parenthood. Greater independence allows women to set a “higher standard of a minimally acceptable match” for marriage (Oppenheimer 1988: 586), with the consequence of delayed marriage, higher rates of non-marriage, and higher marital instability. Presumably, such ‘increased standards’ may apply to any relationship involving reproduction.<sup>8</sup> The ‘lack of a suitable partner’ consistently ranks in various surveys on family, fertility, and reproduction as one of the most important reasons women give for postponing childbearing or for not having children. In addition, more equal relationships also imply more negotiations between partners on whether and when to have a child and how to combine parenthood with their multiple roles. The attitudes of **male partners** may constitute the ‘braking force’

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<sup>8</sup> In the Netherlands, the Family and Fertility Survey of 1993 has indicated that 30% of women who eventually wanted to have a child and were still childless after age 30 mentioned ‘not having a suitable partner’ as a reason for postponing childbearing. Additionally, 12% of women mentioned disagreement with a partner as a reason for fertility delay (Bouwens, Beets, and Schippers 1996: 8).

fuelling further fertility postponement. Latten and Hooghiemstra (2002: 6) have shown that couples in the Netherlands postponed parenthood longer if men did not consider having children as self-understandable and if they thought that having children would reduce their personal freedom.<sup>9</sup> Moreover, men have shown an increasing tendency to withdraw from binding commitments and parenthood in particular (Lesthaeghe 1995; Goldscheider and Kaufman 1996).<sup>10</sup> Jensen (1995) has argued that the position of men within the family has been progressively undermined and speaks about the ‘shrinking of fatherhood.’<sup>11</sup> Furthermore, the **lower stability of partnerships and the growth of cohabitation** mean that many men and women postpone their childbearing decisions if they perceive their current partnership as temporary or prone to dissolution. With a growing sense of ‘entitlement’ to leisure, consumption, and personal lifestyle, many people embrace living arrangements which are temporary and not perceived as an eventual pathway to parenthood. Empirical data give support to the idea that more complex partnership pathways are associated with late entry into parenthood. For instance, among Dutch women born before 1960, there was a substantial difference in first birth timing for those who followed the traditional pathway of direct marriage and subsequent childbearing after leaving the parental home—and had first child at age 24.5 on average—and those with less traditional life histories (Matsuo 2003: 207-208 and Table 8.5). Among women who followed the (currently common) pathway of leaving home, living single, cohabiting, marrying, and then having a first child, the mean age at first birth was almost 5 years higher (29.3).<sup>12</sup>

Parenthood can often be seen as a status interfering with the couple’s lifestyle, and as a potentially threatening factor to the quality of their relationship. At the same time, childbearing has become a matter of rational planning and the careful monitoring of potential advantages and disadvantages, and parents have an increasing sense of responsibility towards their children. These **increasing standards for parenthood** provide yet another rationale for its postponement; Golscheider and Kaufman (1996: 90) have reasoned that men’s ‘retreat from parenthood’ has happened in part because

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<sup>9</sup> In contrast, McDonald (2000: 8) noted that the studies on family formation in Australia seem to indicate that men increasingly ‘hold back’ and leave the decision about the timing of childbearing to women. At the same time, young men are more sensitive to the impact a child will have on their partner’s work participation.

<sup>10</sup> The popular perception of men as avoiding any commitment is reiterated in dating manuals for women (Clanchy 2004). As she puts it in her essay on postponed motherhood, “if not wanting a family makes a woman a ball-breaker, wanting one makes you ‘needy’—as if it were a peculiar personal neurosis, and not an important societal function.”

<sup>11</sup> However, a counter-argument to the idea of ‘shrinking fatherhood’ may be derived from studies pointing out a gradually increasing male involvement in domestic tasks (Joshi 1998, Table 2) and childcare (see e.g. Rindfuss and Brewster 1996 for the U.S.).

<sup>12</sup> These figures are not adjusted for individual characteristics, such as educational attainment and the timing of finishing education, and do not take into account the possible influence of pregnancy on partnership behaviour.

“men increasingly view children and fatherhood primarily as responsibility and obligation rather than as a source of meaning, happiness, or stability; they also increasingly see children as interfering with the spousal relationship.”

On the whole, the changing nature of intimacy and partnership behaviour means that fewer men and women enter partnerships with the clear goal of becoming parents and, in parallel to that, intimate unions are more fragile, involving more demanding negotiations between partners on decisions with long-term consequences such as parenthood. Men’s decision-making power might be diminished, but often seems to be in favour of putting-off children towards a higher age; both men and women prefer self-realisation in non-parenthood activities before having children and have a strong sense of parenthood responsibility when deciding about childbearing. All these developments point in one direction: the diminishing relative importance of childbearing in partnership unions implies a postponement of first birth toward late and very late reproductive ages. This important factor has often been neglected by commentators on delayed parenthood.

### **2.2.5 The ‘contraceptive revolution’ and first birth postponement**

Legalisation of abortion and the spread of modern contraception gave women very good control over their reproduction. The availability of the pill especially marked an unprecedented extension of personal freedom into the domain of reproduction and enabled women to have sexual relationships without the fear of unintended pregnancies. Given the relatively early onset of sexual life among young men and women in Europe, typically before the age of 18 in most European countries (Kontula 2003), oral contraception appears to have been instrumental in allowing and even facilitating fertility postponement.

The views on the importance of the ‘contraceptive revolution’ for the trend towards delayed childbearing may be roughly categorised into three main categories: the first views contraception mostly as a technical factor addressing the demand for birth control; the second perceives modern contraception as having an independent effect on fertility postponement; and the third sees it as a factor instrumental to broader behavioural and cultural change. Rather than opposing each other, these perspectives differ in the importance they attach to the influence of modern contraception; all acknowledge the role of the diffusion of the contraceptive pill, and, to a lesser extent, the legalisation of medical abortion. The pill is particularly important for two main reasons: it shifted control over pregnancy completely to women and constitutes one of the most efficient contraceptive methods. Even lower failure rates have been recorded among IUD (intrauterine device) users, but this method is rarely used by women who have never given birth. As a result, the pill “consistently heads the list of things which most changed women’s lives” (de Guibert-Lantoine and Leridon 1999: 91).

The first perspective considers modern contraception a technical factor that addressed the ‘unmet need’ for preventing undesired pregnancies. In this view, contraception and

abortion were important, but not instrumental, for the fertility delay which could have occurred in a similar way without modern contraceptive technologies. This standpoint is implicit in many contributions on delayed parenthood, which simply fail to mention modern contraception and abortion. Rindfuss, Morgan, and Swicegood (1988: 231) perceive modern contraceptive methods as reducing the cost and inconvenience of fertility regulation, thus requiring less motivation for couples to achieve low and late fertility. They nevertheless point out the historical precedence of late first birth timing in the U.S. during the depression era of the 1930s, which was achieved without modern, coitus independent contraception.

The second perspective perceives the pill as an important or even a crucial factor facilitating the late start of 'fertility career' (e.g. Murphy 1992). This view is indirectly supported by some country-specific studies. These studies indicate that the spread of the contraceptive pill has drastically reduced 'mistimed' and 'unwanted births', especially among young and teenage women, who previously used no method or less reliable coitus-dependent methods, such as condoms and withdrawal (e.g. Leridon 1985 for France). In many countries, legislative or societal changes allowing the rapid spread of the pill were closely linked with a subsequent boom of pill use among young women and the start of fertility postponement. Santow and Bracher (2001: 359), for instance, associate increasing contraceptive prevalence, the drop in teenage pregnancies, and the subsequent trend of fertility postponement in Sweden with progressive changes in the sex education curriculum and the free provision of contraception to young people in the mid-1970s. In Spain a dramatic increase in the pill use took place after 1978 when the ban on contraception was removed: "it is within this modern contraceptive regime that women started to delay first birth" (Castro Martín 1992: 232). As a result, rapid postponement of fertility—as captured by the increase in the mean age at first birth—started in Spain in 1980 (see Chapter 3, Table 3.3). In the Czech Republic, the very intensive postponement of first births after 1992 has progressed hand in hand with the rapid diffusion of pill use (see Chapter 8). Elsewhere, increased contraceptive use has enabled young married women to delay entry into motherhood through prolonging the interval between marriage and the birth of the first child (e.g. Blossfeld and Huinink 1991 for West Germany, Castro Martín 1992 for Spain, and Murphy 1993 for England and Wales). Further indirect support for the effect of modern contraception on fertility postponement comes from evidence on undesired and 'mistimed' pregnancies and first birth timing. From a cross-country perspective, there appears to be a link between inadequate contraceptive use, especially among teenagers, a high proportion of 'unwanted' or 'mistimed' pregnancies among (very) young women, and lower age at first birth. Among the Western European regions, England and Wales have high teenage fertility rates and relatively earlier timing of first birth (see also Chapter 3), but the most notorious case is that of the United States. In the U.S., a very high proportion of unintended births, still accounting for one third of the total fertility rate in the 1990s (Frejka 2004), went hand in hand with low contraceptive use and high fertility rates among teenagers (e.g. Morgan 1996 and the sociological perspective of

Furstenberg 2002) and relatively early age at first birth, by far the lowest among the ‘Western’ industrialised countries (see Chapter 3). A similar combination of low contraceptive use, high teenage fertility, and earlier first birth timing is found in a number of Eastern European countries (see Chapter 7). One could argue that better contraceptive prevalence leads to reduced rates of unintended pregnancies and births, especially among teenagers and young adults, and thus facilitates fertility postponement.

Among the few empirical studies on the effects of contraceptive use on fertility in advanced societies, Murphy (1993) found pill use had a strong effect on fertility in England and Wales. He argued that while fertility rates do not display any clear relationship with socio-economic factors, the diffusion of the contraceptive pill was the main determinant of fertility change between the mid-1960s and the mid-1970s. The case of Italy, where very low levels of period fertility and rapid postponement of first births have been achieved despite relatively low use of modern contraception and low abortion rates, combined with a high prevalence of traditional birth control methods, particularly withdrawal, seems to provide an argument against the importance of pill diffusion (Delgado Pérez and Livi-Bacci 1992; Castiglioni, Dalla Zuanna, and Loghi 2001). However, by 1996 the use of condom and particularly the pill had almost completely replaced *coitus interruptus* among young people and sexually active women not living with a partner, and the use of contraception became common from first sexual intercourse onwards (Dalla Zuanna, de Rose, and Racioppi 2001).

The third perspective links the diffusion of modern contraception with a change in norms and values related to sexuality and reproduction. The proponents of the concept of the second demographic transition have repeatedly stressed the catalytic role of efficient contraception in the behavioural and cultural change that characterises this transition. This enabled fertility postponement and “opened up opportunities for new aspirations to be fulfilled prior to parenthood” (Lesthaeghe and Neels 2001: 9). Van de Kaa (1994: 114) links the spread of modern contraception with the change in living arrangements and intimate relations outlined in the previous section: “the freedom from unwanted pregnancy has led to a new contextual or mental model of sexual relationships and of the connection between procreation and partner relations.” Van de Kaa asserted that ‘perfect contraception’ paradoxically played a key role in the spread of cohabitation and subsequent postponement of marriages, the decline of marriage rates, and the increase in extra-marital childbearing. Presser (2001: 178) proposed that the improvement in contraceptive technology constituted a “critical source of empowerment” for women, who could control more effectively not only their reproductive timing, but also their education and employment. The control over fertility timing also created a new sense of the “entitlement to leisure time” (ibid., p. 177).

It is apparent that the diffusion of the pill has changed the nature of decision-making about childbearing. Surveys of sexual and reproductive behaviour indicate that women increasingly adopt pill use at a young age, often from the start of their sex life (see e.g. de Guibert-Lantoine and Leridon 1999 for France; de Graaf and Lodewijckx 2000 for Flanders

and the Netherlands; Dalla Zuanna, de Rose, and Racioppi 2001 for Italy; Bajos and Guillaume 2003 for a cross-country comparison). Continuous pill use has become the norm; in most countries women can also prevent unwanted pregnancies and births with the use of abortion and emergency contraception (Bajos and Guillaume 2003). Having children usually requires a conscious decision to discontinue pill use (van de Kaa 1997). This constitutes another important break with the contraceptive patterns prevailing until the 1960s (or later in many countries), when contraceptive efforts mostly focused on preventing additional pregnancies after the couple reached their desired family size. Beets et al. (2001: 21) have aptly pointed out that in the Netherlands modern contraception has changed the obvious perception of ‘getting children’ (*kinderen krijgen*) to a decision-making on whether or not to ‘take children’ (*kinderen nemen*). In the future, the increasing level of contraceptive prevalence may further reduce the incidence of unintended pregnancies in some ‘Western’ countries, particularly in Ireland, the United Kingdom, and the United States, as well as in most of the post-communist societies of Europe, and consequently lead to an additional fertility postponement.

## **2.3 DELAYED PARENTHOOD FROM A LIFE COURSE PERSPECTIVE**

### **2.3.1 Life-course concepts relevant for understanding the timing of first birth**

Kravdal (1994: 52) points out that “entry into parenthood is an event almost everyone wants to experience, and the decision-making probably centres primarily around the issue when the transition should be made.” A number of factors contributing to delayed transition to parenthood that have been reviewed in the previous sections can be best understood within the life course framework. This section outlines basic contours of the life course concepts relevant to understanding decisions on fertility timing. This outline is linked with the next section, which discusses norms and attitudes on first birth timing, and to the concluding discussion. Much of the life course analysis concentrates on the detection and documentation of a *structure* in the pathways of life (Willekens 1999: 26). Individual behaviour is conditioned by various social constraints, determining the options available for each individual actor; thus, any behaviour at the micro level is influenced by a particular context—a feature labelled as *embeddedness* (ibid.: 28). The macro structure, however, does not fully determine people’s life courses: individuals actively reshape it by “being active agents of their biography” (Heinz and Krüger 2001: 41), a process referred to as *agency*. Individuals interact with each other in a dynamic environment, and their life transitions are strongly influenced by these interactions (hence the notion of *linked lives* and the connection to research on *social interactions*). At the same time, the decisions concerning major life course events are shaped by an individual’s past experiences and life events, a process commonly referred to as *life contingency* and *cumulative causation*. As Dykstra and van Wissen (1999: 12), referring to

Mayer (1986) assert, “early events pave the way for some roles and preclude others, altering life chances and prospects.” Individuals are seen as rational actors trying to utilise information available to them to achieve their goals within various constraints, such as material resources, institutional regulations, or cultural norms. Decision-making on important life course transitions is strongly influenced by an interplay between various domains of life, leading to conflict between *parallel careers*; the decision to have a child depends strongly on current and expected partnership, employment, and educational pathways (e.g. Willekens 1991b).

The notions of rational orientation and of the interaction between competing careers are linked with the concept of *strategic behaviour*, where the timing of parenthood may be conceptualised as a strategy for individual women to organise their life course (Wijsen 1993). This applies especially to the co-ordination of employment and family life (Brewster and Rindfuss 2000), but different strategies may be pursued to solve the perceived conflict with other life domains as well. The study of the co-ordination of multiple careers constitutes a core component of the life course research. Turkenburg (1995, quoted by Liefbroer 1999: 77) has shown that less educated women pursued different strategies according to their priorities attached to motherhood and other life domains and differentiated between *family-oriented strategies*, *partner-oriented strategies*, and *individual-oriented strategies*. Liefbroer (1998 and 1999: 78) distinguishes two strategies available to young adults to “react to the increasing freedom of choice, and to the uncertainties that accompany it,” namely, to settle down and opt for ‘security,’ or to postpone some important decisions and responsibilities towards a later age and opt for ‘flexibility.’ From a different perspective, Belsky, Steinberg, and Draper (1991) conceptualised *reproductive strategies* as the outcomes of different socialisation experiences (see also the next section).

Life course theorists often discuss the diminishing importance of the ‘*standard*’ *biographies* that emerged in the post-World War II. era (Mayer 2001) and the shift towards less prescriptive and more variable life biographies, also coined as *choice biographies*. In Lesthaeghe’s (1995: 18) words, “life cycle transitions have become more frequent, less strictly patterned, and more complex.” Consequently, there is more individual diversity in the timing of various life course transitions (Heinz and Krüger 2001). At the heart of this development are two broader shifts: the changing character of the young adult years and the declining normative control over people’s lives (see the following section for a discussion of the influence of changing social norms). The young adult years constitute a ‘demographically dense’ period; more life-course events occur between ages 18 and 29 than at any other stage of the life course (Rindfuss 1991). The lives of young adults have changed dramatically thanks to prolonged education, transforming social norms, changing patterns of home leaving and union formation, and the new character of risks and uncertainties. Lesthaeghe and Moors (2000: 153) use the term *destandardisation* to highlight the fact that the “classic sequence of finishing school, entry into labour force, home leaving linked to marriage and subsequent parenthood is being reordered in ever larger segments of the population.” On the one hand,

young people enjoy an unprecedented freedom of choice in personal matters and many embrace what Mayer (2001) labels ‘hedonistic individualism,’ a situation where people “have their own life designs and life projects or, rather, follow egoistically the shifting material incentives and consumption idols from situation to situation” (see also discussion in Section 2.2.4 above and Section 8.3.2). On the other hand, new constraints and uncertainties, related above all to employment instability, have emerged in the lives of young adults (see Section 2.2.3 above). Heinz and Krüger (2001: 42) stress that young adults are increasingly coping with episodes of non-standard employment, spells of unemployment, and further schooling, and women are “alternating between non-standard forms of participation in work, education, and family life.” Overall, the life transitions that traditionally served as the milestones of reaching adulthood, such as leaving the parental home, marrying, and entering parenthood, often occur outside the long-accepted boundaries between youth and adulthood; at the same time, there is a growing fluidity and diversity of partnerships and pathways to parenthood (Rindfuss 1991).

The life course consists of and is shaped by multiple forms of temporality (see Mills 2000). The most common marker of the life course is chronological time, which locates events on a time scale: age (individual time), duration of process (process time), and historical time (calendar time) are commonly distinguished (Willekens 1999: 33). However, as a property of individuals, chronological age is an ‘empty’ variable: it may serve as a proxy for biological maturation, psychological development, or an individual’s readiness to assume certain responsibilities (Settersten and Mayer 1997). Chronological age is of paramount importance for the timing of parenthood; it may delineate a woman’s fertile period (‘biological age’) or serve as a marker of the socially prescribed or expected boundaries for major life course transitions. This feature is reviewed in the next section.

### 2.3.2 Changing norms and attitudes on first birth timing

Although normative control in various domains of life has diminished substantially, the social pressure to become a parent and to do so within a certain age bracket is likely to persist, although in more subtle ways than in the past (Rindfuss, Morgan, and Swicegood 1988).<sup>13</sup> Moreover, decision-making on parenthood may be influenced by a number of conflicting norms and widely shared concepts related to different life domains, which frequently exert pressure for fertility delays. Billari and Micheli (1999) distinguish between norms on demographic events that relate to *timing*, *sequencing* (the order of events during the life course), and *quantum* (the number of events experienced in a life course). In sociological theory,

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<sup>13</sup> See Bernardi (2003) for an account of how parental pressure, subjective obligations, and the influence of friends contribute to the decision for motherhood among Italian women.

“(age) norms are prescriptions or proscriptions about behavior in the form ‘should’ and ‘should not’; they are supported by consensus; and they are enforced through various mechanisms of social sanctions—positive, to keep people ‘on track’, and negative, to bring straying individuals ‘back to line’.”

(Settersten and Mayer 1997: 242)

Settersten and Mayer differentiate between *statistical age norms*, which are descriptions of statistical regularity<sup>14</sup>, *optimal age norms*, which are “collective notions about ‘best’, ‘ideal’, or ‘preferred’ ages to experience various life transitions”, and *prescriptive or proscriptive age norms*, which are “collective expectations about when certain transitions ‘should’ or ‘should not’ occur.” The authors point out a great deal of theoretical ambiguity regarding the term *age norm* and assert that demographers often erroneously believe that statistical regularity in life course patterns reflects cultural age norms (p. 243). This section concentrates on norms and, in a more general sense, commonly shared attitudes that influence the timing of parenthood. In particular, it looks at sequencing norms and attitudes—specifying general preconditions for parenthood—as well as explicit norms on first birth timing. In addition, two related issues are discussed, namely social differences in first birth timing and the issue of ‘early’ childbearing.

Rather than strict ‘**sequencing norms,**’ there exist a number of commonly shared concepts of what constitute the necessary preconditions for parenthood; some of them have already been pointed out in the preceding sections. Leaving the parental home, finishing education, and accumulating resources represent such prerequisites for parenthood. Leaving the parental home in fact constitutes in most societies a precondition for making individual choices on union formation and parenthood (Billari, Philipov, and Baizán 2001: 354).<sup>15</sup> Accumulating enough resources before having a child may “imply saving money for expenses, acquiring a stable job, buying a home, or investing in education or training that will provide high and stable income in the future” (Rindfuss, Morgan, and Swicegood 1988: 11). Although the requirement of economic independence constitutes a traditional norm for establishing a family, it acquires a different meaning in the era of individualism and accentuated consumer aspirations (see also Chapter 8, Section 8.3.2). Men, in particular, frequently attach excessive importance to consumer goods, and the saturation of their appetite for high-tech products typically gets priority over family formation (Goldscheider and Kaufman 1996: 89). High consumer aspirations usually imply the necessity of two permanent incomes in a family; moreover, an orientation towards luxury products or high-quality furniture and housing may fuel delay of marriage and childbearing, as was pointed out by Dalla Zuanna (2001) in the case of Italy. Establishing a stable partnership is another common

<sup>14</sup> This non-standard term seems to reflect upon the fact that observed regularities are too often uncritically interpreted as representing the cultural ‘norms.’

<sup>15</sup> Late leaving of parental home appears to be a particularly impeding factor for union formation and parenthood in Southern European societies, where leaving parental home is frequently linked to marriage (Billari, Philipov, and Baizán 2001).

precondition for parenthood. Later union formation, less stable living arrangements, and higher standards of partnership quality mean that many men and women will hesitate to commit themselves to parenthood.

An increasing feeling of entitlement to various leisure activities prior to entering parenthood is an additional obstacle fuelling fertility postponement (e.g. Presser 2001). B. Hoem (1995) noted that young people in Sweden prefer pursuing their careers, earning money, and developing leisure-time activities rather than establishing a family and having children.<sup>16</sup> Similar preconditions, together with ‘establishing a good partnership’ and a mental state of ‘wanting a child’ or ‘longing for a baby’ were listed by the respondents of a Finnish survey (Paajanen 2003). Liefbroer (1998), analysing a panel study conducted in the Netherlands, found that children were considered particularly costly to one’s individual autonomy and career opportunities, especially by women. Highly educated young adults attached more importance to goals

“whose attainment is reduced by having a child—individual autonomy, spending power, career opportunities—and less importance to goals whose attainment is presumably facilitated by having a child—a sense of purpose in life, the quality of the partner relationship, feelings of security.”

(Liefbroer 1988: 14)

Finally, the ideas on parenthood might have become overloaded with associations related to duties, obligations, and responsibilities. This has been suggested to be the case for men (see Section 2.2.4 above), but certainly applies to women as well. Santow and Bracher (2001: 359) point out that in Sweden young people ultimately want to have children, but are not yet ready to make the sacrifices they believe parenthood will demand.

In general, the diminishing traditional normative pressures for parenthood, coupled with the changing aspirations and fundamentally altered life courses of **young adults**, imply that there are multiple pressures for substantial fertility delays. Although life course theories assume that human agents are rationally planning their lives and have reasonable control over their life course, two points are worth highlighting with regard to first birth timing. First, young adults were found to be overly optimistic about their future life plans and chances (Shanahan 2000: 683); this finding indicates that people often have unrealistic expectations about their childbearing plans, and many are confronted with a situation which may alter these plans and eventually lead to fertility postponement. In addition, many men and women increasingly embrace **flexible life strategies**, which involve putting off the major commitments without having a clear time horizon for realising them. A strong orientation towards the present, the feeling of ‘not being prepared’ for parenthood, and the more common ‘wait and see’ approach may be the outcomes of an unstable life situation, but also of the

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<sup>16</sup> As an implication, a strong and consistent home or family orientation among women from an early age appears to have become rare in many societies, especially in Northern Europe.

unwillingness to give up one's autonomy and assume 'adult responsibilities' (see also the discussion on the effects of uncertainty in Section 2.2.3 and 8.3.3). Such a longing for 'eternal youth' and life enjoyment has been termed as *the Peter Pan syndrome*; similarly, Livi-Bacci (1997, cited by Dalla Zuanna 2001) used the term *the delay syndrome* to refer to the Italian situation of ever-later timing of major life transitions.

Are there explicit **norms concerning 'ideal' or appropriate ages** at childbearing and do these norms change over time? Except for a few societies of Eastern Europe, where the norms favouring early childbearing persist (see Perelli 2003 for the case of Ukraine), the available evidence indicates that cultural norms defining the appropriate age for parenthood have changed in response to profound life course changes (e.g. Castro Martín 1992). The social definition of 'being too old' to have children has been modified in favour of higher acceptability of late childbearing (Rindfuss, Morgan, and Swicegood 1988). Van Nimwegen et al. (2002) have reviewed preferences on first birth timing among women aged 20-39 in the countries of the European Union as captured in the Eurobarometer survey in 1997. In most countries, the ideal age was surprisingly close to the observed age in 1996, albeit by one year higher on average. These findings indicate that the ideal age has risen hand in hand with the trend towards later childbearing. Surprisingly, the ideal age was somewhat above the observed age also in the latest-childbearing countries, indicating a potential scope for further fertility delays: For instance in Italy, ideal age at first birth reached 29.5, as compared with the observed age of 28.6 in the same year (1997; see Table 3.3. in Chapter 3). Most respondents indicated a relatively narrow preferred age range for first birth, most typically between ages 25 and 31. Similarly, the French survey conducted by INSEE and INED in 1998 has indicated that most men and women (60%) considered age 25 to 30 as ideal for entering motherhood (Toulemon and Leridon 1999). Interestingly, there were only small differences between the responses of men and women and between generations, with the mean ideal age for motherhood oscillating mostly between 25 and 26 years. As a result, due to the progressing postponement of first births, older women stated age preferences above their mean age at first birth, while younger cohorts stated age preferences lower than what would eventually be the mean age at which they are to have their first child. According to Matsuo (2003: 225), a substantially more intensive shift in age preferences has occurred in Japan, which belongs among the countries with a very late first birth timing (see Chapter 3): women respondents often indicated age 30 as an acceptable minimum and age 35 as an acceptable maximum age for giving birth.

This evidence suggests that there are generally shared norms on a preferred 'timetable' for having a first child, which tend to move toward later ages in parallel with the trend of delayed parenthood, and which encompass a relatively narrow age interval. But beyond averages, there exist large and increasing differences between social groups, especially with respect to educational attainment (see also Section 2.2.1), and the class-specific concepts of

‘early’ and ‘late’ childbearing differ accordingly.<sup>17</sup> Highly educated women increasingly become mothers at ages which were once considered ‘late,’ namely above ages 30 and 35. In many countries, fertility rates also remain significant among women below age 20, which clearly constitutes **‘early’ or even ‘very early’ childbearing** (see Chapter 3, Section 3.4.2). Besides low educational attainment, a number of other factors are usually associated with ‘early’ childbearing, which is still considered in most countries as a more serious social problem than the issue of ‘late childbearing.’ Teenage mothers often come from socially disadvantaged families (e.g. Kiernan 1997) and belong to ethnic or racial minority groups (e.g. McDaniel 1996; Garssen 2004). Many studies have pointed out the importance of the intergenerational transmission of early childbearing, net of the effects of educational and economic status: women from large families (e.g. Blossfeld and Huinink 1991) and women whose parents had children early (e.g. Kiernan and Diamond 1983; Kahn and Anderson 1992; Furstenberg 2003; Rendall 2003) become parents at an early age. Blossfeld and Huinink (1991: 155) explain social differences in the timing of childbearing by “class specific resources”—income, properties, and consumption styles, but also economic strategies, social orientations, values, and beliefs—which influence the educational and career decisions of children. They assert that besides being disadvantaged in their educational prospects, women who grew up in larger families were socialised toward a “career of a housewife and a mother” (p. 159). From an evolutionary perspective, Belsky, Steinberg, and Draper (1991) theorise that age-related reproductive strategies are linked to different socialisation experiences in early childhood. In their view, individuals whose childhood experiences led them to perceive others as untrustworthy, relationships as opportunistic, and resources as scarce or unpredictable, will develop a ‘quantity orientation’ in mating and reproductive strategies, orient themselves towards short-term pair bonds, and accelerate their reproductive efforts. A particular feature of teenage pregnancies is that a considerable proportion could be classified as unintended—a result of insufficient contraceptive use or contraceptive failure. For instance, in the United States, only 14 percent of teenage pregnancies in 1988 ended as ‘intended birth’; the remaining 86 percent resulted in abortion and as ‘unintended’ births (Morgan 1996). Morgan and Rindfuss (1999) hypothesise that among socially disadvantaged women, early pregnancy may occur as a result of an absence of a strong motivation for birth control in the face of limited options or failures in other life domains, such as employment or further education.

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<sup>17</sup> Such contrasts also exist between people with different value orientations. The Dutch NIDI Survey on Population and Welfare in 1997 detected the importance of traditional family orientation for the timing of first birth: women with more traditional values on family and parenthood wanted their child at an earlier age—by 1.5 years on average—and were more successful in realising these wishes than women holding more non-family oriented values (van Nimwegen et al. 2002: 20-21).

## 2.4 SUMMARY AND DISCUSSION

This chapter has attempted to provide a comprehensive review of the determinants of delayed fertility. The evidence presented comes from different disciplinary perspectives and different study designs, yet reveals a number of commonalities. Throughout this review, two features repeatedly stand out: the large number of factors which jointly contribute to the shift towards the late-childbearing pattern, and the importance of the mutual interplay between these factors. Each broader factor highlighted in the previous sections—prolonged education, the conflict between employment and motherhood, employment instability, new risks and uncertainties, the fundamentally changed character of intimate relations, the widespread adoption of modern contraception, and changing social norms on parenthood—forms an important, but insufficient part of an explanation for why women and men in advanced societies become parents at progressively later ages. Any analysis that does not take the multifaceted nature of fertility postponement into account provides an overly simplistic perspective of this process (Liefbroer 1999: 611). The example of two Southern European countries, Italy and Spain, repeatedly discussed throughout this review, may serve as a good illustration of the complexities of fertility postponement: almost any of the elements discussed above is believed to contribute significantly to delayed parenthood in these two societies. In line with the concept of the second demographic transition, late childbearing should be seen as a result of fundamental social, economic, and cultural transformation, which changed the norms related to parenthood as well as the nature of decision-making on the timing of childbearing. Here, the purely economic perspective on family and childbearing, as epitomised by Becker (1991), provides a narrow view which ignores the altered character of norms and attitudes related to family and reproduction.

**Life course perspective** constitutes a unifying framework which aptly connects various dimensions of the otherwise fragmented evidence on delayed parenthood. Thanks to modern contraception, sex has been almost completely separated from parenthood (e.g. Toulemon 1996): women in many advanced societies enjoy more than ten years of sexually active life—typically initiated before the age of 18— before entering motherhood. Increased control over reproduction is also manifested by the boom of reproductive technologies and by the growing impatience among women who cannot conceive rapidly when they want to do so (de la Rochebrochard 2003). Control over pregnancy, coupled with the generally accepted idea that motherhood may be effectively postponed towards later reproductive ages, has led to a new mental concept of life course development. These changes have been most salient during the young adult years. The boundary between youth and adulthood has become blurred and many life transitions which once constituted the markers of reaching adulthood are occurring at higher ages. For most young adults, parenthood is an abstract possibility of the distant future. Their partnerships, employment, and living arrangements are marked by flexibility and impermanence, their life transitions have become non-standardised and less

predictable. Many young men and women are still studying and many are living with their parents. Large proportion among them experience a long-lasting experimental stage, during which they enter partnerships and living arrangements like LAT (living-apart-together) which are viewed as temporary by both partners, which serve their immediate needs for emotional and sexual gratification, and which are clearly incompatible with parenthood. Such a 'grey zone' between single living and more traditional, stable unions may be difficult to detect by various life course surveys or to categorise within the common concepts of living arrangements.

Overall, family living and parenthood occupy a shortening part of individuals' lives. Secularisation and individualisation coupled with the progressive decline of social pressure enforcing traditional family norms, have led to a shift away from marriage and traditional family, which have been increasingly replaced by cohabitation, one-parent families, single living and other less permanent living arrangements. Parenthood has become a matter of choice, of mutual agreement between partners about being 'ready' for having children given their current and expected circumstances and conflicting goals. However, **norms and widely shared concepts** and attitudes have not disappeared, but rather have been transformed in subtle ways. Although there exist commonly shared views about the ideal age at which to enter into parenthood, sequencing norms in the form of preconditions for parenthood have become considerably more relevant. Besides the 'traditional' preconditions of achieving a sufficient level of economic security and finishing education, the common standards now include entering a stable partnership and pursuing various leisure activities before entering parenthood. The notions of sufficient economic security and wealth accumulation have been transformed as well; young adults are more demanding with regard to income, housing, and consumer goods accumulated prior to parenthood. Together with the instability of partnerships, increasingly flexible and precarious employment, higher standards of parental responsibilities, and, supposedly, a more rational orientation towards life planning, these factors imply that most couples will postpone parenthood to a considerably higher age than their parents did. This shift is also driven by the necessity for negotiation between partners on having a child and the increasing social acceptance of childlessness. In the words of Bouwens, Beets, and Schippers (1996: 53), having children has become "a matter of planning and doubt" and young people "'doubt' increasingly longer."

Given that women's infertility and pregnancy complications increase with age, is it a rational decision for women to postpone childbearing? Different disciplines operate with different concepts of 'rationality' and 'utility', which are embodied from a life course perspective in the concept of '**optimal age**' at **childbearing**. The 'optimal age' ideas originated in the economic theories of family, where researchers tried to assess how an individual's life cycle utility, especially in terms of life-cycle income distribution, is affected by the timing of childbearing. This issue has been reviewed in Section 2.2.2 above; it suffices to conclude that both from the theoretical (e.g. Happel, Hill, and Low 1984; Gustafsson

2001), and the empirical (e.g. Joshi 2002) standpoint, fertility postponement enables a couple to smooth and reduce their consumption loss due to child-related expenses and lost income. From a different position, Stein and Susser (2000) suggest that the “social advantage” of late parenthood may outweigh the biological advantage of early parenthood, as older parents are more experienced and knowledgeable, have better economic situation, and can more easily afford child-care. Adopting a less usual perspective, Mirowsky (2002) has explored how the timing of first birth is related to the health status of mothers and fathers, as compared with non-parents. In his study, early parenthood was associated with long-term negative health consequences, whereas delayed parenthood was linked positively with men’s and women’s health and the optimal age at motherhood was estimated at 30.5.<sup>18</sup> The author has concluded that delaying parenthood until the late twenties or early thirties may even improve women’s health throughout her life and linked these findings with the improved socio-economic position of older parents. Finally, late childbearing may be seen as a rational strategy from the standpoint of an intergenerational perspective. In many countries, grandparents are the main or very important providers of childcare. For instance, among working mothers in Italy, 46% of children under the age of 3 and 40% of children aged 3-6 are under their grandparents’ care (del Boca 2002). With the increasing labour participation of women, later retirement age, and the improved health status of older people, grandparents may become ‘available’ as child-care providers at later ages than in the past.

Some explanations of delayed fertility have not been discussed in this review and some certainly deserve more space. Selected country-specific factors, institutional and policy influences, or the effects of religiosity have been omitted. Likewise, the effects of social interactions which may sustain the ongoing fertility postponement even when the conditions that initiated this process have been changed, were left out of the discussion.<sup>19</sup> Many determinants of delayed parenthood remain relatively unexplored, especially with respect to their interaction during the life course, and thus pose a challenge for further research. Overall, this chapter provides a backdrop for the analysis and discussions in the subsequent chapters, especially Chapters 3 and 8. The next chapter (Chapter 3) examines in detail the progression of first birth postponement in European countries and relates closely to many issues exposed here, including the prevalence of ‘early’ childbearing, increasing social heterogeneity in first birth timing, and the limits to increasing age at parenthood. The last analytical chapter—Chapter 8—focuses on the specific patterns of first birth timing in the former communist societies of Central and Eastern Europe. It is complementary to the present chapter, which has focused on the determinants and explanations of fertility postponement from the perspective

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<sup>18</sup> This finding is in line with the more general findings that established a positive association between late childbearing and longevity (e.g. Doblhammer 2000).

<sup>19</sup> See Bongaarts and Watkins (1996) for a general discussion of the influence of social interaction effects on fertility; Kohler, Billari, and Ortega (2002) for a debate on the role of social interactions in the process of fertility postponement in Europe, and Bernardi (2003) for a situational analysis of the effects of social interactions on the decision-making of individual women in Italy.

of 'Western' societies. In particular, it provides insights into the motivation for early childbearing during the state-socialist era (Section 8.2.2), the explanations of the rapid shift in fertility timing after 1990 (Section 8.3.2), and discussion of the effects of uncertainty in Central and Eastern Europe on fertility tempo and quantum (Section 8.3.3), which is closely linked to Section 2.2.3 above.