

CHAPTER 7

RE-EMERGING DIVERSITY: RAPID FERTILITY CHANGES IN CENTRAL AND EASTERN EUROPE AFTER THE COLLAPSE OF THE COMMUNIST REGIMES*

This chapter provides a detailed analysis of recent fertility changes in 15 countries of Central and Eastern Europe and in the region of East Germany (former GDR). It focuses on the period after 1989, which witnessed a profound transformation in childbearing patterns, including a rapid decline in fertility rates, postponement of childbearing, and an upsurge in the proportion of extra-marital births. These shifts went hand in hand with changes in union formation, abortion and contraceptive prevalence. While the intensive decline of the total fertility rates seems to indicate a uniform reaction of former communist societies to the ongoing social and economic changes, the analysis reveals that there was increasing diversity in fertility patterns across the region. This study pays particular attention to the interplay between postponement of childbearing and period fertility levels. The progression of the postponement—indicated by an increase in the mean age of women at first birth—has varied widely between countries. I hypothesise that the more rapid postponement of parenthood was related to the relative success of the transition period, and to the extent it brought new opportunities and choices for young people and shifted the institutional structure of many societies considerably closer to the structure of Western European countries.

7.1 INTRODUCTION

The avalanche of events that led to the demise of authoritarian regimes swept through the countries of Central and South-eastern Europe in the ‘revolutionary year’ 1989 and reached its climax with the dissolution of the Soviet Union in 1991. The political division of Europe into East and West, clearly distinguishing the members of the two competing political blocs and two different social and economic systems for more than four decades, had come to an end, paving the way for a less clear-cut political, social and economic differentiation of Europe.

These radical social and economic transformations generated a strong impetus for the subsequent change in the demographic behaviour of the populations in this region. Fertility patterns, initially characterised by early and almost universal childbearing and by a strong attachment to the two-child family norm, changed rapidly over the 1990s. A substantial decline in period fertility has taken place in all previously communist countries of Europe,

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which now form the region of lowest fertility in the world, with total fertility rates (TFRs) ranging between 1.1 and 1.4 children per woman in 2002. An interesting discussion has evolved around several issues: Why did fertility rates decline to such low levels? What was the impact of the postponement of childbearing on period fertility? Is Eastern Europe experiencing the same transformation as the Western European societies since the mid-1960s? Are fertility patterns in Eastern Europe becoming more heterogeneous?

This chapter aims to provide detailed evidence on fertility changes in the countries of Central and Eastern Europe during the 1990s and to discuss the evolving regional differentiation in fertility patterns. In doing so, it touches on most of the questions posed above and underscores the crucial role of fertility postponement in this differentiation. First, a general overview looks at fertility changes from a longer time perspective. Developments in fertility are then linked with evidence on changes in family formation and with data on contraceptive use and induced abortion. The final discussion focuses on increasing differences in the timing of childbearing and the effects of fertility postponement on parity-specific fertility rates. This predominantly empirical analysis paves the way for a more theoretically oriented discussion on factors affecting fertility shifts in Central and Eastern Europe, which is provided in Chapter 8.

7.2 DATA AND METHODS

Analysed data were collected from various sources. Basic data on fertility, abortions, and family formation originate from the Council of Europe (2001-2003) and from EUROSTAT (2001-2003). Detailed data on births by biological birth order and age of the mother as well as data on the age distribution of women were obtained from EUROSTAT and from official vital statistics data and publications. Indicators related to cohabitation, contraceptive use, and mother's status at first birth were compiled from published tables of the FFS (Fertility and Family Survey) Standard Country Reports and RHS (Reproductive Health Surveys) conducted in many countries of the region throughout the 1990s.

In total, 16 units —15 countries and the former German Democratic Republic —have been selected for the comparative analysis. To facilitate the concise comparison of a large amount of data, some figures are presented as arithmetic means¹ for four distinctive geographical regions: Central Europe (Croatia, the Czech Republic, East Germany, Hungary, Poland, the Slovak Republic, and Slovenia), South-eastern Europe (Bulgaria and Romania), the Baltic countries (Estonia, Latvia, and Lithuania), and the post-Soviet countries, regrouping the remaining European states of the former Soviet Union (Belarus, Moldova, the Russian

¹ Arithmetic means were chosen rather than means weighted by the population of given countries because of the large differences in population size between the various Central and Eastern European countries. Weighted means would mostly mirror the situation in a few large countries of this region, e.g., Russia among the post-Soviet countries (146 million out of 209 million inhabitants in 2000).

Federation and Ukraine). Only a limited amount of data is available for Croatia, East Germany and the former Soviet countries. Apart from Croatia and Slovenia, other successor states of the former Yugoslavia as well as Albania were excluded for lack of data, because of specific demographic developments influenced by the civil war (Bosnia-Herzegovina, Serbia and Montenegro) or because of their distinctive history and cultural tradition.² In order to provide a wider perspective on fertility changes in Central and Eastern Europe, a comparison with the following European regions is frequently provided: Western Europe (Austria, Belgium, France, West Germany, the Netherlands, Switzerland, and the United Kingdom); Northern Europe (Denmark, Finland, Norway, and Sweden), and Southern Europe (Greece, Italy, Portugal, and Spain). The presentation of recent fertility shifts is complemented by an estimate of the effects of fertility postponement on the level of period TFR, using a method proposed by Bongaarts and Feeney (1998) that has already been utilised in Chapters 4 and 6.

7.3 COMPLEX CHANGES IN FERTILITY AND LIVING ARRANGEMENTS

The demographic distinctiveness of Eastern Europe³ as a relatively homogeneous region developed gradually between the mid-1960s and the mid-1980s. In 1985, there was a clear demographic division between Eastern and Western Europe (Monnier and Rychtaříková 1992: 157). A cleavage along political boundaries had replaced the geo-cultural line identified by Hajnal in 1965 (Ní Bhrolcháin 1993: 463). The political blocs constituted specific levels of spatial organisation, manifested also by contrasting fertility development (Decroly 1993). In the mid-1980s, Eastern European patterns of fertility behaviour were characterised by a strong attachment to the two-child family norm, with only a small proportion of women remaining childless; by early family formation; by the early start of childbearing (as compared with the Western European standard); and by a subsequent short spacing of births. Reproductive life was marked by a low prevalence of modern contraception and a high incidence of induced abortion. Premarital conceptions were common⁴, while extramarital births were relatively rare. The 1990s brought a complex transformation of this reproductive model. An overview of fertility change between 1989 and 2000 in the 16 units analysed is provided in Table 7.1. The following section deals in more detail with recent fertility changes. Particular attention is paid to the postponement of childbearing, the increasing differences in period fertility by birth order, the spread of extramarital childbearing, the diffusion of cohabitation, and changes in abortion rates and contraceptive prevalence.

² For an overview of demographic changes in the Balkan countries during the 1990s, see Sardon (2001).

³ For simplicity, the term *Eastern Europe* is often used for the whole group of European former communist countries included in the analysis. This follows a concept of Eastern Europe that evolved from the peculiar development of the region after the Second World War. The terminology thus differs from Chapter 6, where *Eastern Europe* denotes only four countries of the former Soviet Union, labelled here as *post-Soviet countries*.

⁴ In the Czech Republic, about half of the first marital births were conceived before marriage during the 1980s (FSU 1981-89). In Poland, 49% of first children were born within 9 months of the marriage in 1990 (GUS 1991).

Table 7.1 Basic indicators of period fertility in Central and Eastern Europe, 1989-2000

	Total population (thousands), 2000	TFR		Adjusted TFR, avg. 1998-2000 ^(a)	% extra-marital births	
		1989	2000		1989	2000
Central Europe						
Croatia (CRO)	4,568	1.67	1.40	--	6.6	9.0
Czech Republic (CR)	10,278	1.87	1.14	1.67	7.9	21.8
Hungary (HUN)	10,043	1.82	1.32	1.70 (97-99)	12.4	29.0
Poland (POL)	38,654	2.08	1.34	1.69	5.8	12.1
Slovak Republic (SR)	5,399	2.08	1.29	1.72	7.2	18.3
Slovenia (SLO)	1,988	1.52	1.26	1.63	23.2	37.1
Former GDR (GDR)	15,217	1.57	1.22	--	33.6	51.4
South-eastern Europe						
Bulgaria (BG)	8,190	1.90	1.30	1.47 (97-00)	11.5	38.4
Romania (ROM)	22,456	2.21	1.31	1.50 (98-99)	--	25.5
Baltic countries						
Estonia (EST)	1,439	2.21	1.39	1.67	25.2	54.5
Latvia (LAT)	2,424	2.05	1.24	1.61	15.9	40.3
Lithuania (LIT)	3,699	1.98	1.27	1.63 (98-99)	6.7	22.6
Post-Soviet countries						
Belarus (BEL)	10,020	2.03	1.31	--	7.9	18.6
Moldova (MOL)	4,282	2.78	1.30	--	10.4	20.5
Russia (RUS)	145,559	2.01	1.21	1.47 (95)	13.5	28.0
Ukraine (UKR)	49,851	1.94	1.10	--	10.8	17.7
	Fertility rate <20 2000 (per thousand) ^(b)	Share <25 (%), 2000 ^(c)	Mean age at childbearing, 2000 ^(d)	Mean age at first birth (MAFB), 2000 ^(d)	Abs. change in MAFB 1989-2000	Share of birth order 1 (%), 2000 ^(e)
Central Europe						
Croatia (CRO)	78	33.9	27.72	25.46	1.52	44.1
Czech Republic (CR)	65	35.0	27.18	24.94	2.46	48.3
Hungary (HUN)	117	35.2	27.29	25.07	1.97	45.1
Poland (POL)	86	36.9	27.36	24.50	1.17	47.8
Slovak Republic (SR)	120	41.8	26.59	24.15	1.50	45.8
Slovenia (SLO)	36	26.1	28.20	26.46	2.94	50.2
Former GDR (GDR)	64 (99)	31.3 (99)	27.47 (99)	--	--	--
South-eastern Europe						
Bulgaria (BG)	234	54.1	24.96	23.48	1.38	58.2
Romania (ROM)	193	49.3	25.71	23.65	1.08	51.6
Baltic countries						
Estonia (EST)	132	40.7	26.96	24.02	1.02	48.4
Latvia (LAT)	96	39.4	27.17	24.43	1.53	49.6
Lithuania (LIT)	126	44.1	26.66	23.88	0.52	46.8
Post-Soviet countries						
Belarus (BEL)	141	52.4	25.58	23.39	0.56	57.8
Moldova (MOL)	173 (01)	52.8 (01)	25.36	22.8 (01)	0.52 (90-01)	53.8
Russia (RUS)	141	50.9	25.90	23.13 (98)	0.36 (89-98)	58.8 (98)
Ukraine (UKR)	160	60.9	24.72 (98)	22.8	--	60.1 (01)

NOTES:

(a) Adjusted TFR: Bongaarts-Feeney (1998) tempo-adjusted period total fertility rate (see Chapter 4, S. 4.3.2).

(b) Cumulative fertility rates per 1,000 women below age 20.

(c) Proportion of fertility schedule realised by women under age 25.

(d) Based on the schedule of age-specific incidence rates of birth order 1.

(e) Proportion of births of birth order 1 among all births.

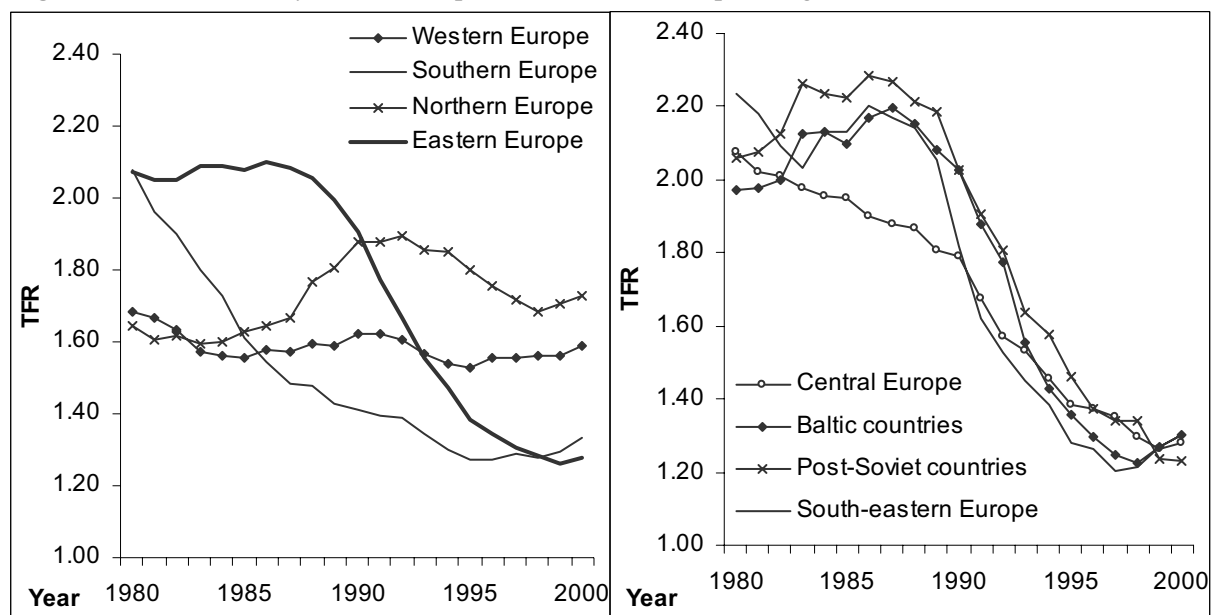
SOURCES: Council of Europe (2001, 2002), EUROSTAT (2001-2003), DASS (1999), and unpublished data.

7.3.1 Long-term changes in period fertility

Since the 1960s, total fertility rates in Central and Eastern Europe have contrasted with those in other parts of Europe. In Estonia, Hungary, and Latvia, the TFR had fallen below 2.0 already at the beginning of the 1960s, a time when many parts of Europe experienced a moderate baby boom. In the 1970s and 1980s, various population policy measures⁵ together with other factors (e.g., a limited supply of effective contraception and the easy availability of jobs due to non-existent unemployment) preserved Eastern Europe from the fertility decline experienced in all other European regions. A sharp fall in the TFR during the 1990s shifted the position of Eastern Europe on the European fertility map within one decade from a “highest fertility” to a “lowest fertility” region (Figure 7.1).

The level of total fertility in the Eastern European regions in 1980 and 1998 was close to that of Southern Europe, where the post-war fertility decline started later and was more pronounced than in Northern and Western Europe. Nevertheless, apart from Central Europe, the TFR decline in the former communist countries was concentrated entirely during the short period of the 1990s. In several countries of Central Europe, especially in Slovenia and the former GDR, the decline in period fertility had started already in the 1980s. It was particularly

Figure 7.1. Total fertility rate in European and eastern European regions, 1980-2000



SOURCE: Council of Europe (2001, 2002)

⁵ A large variety of pro-natalist and social policy measures included child benefits (often increasing progressively with the number of children in the family), paid maternity leave, and the provision of day-care (see Klingler 1991). Housing, which was always in short supply, was primarily distributed to married couples with children. Moreover, restrictions on the access to abortion were imposed in several countries at the end of the 1960s and during the 1970s (Blayo 1991). In Romania and the Soviet Union, employed unmarried men and childless women had to pay a special “childlessness” tax.

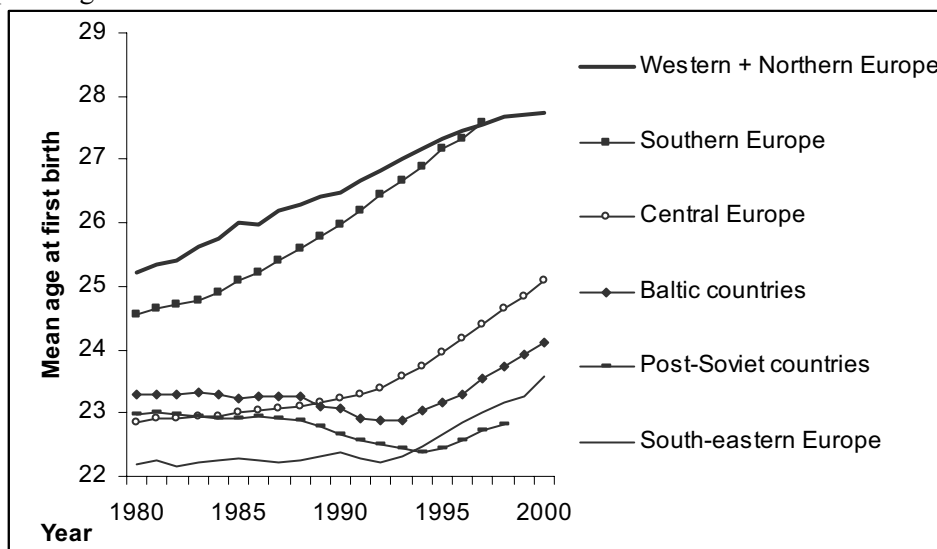
strong in East Germany, following shortly after the fall of the Berlin Wall in November 1989 and German reunification in October 1990 (see Sardon 1998). Consequently, the TFR in East Germany reached the record low level of 0.77 in 1993-1994.

A steep decline in period fertility over the 1990s suggests a seemingly uniform reaction to the uneasy, complex transformation of the post-communist societies. However, a more detailed look at the changes in the timing and composition of fertility depicts a growing diversity in fertility patterns across Eastern Europe.

7.3.2 Changes in the timing of fertility characterised the postponement of childbearing

An early age at childbearing was one of the most distinctive features of the Eastern European reproductive pattern. Around 1990, Eastern Europe had barely been affected by the rise in the mean age at childbearing which was so prevalent in other parts of Europe (see Chapter 3). Women were bearing their first children on average between age 22 (Bulgaria, Moldova) and 24 (Croatia, GDR) as contrasted with a range of 25 to 28 in the rest of Europe. During the 1990s, fertility postponement, as captured by an increase in the mean age at first birth, spread gradually in Eastern Europe. Although a great contrast with other European regions in the timing of first births remained virtually unchanged (Figure 7.2; see also Figure 3.2 in Chapter 3), there were substantial differences in the pace of postponement across Central and Eastern Europe. The ‘ageing of fertility’ had been manifested earlier in some Central European countries (Hungary, Slovenia, the former GDR) where, together with the Czech Republic, it gained considerable momentum during the 1990s, with the mean age at birth of the first child

Figure 7.2. Mean age of mother at birth of first child in Central and Eastern Europe as compared with other European regions



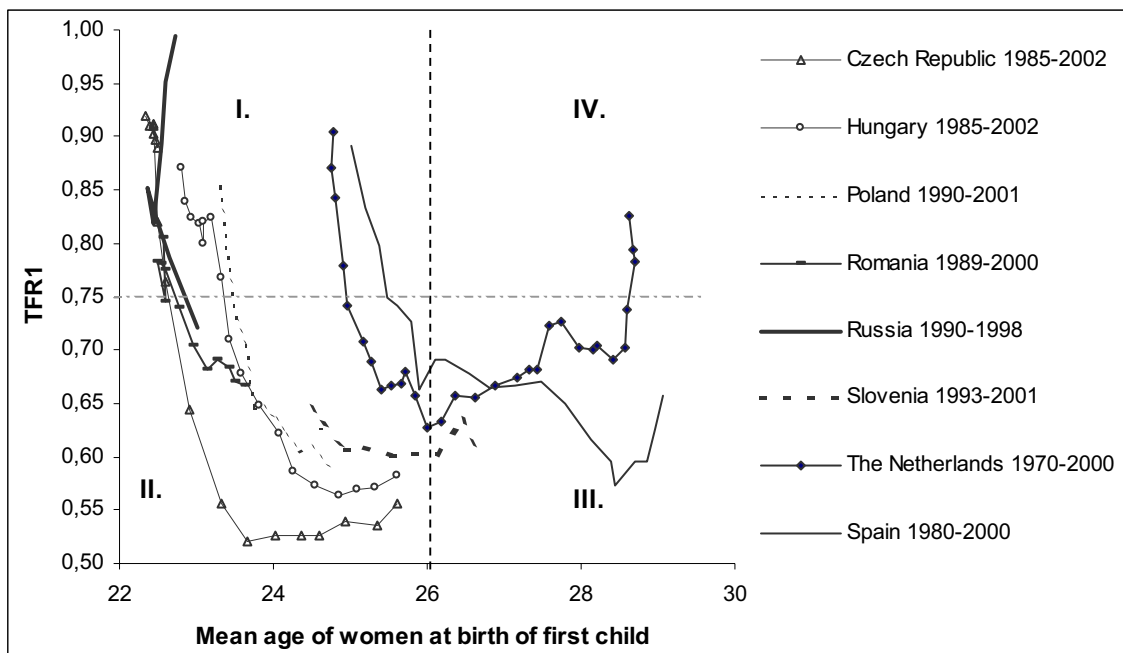
NOTES: Post-Soviet countries: data for Belarus and Russia only; Western + Northern Europe: data for Denmark (until 1996), Finland, France, Norway (since 1986), and Sweden; Central Europe: excluding East Germany.
SOURCES: EUROSTAT (2002, 2003), Council of Europe (2001, 2002), and Toulemon and Mazuy (2001).

increasing by 2 to 3 years between 1989 and 2000. Former Soviet countries and the Baltic countries initially experienced a slight decline in the mean age of first-time mothers from the end of the 1980s, but this trend reversed around 1994. The available data indicate that in the second half of the 1990s first births were being delayed to some extent in all former communist countries (see also Chapter 3). In Central Europe, the Baltic countries, and South-eastern Europe, the postponement was already progressing at a faster pace than in Western and Northern Europe.

The shift in the timing of childbearing proceeded hand in hand with the decline in first-order total fertility rates (TFR_1). The TFR_1 and the mean age of women at the birth of their first child (MAFB) are likely to follow a similar transition characterised by four distinctive stages (Figure 7.3):

- I) *Initial stage*: High TFR_1 and relatively low MAFB;
- II) *Onset of the postponement* manifested by a substantial decline in the TFR_1 and a parallel increase in the MAFB;
- III) *Continuing postponement*: TFR_1 stabilises at a low level, while the mean age of first-time mothers continues to grow;
- IV) *Postponement stops*: As the mean age of first-time mothers approaches 30, the postponement gradually slows down and as a result the TFR_1 increases again. The delay of childbearing proceeded in most countries hand in hand with a gradual decline in first birth rates, therefore the TFR_1 usually does not fully return to the initial level.

Figure 7.3. First-order TFR (TFR_1) and the mean age of mother at birth of first child. Selected countries, 1970-2002



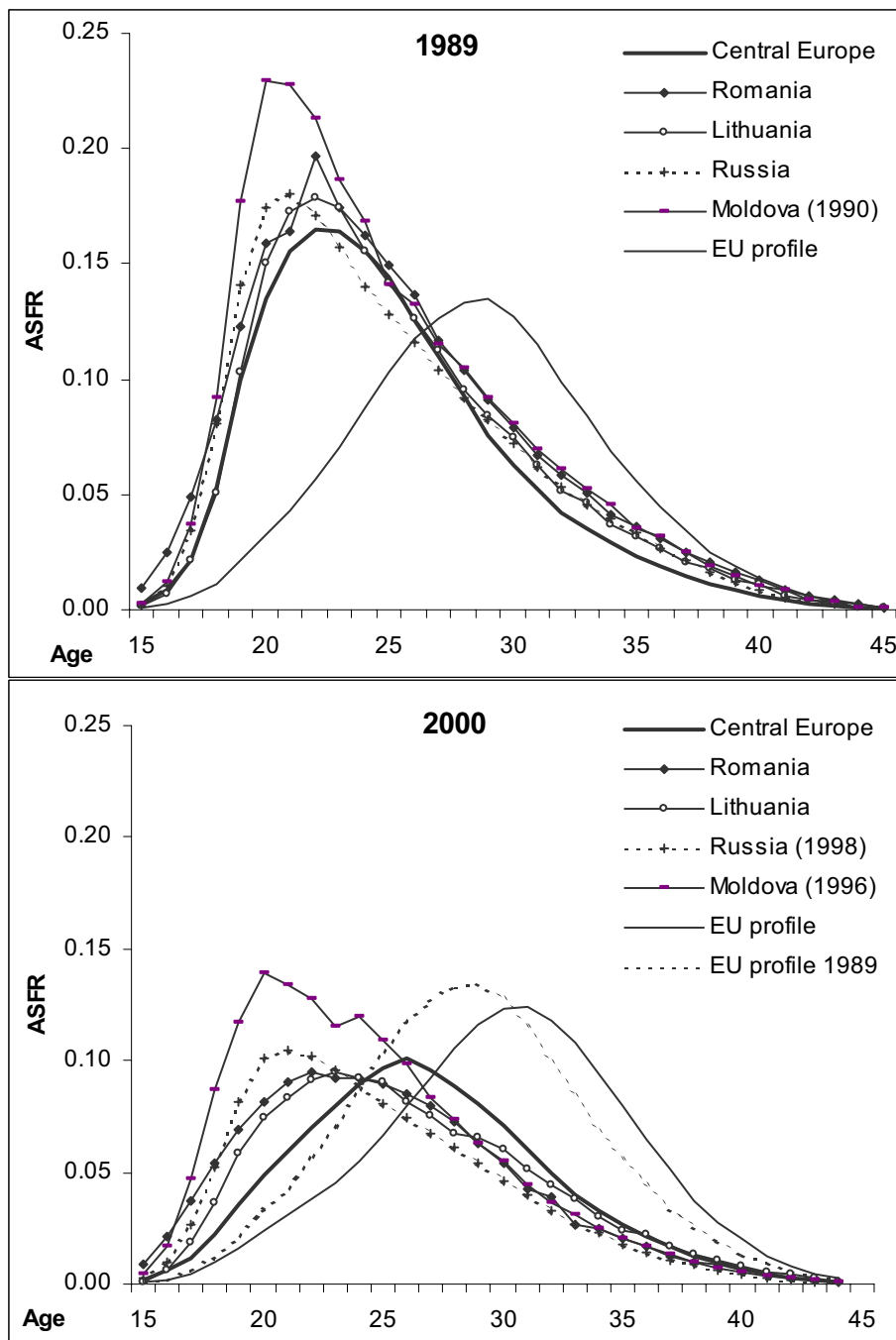
SOURCES: EUROSTAT (2002, 2003), Council of Europe (2001, 2002), CNPS (1990-1997), CSU (2000), FSU (1981-1989), GUS (1991-1995)

In Figure 7.3, the ongoing transition in several former Eastern European countries is compared with that of the Netherlands, which has already reached the final stage, and of Spain, where the postponement of first births is still in progress (Stage III). This figure constitutes an analogy to the simplified model of fertility postponement and recovery outlined in Chapter 3 (Figure 3.13). In most countries of Eastern Europe, the timing shift is progressing relatively rapidly and the depressing effect on first-parity fertility rates is more pronounced. The very high levels of the TFR_1 in Russia around 1990 were associated not only with a high level of first-order fertility, but also with the advancement of childbearing—a temporary decline in the mean age at first birth, which inflated the TFR_1 values to a level close to 1.0. The figure highlights the persistence of postponement, discussed by Kohler, Billari, and Ortega (2002: 660), and analysed in Chapter 3 (see Sections 3.4.1 and 3.5.1): once initiated, fertility postponement in the low-fertility countries is long-lasting and irreversible, leading to a shift towards relatively late childbearing.

A more detailed view on changing fertility patterns by age is provided in Figure 7.4, which displays age-specific fertility rates in Central Europe, Romania, Lithuania, Moldova, Russia, and the European Union in 1989 and 2000.⁶ The quite homogeneous fertility profiles of the Eastern European countries in 1989 contrast with the much older schedules of the EU countries. In Eastern Europe, childbearing was highly concentrated into a narrow age span of young women, and almost half of total fertility was realised between age 19 and 24. Moldova was an extreme case of very high fertility at those ages. Since 1989, mothers in the EU countries have become even older and the fertility profiles of the Eastern European regions have been more differentiated along the age axis. In all of them, the fertility decline caused a “flattening” of the fertility schedules, thus ending the strong concentration of childbearing into a few age groups. Childbearing patterns have become more heterogeneous, mirroring an increasing diversity of fertility strategies among women. As a result, the inter-quartile interval of the distribution of first births increased substantially, from 4.0–5.0 years around 1990 to 5.0–6.5 years in 2000 (see Chapter 3, Section 3.4.2). The age profile of childbearing in Central Europe moved closer to the EU profile. Mothers in two post-Soviet countries, Moldova and Russia, remained very young, while Lithuania and Romania occupied an intermediate position. Most Central European countries also experienced a process of gradual “making up” for the delayed births among women above age 30, and a particularly sharp reduction of fertility among teenage women. In other regions this decline was only gradual, resulting in increasing differences between countries. In Slovenia, the cumulative fertility rate among women below age 20 declined to the level of 36 per thousand in 2000, whereas in Bulgaria it was more than six times higher (234 per thousand).

⁶ This analysis considers the European Union prior to the enlargement in May 2004.

Figure 7.4. Age-specific fertility rates (ASFR) of women in selected countries and regions in 1989 and 2000.



NOTE: Central Europe: arithmetic average of age-specific fertility rates (ASFR) in the Czech Republic, East Germany, Hungary, Poland, the Slovak Republic and Slovenia; EU profile: arithmetic average of ASFR in Finland, the Netherlands and Spain.

SOURCES: EUROSTAT (2002, 2003), Avdeev and Blum (2002), CNPS (1990), CSU (2000), DASS (1999), GUS (1991), SB (1994, 2001) and unpublished national data.

7.3.3 Increasing differences in parity distribution

For several decades until the 1980s, the first-order TFRs were high, as almost all women had at least one child. Only 5 to 10% of women in different Eastern European countries born in 1955 remained childless (see Chapter 5, Table 5.3). Since the 1980s Central Europe has gradually emerged as a region with low levels of TFR_1 , dropping to an average of 0.58 in 2000. Other regions, especially the post-Soviet countries, were characterised by slightly higher fertility at birth order 1 throughout the 1990s. The position of different countries with regard to period fertility at the second birth order is in contrast with the situation at parity one. Generally, many countries that retain higher TFR_1 have seen a pronounced decline in the second-order TFR (TFR_2), and countries with a low TFR_1 rank higher with respect to TFR_2 . This difference appears to be partly related to the uneven pace of the postponement of childbearing across Eastern Europe. In countries where a marked decline of the TFR was largely driven by tempo effects, there was a very strong reduction in first-order fertility rates. This pattern is typical of Central European countries, where many women are postponing childbearing. However, once they give birth to their first child, most of them decide to have a second one. In contrast, in countries where the postponement was slower, especially in South-eastern Europe and the post-Soviet countries, the fertility decline was driven mostly by quantum effects, and was very intensive with regard to second and higher birth orders.

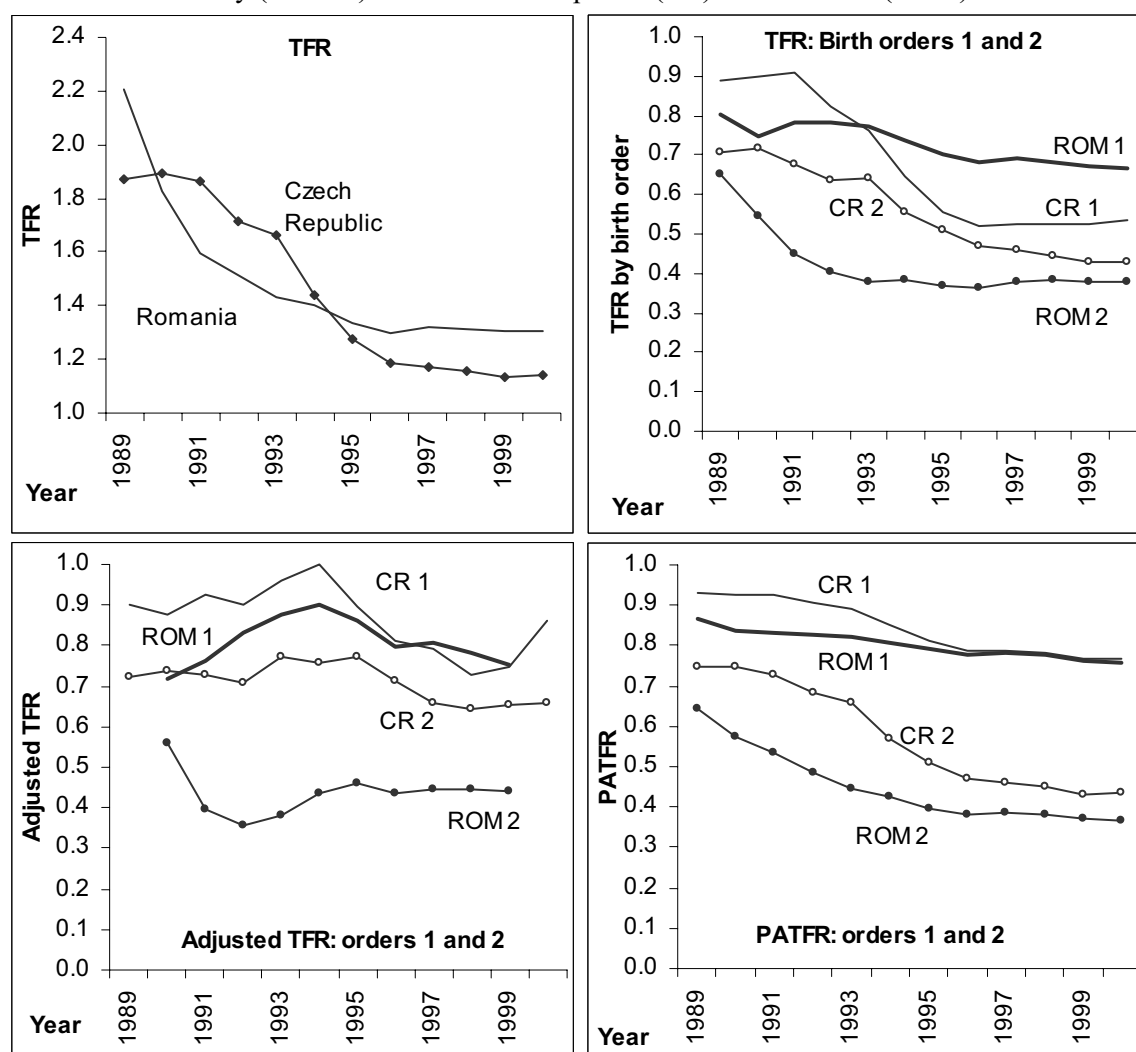
These emerging contrasts are illustrated by the analysis of period fertility for first and second birth orders in the Czech Republic and Romania. The Czech Republic witnessed a pronounced decline in TFR between 1993 and 1996, while in Romania the most intensive decline had taken place already in 1990-92. Since 1995, the TFR in Romania has been higher than in the Czech Republic (upper left quadrant of Figure 7.5). The latter country experienced a particularly strong reduction in first-order TFR, which was lower by about 0.15 than in Romania in the second half of the 1990s (upper right quadrant). In contrast, ever since 1989 second-order TFR has been higher in the Czech Republic. Does this mean that Czech women will reach very high levels of childlessness, while most Romanian women will have only one child? The use of the Bongaarts and Feeney (1998) adjusted order-specific TFRs (lower-left quadrant) and the age-parity indexes of total fertility (PATFRs⁷ in the lower right quadrant of Figure 7.5) suggest a different interpretation. Both indicators show that, contrary to the order-specific TFR values, the first-order fertility rate was higher in the Czech Republic until 1996 and the two have been almost equal since then, reaching values around 0.8. In conformity with order-specific TFR values, the second-order fertility has been higher in the Czech Republic over the whole period since 1989. The PATFRs display a gradual reduction in this difference, while the adjusted TFRs show a continuation of the contrast. In the case of parity 1, birth probabilities are considerably less affected by the postponement of childbearing, and the $PATFR_1$ index therefore displays smaller fluctuations and higher values than the TFR_1

⁷ See Chapter 4, especially Section 4.3.2, for definition of this indicator.

(see Chapters 3 to 5). According to the adjusted TFRs, the continuation of fertility rates and the pace of the postponement of the late 1990s would imply that about 80% of Czech and Romanian women would ultimately have one child. However, some 65 to 70% of Czech women and only 45% of Romanian women would have a second one.

How can the contrasting trends and values of different period fertility indicators be interpreted? As Chapter 4 has illustrated, timing changes in fertility affect different indicators in different ways and they particularly distort the TFR. The comparison of the Czech Republic and Romania has revealed that their major difference in fertility trends is not first-order fertility, but the proportion of women who choose to have a second child. The Romanian pattern of parity-specific fertility change also characterises Bulgaria and the former Soviet

Figure 7.5. Total fertility rate (TFR), unadjusted and adjusted order-specific TFRs, and age-parity index of total fertility (PATFR) for the Czech Republic (CR) and Romania (ROM) in 1989-2000



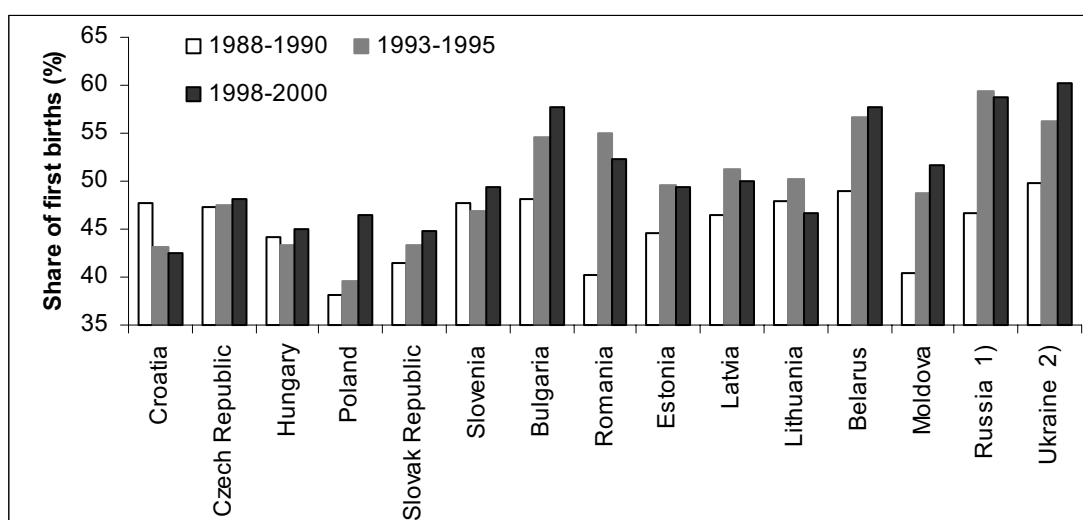
NOTE: adjustment by Bongaarts-Feeney method

SOURCES: Calculated on the basis of data from CSU (2000, 2000a), CNPS (1990-1997), and EUROSTAT (2003).

countries, where most women want to have at least one child despite the difficult living conditions. However, fewer women among those who had a first child are willing to have another one. This indicates a move towards the acceptance of the one-child family model and its spread. Avdeev and Monnier (1995: 34) make two remarks on the attitudes among Russian women that illustrate this point. A widespread preference characterised as “at least one child, at most two” is combined with a strong effort to have really at least one: “Come what may, Russian women have one child at least, unless they are sterile.” This combination of an almost universal progression to motherhood coupled with low progression rate to a second and particularly third child contrasts with the more differentiated fertility pattern in Western countries (Barkalov 1999). The higher progression rate to the second child in Central Europe may be attributed to a more stable social and economic environment, but selection effects play a role there as well. We may assume that women who are having children now are often those who are behaving more ‘traditionally,’ while women currently postponing births will not embrace the two-child family norm so often in the future.

The hypothesis on increasing parity differences in fertility structure across Eastern Europe gains further support from the statistics on the distribution of live births by birth order that are available for more countries than the detailed data needed for the computation of order-specific TFRs. In Bulgaria, Belarus, Russia and Ukraine, the proportion of first births in the total number of births has increased to 55-60%, implying a strong orientation towards the one-child family model (Figure 7.6). There has also been a notable increase in the proportion of first births in Moldova, Poland, and Romania, countries that used to have a large share of

Figure 7.6. First births as a proportion of total births, 1988-2000



NOTES:

1) most recent value for 1998 only; 2) most recent value for 2001 only

SOURCE: Council of Europe (2002)

families with three or more children. In all Central European countries except East Germany⁸, first births accounted for less than 50% of all births during the 1990s.

Changes in the third and higher-order total fertility (TFR_{3+}) have also been differentiated across the region. Bulgaria, Russia and probably also Belarus and Ukraine have reached very low levels of fertility at the third and higher birth order. In these countries, third and subsequent births contribute only about 10 to 12% to the overall TFR, indicating that families with three and more children have become uncommon there. The decline in higher-order fertility has been very marked also in Moldova and Romania. On the other hand, in several countries of Central Europe (Hungary, Poland, and the Slovak Republic), the TFR_{3+} still accounted for about 25% of the overall TFR in 2000. Higher fertility rates at birth orders 3+ may be associated with the strong adherence to Catholicism in Poland and in some regions of Slovakia, and with higher fertility among the distinctive Roma minority in Hungary and Slovakia.

7.3.4 Upsurge in extra-marital childbearing

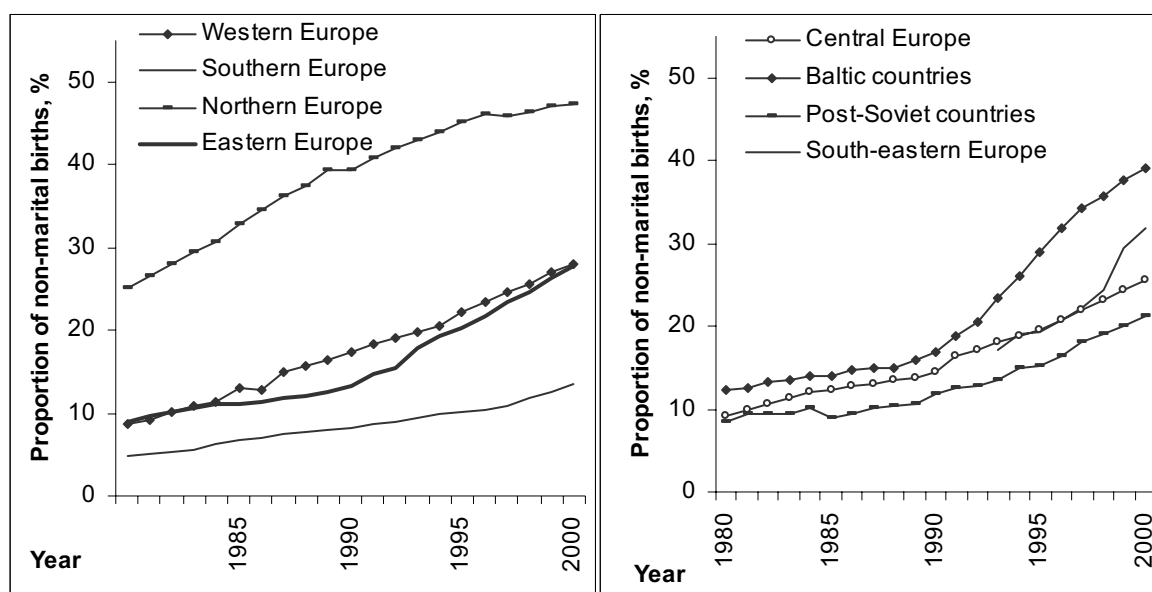
A rapid increase in the proportion of children born outside marriage was—in addition to the changes in the level and timing of period fertility—the most characteristic feature of the recent fertility transformations in Eastern Europe. The spread of childbearing outside marriage is associated with two related developments: the decline in marriage rates and the increasing popularity of informal unions.

The proportion of children born outside wedlock did not exceed 10 percent in most countries of Eastern Europe until the 1980s, although in several regions, particularly in the former GDR, Estonia, and Slovenia, an earlier diffusion of extra-marital childbearing and cohabitation took place. During the 1990s all Eastern European countries saw an upsurge in the proportion of children born outside marriage, reaching an average level of 28 percent in 2000, which was a typical value in Western European countries (Figure 7.7). However, the differentiation in the intensity of extramarital childbearing has increased sharply.

The diffusion of extramarital childbearing was particularly strong in the group of the Baltic countries and the South-eastern European countries. Although its prevalence is influenced by a number of factors, the traditional cultural-religious division plays an important role in this differentiation. Especially the Catholic Church embraces strongly traditional family values and restrictive views on human sexual relations and birth control.

Three very secularised countries with a strong Protestant tradition—Estonia, the former GDR and Latvia—experienced the most dynamic increase in extramarital childbearing

⁸ Statistics on the distribution of births by biological birth order are not available in the former GDR since 1990. However, survey data indicate that East German women have retained relatively high first-order fertility rates, but that their progression rate to the second birth has fallen sharply (Kreyenfeld 2001).

Figure 7.7. Proportion of children born outside marriage in European regions, 1980-2000 (in %)

SOURCE: Council of Europe (2001, 2002)

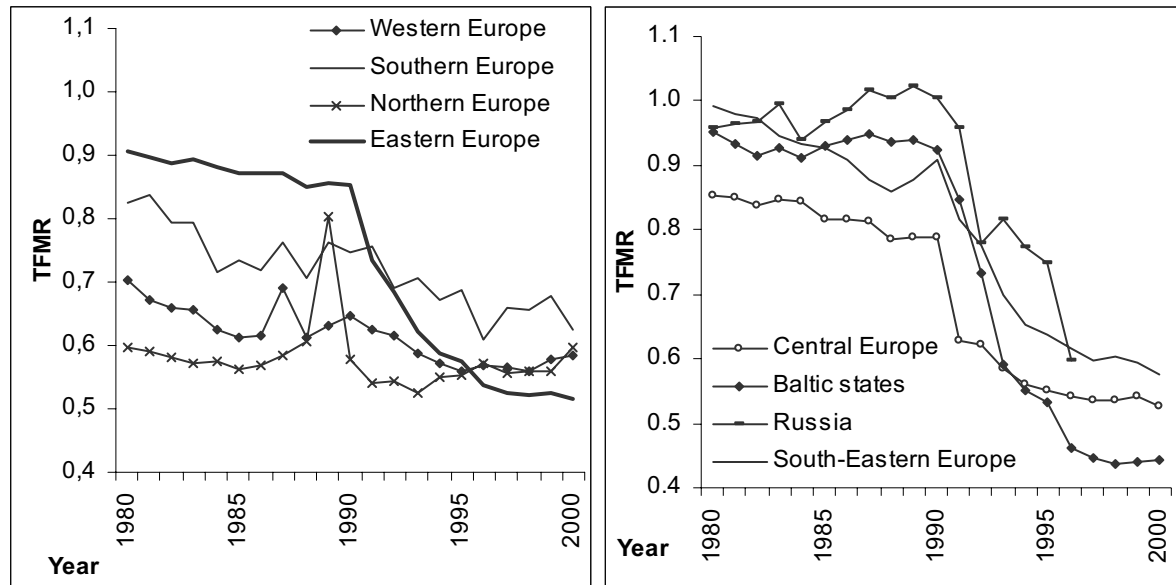
during the 1990s. With the proportion of extramarital births ranging between 40% (Latvia) and 54% (Estonia) in 2000, the situation in these countries resembles that of (also traditionally Protestant) Northern Europe. As more than half of first children were born outside marriage, the disconnection of marriage from reproduction was taking place during the 1990s.⁹ Among the historically Catholic countries, there are considerable differences between the more secularised societies (the Czech Republic, Hungary, and Slovenia) where the proportion of extramarital births reached values comparable to those in Western Europe, and the more traditional and religious societies, in particular Croatia and Poland, which experienced only a gradual increase in the share of extramarital births. Their position resembles that of the Catholic countries of Southern Europe.

The spread of childbearing outside marriage was accompanied by a declining propensity to marry, particularly at an early age. The total first marriage rate of women (TFMR¹⁰) in Eastern Europe, until 1990 by far the highest among the European regions (Figure 7.8), has recently reached the low levels typical of Western and Northern Europe. The average value for Eastern European countries plummeted to the level of 0.51 in 2000. As in the case of first births, widespread postponement of first marriages had a depressing effect on first marriage rates, which would otherwise be considerably higher.

⁹ In 1998, the number of births per 1,000 women aged 15-49 in East Germany was for the first time higher among unmarried women (27.8 per 1,000) than among married women (27.6 per 1,000) (Grünheid and Roloff 2000: 35, Table 12).

¹⁰ TFMR is computed as the sum of the ratios of first marriages by individual years between 15 and 49 to the total number of women at those ages. It is an indicator of the proportion of women who would eventually marry before age 50, should the age-specific 'reduced' first marriage rates of a given year prevail.

Figure 7.8. Total first marriage rates (TFMR) of women in European and Eastern European regions, 1980-2000



NOTE: Data for Belarus, Moldova and Ukraine are not available; data for Russia are available until 1996 only.
SOURCE: Council of Europe (2001, 2002)

To a large extent, the intensity of the decline in marriage rates mirrored the speed of the increase in extramarital childbearing. In most Central European countries as well as Estonia and Romania, marriage rates had already been declining slightly during the 1980s, while in the other regions they remained very high, typically around 0.9 until 1990. The aggregate data suggest that the cultural-religious division also played an important role in the fall of marriage rates. In East Germany, Estonia, and Latvia the TFMR reached temporarily the extremely low level of 0.4. In the Czech Republic, Hungary, and Slovenia, the TFMR has fallen below 0.5 by the end of the 1990s. The Christian Orthodox countries and the more traditional Catholic ones experienced a less pronounced decline in first marriage rates. Generally, postponement of first marriages has been even more pervasive than the postponement of first births. Extramarital births have become common, especially among young women below the age of 25, while older women are more likely to marry before having children. In Bulgaria, Estonia, and Slovenia, as in the Scandinavian countries, the mean age of women at first marriage has surpassed their mean age at first childbirth, indicating the growing disconnection between formal marriage and parenthood.

7.3.5 Increase in cohabitation or expansion of single motherhood?

Was the spread of extramarital childbearing associated with the diffusion of alternative forms of the family, particularly unmarried cohabitation, or has an expansion of single motherhood taken place in Central and Eastern Europe? As data on informal unions are not regularly

collected, we have to rely on the evidence provided by two large survey projects, FFS (Fertility and Family Surveys) and RHS (Reproductive Health Surveys), conducted at least once in almost all the analysed countries during the 1990s.¹¹ The major difficulty of using these two sources for a cross-country comparison is that they were conducted over a period of 9 years (1990-99). The dynamic changes in Eastern Europe during the 1990s imply that the picture obtained by combining these data is distorted, as it provides a comparison of countries at different stages of demographic and social change. However, bearing this fact in mind, this comparison is still valuable, since these are the only extensive data sets on cohabitation as well as on contraceptive prevalence and life transitions in Eastern Europe.

Figure 7.9 compares the overall proportion of extramarital births with the proportion of women living in consensual union at ages 25-29 during the 1990s.¹² In most former communist societies, relatively few women were cohabiting at those ages (typically fewer than 5%), especially in the early 1990s, with highly traditional Poland (0.5% in 1991) being an extreme case. Nevertheless, there were substantial regional differences, with some countries showing a higher prevalence of both cohabitation and non-marital childbearing. Especially in Estonia and Slovenia, cohabitation had been largely accepted already during the communist era. In addition, two units—Bulgaria and the former GDR—displayed a relatively low prevalence of cohabitation (less than 10%) combined with a high proportion (over 30%) of extramarital births. Childbearing among single women seems to be particularly widespread there.¹³ Despite a large heterogeneity, the direction of change towards increased extramarital childbearing coupled with the spread of cohabitation is clearly illustrated for three countries with comparable data on developments over time: the Czech Republic (1993 and 1997), Romania (1993 and 1999) and Russia (1996 and 1999). Additional evidence, provided by the 1999 European Values Study, suggests that the increase in the popularity of cohabitation since the early 1990s has been spectacular. Despite small national sample sizes, the survey shows that in the countries of Central Europe (excepting Poland and Slovakia) and in the Baltic countries (excepting Lithuania) cohabitation has become a common living arrangement for young people aged 20-29 (Lesthaeghe and Surkyn 2002).

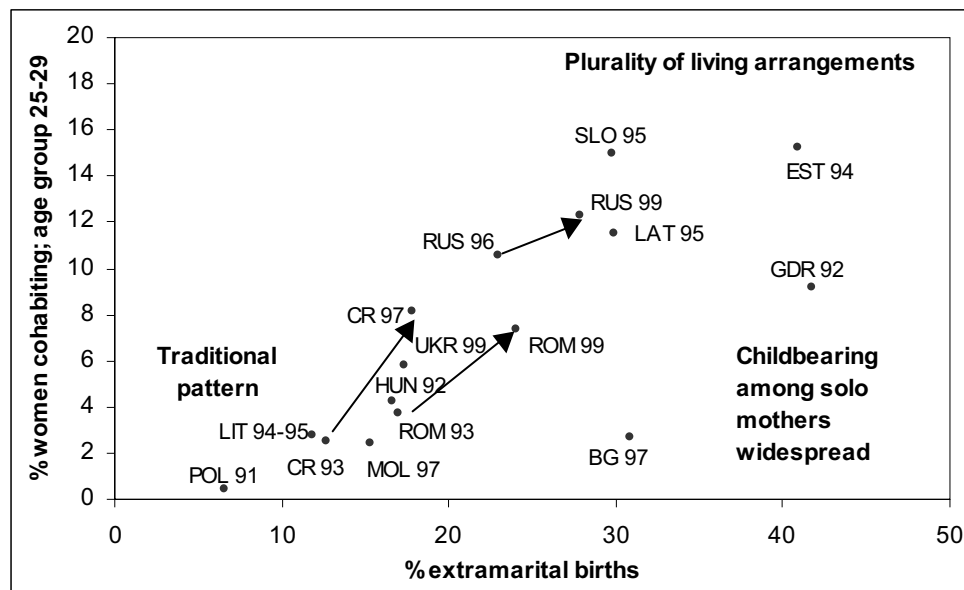
The FFS surveys also investigated the partnership status of women at first birth, distinguishing between marriage, consensual union and no partnership. The results depict a large variety not only in the proportion of children born within marriage, but also in the split

¹¹ Among the 16 countries analysed in this chapter, only in Croatia, Belarus, and Slovakia had no FFS or RHS survey been conducted during the 1990s.

¹² The author was inspired by a similar figure for European countries, compiled by Lesthaeghe and Moors (2000: 157, Figure 23).

¹³ Most countries applied policies that discriminated against consensual unions, e.g., by reserving advantageous loans or provision of housing for newlywed couples. The East German policy, which granted a special status to single mothers starting in 1976, was an exception, creating an incentive for extramarital childbearing (Monnier 1990; Konietzka and Kreyenfeld 2002).

Figure 7.9. Extramarital births (in %) and proportion of women cohabiting at ages 25-29 in Eastern European countries (various years)



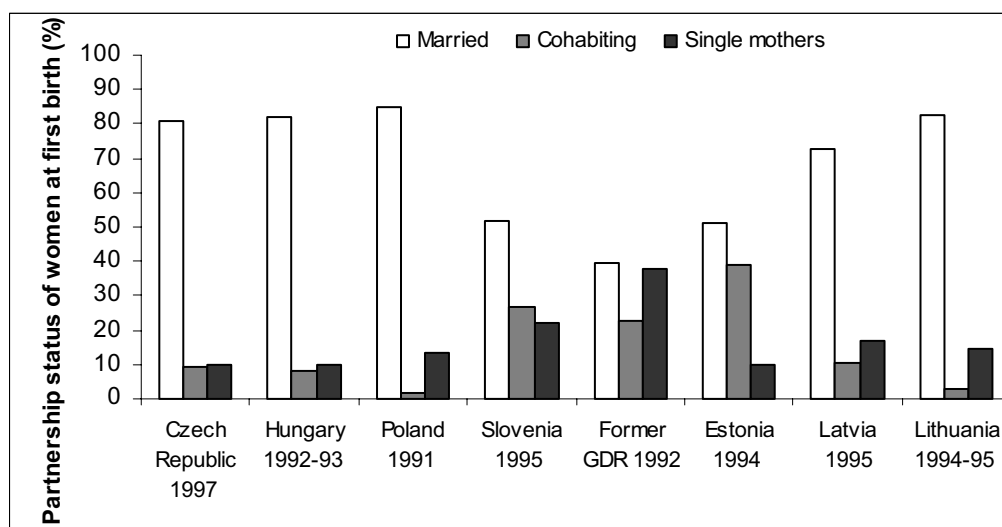
NOTE: see Table 7.1 for acronyms of countries. Data for Estonia refer to native-born women only.

SOURCES: FFS (1991-1998) and RHS (1993-1999) surveys (% of women cohabiting), Council of Europe (2000, 2001) for extramarital births.

of extramarital births between women living in consensual unions and single mothers (see Figure 7.10 for women aged 20-24). The low status of cohabitation in two traditionally Catholic societies, Lithuania and Poland, seems to be a strong barrier to living and having children in unions other than marriage, and explains the small prevalence of extramarital births, which were almost entirely taking place among single mothers. Among those countries with a large proportion of first children born outside marriage, only in Estonia is cohabitation a typical setting for extramarital childbearing.¹⁴ In Slovenia, cohabitation prevailed slightly over single motherhood, while East Germany, where a large proportion of first births takes place outside of marriage and particularly among single women¹⁵, constitutes a special case (see Konietzka and Kreyenfeld 2002).

¹⁴ According to Katus et al. (2000: 133), cohabitation has spread steadily in Estonia since the 1960s. Among native-born women born in the early 1970s, it accounts for more than 90% of first partnerships (see also FFS 1994). While about 80% of first births are conceived outside registered unions, births to single mothers formed only 7 to 10% of all births over a long period of time. In this sense, Estonia exhibits similar trends to Scandinavian countries.

¹⁵ Among women aged 20-24 having at least one child in 1992, only 39.6% had a first child within marriage, while 37.6% were single and 22.8% were cohabiting at the time of birth. Among 25-29 year-old women, one-third gave birth to a first child while they were living without a partner.

Figure 7.10. Partnership status at birth of first child among women aged 20-24 with at least one child

NOTE: Data for Estonia refer to native-born women only.

SOURCES: FFS (1991-1998) surveys

7.3.6 Fewer abortions, better contraception: a stealthy contraceptive revolution

Until the late 1980s the reproductive behaviour of women in Eastern Europe was characterised by a limited choice of modern contraception, a lack of sex education, and a high prevalence of induced abortion. Abortion was provided on request for free in most countries from the second half of the 1950s¹⁶ (see Frejka 1983; Blayo 1991; David 1999; Stloukal 1999). As most societies were tolerant of pre-marital sex, young people experienced sex relatively early and usually before marriage.¹⁷ First sexual intercourse occurred mostly without the use of any contraceptive method and pregnancy often followed soon after the onset of reproductive life. Since women pregnant for the first time usually did not opt for an abortion, marriage—commonly entered by a pregnant bride—and birth soon followed. Abortion was widespread among women with two or more children. The generally low control of people over their reproductive life resulted in a high proportion of ‘mistimed’ and ‘unwanted’ births. The important question is whether the post-communist countries experienced the ‘contraceptive revolution’ and the move toward the ideal of the ‘perfect

¹⁶ In some countries, access to abortion was later limited, or abortion policy changed over time as a part of pro-natalist measures. Romania enforced a ban on abortion for most women after 1967 and allowed no access to contraception, but this represented an exception among the Eastern European countries.

¹⁷ The FFS surveys reveal that the median age at first sexual intercourse among women born in the second half of the 1960s varied between 17.6 years in the Czech Republic (birth cohorts 1968-72) and 20.1 years in Lithuania (birth cohorts 1965-75). In several countries (Moldova, Romania), first sex often took place within marriage, but in most countries it was typically a pre-marital experience. For instance in the Czech Republic only 0.4% of sexually experienced women reported they had first sex after marriage (RHS 1993).

contraceptive society' during the 1990s. In other words, has the specific 'abortion culture' of Eastern Europe disappeared?

Except for the special case of Poland, where a strict anti-abortion law was passed in 1993¹⁸, the available statistics indicate a significant decline in the total induced abortion rate (TIAR¹⁹, see Table 7.2). The simultaneous strong decline in fertility rates and abortion rates during the 1990s contrasts with the previous substitution effect between induced abortion and fertility, which was characteristic of Eastern European reproductive behaviour. Decline in fertility rates was usually achieved through an increase in the prevalence of abortions, and an increase in fertility was frequently associated with a decline in abortion rates. A portion of the recorded decline in abortion rates may be caused by the incomplete registration of abortion, particularly in countries where abortions are also performed in private facilities and in countries where the official health care system has deteriorated. Nevertheless, the official data depict the overall trends well. There was a lasting division between countries with fairly low abortion rates and countries where the incidence of induced abortion still remained high at the end of the 1990s. All Central European countries and Lithuania belong to the first group, with TIARs below 1.0. The most recent figures for other countries with available data put the TIAR between 1.0 and 2.1. The values of a TIAR around 0.5 registered in 2000 in the Czech Republic, the Slovak Republic, and Slovenia are close to the abortion rates of many Western European countries, including France and Sweden. A spectacular decline of abortion rates occurred in Romania between 1990 (TIAR of 6.1) and 1998 (TIAR of 1.6). Extremely high abortion rates in 1990 followed the legalisation of abortion in December 1989 under conditions of still very limited access to contraceptive information and means.

According to various RHS and FFS surveys, the proportion of women aged 25-29 living in union who used any contraceptive method varied between 52% in Poland and 76% in Hungary.²⁰ Bulgaria is a notable exception, with a very low level of contraceptive use, reported by only 42% of women, and yet not extremely high abortion rates (Table 7.3). The heterogeneity in the patterns of contraceptive use in Eastern Europe is manifested in two ways. Some countries display a persistent popularity of traditional contraceptive methods—*coitus interruptus* and periodic abstinence—which were still used by 30 to 50% of women in Ukraine (1999), Romania (1993 and 1999) and Poland (1991). In these countries, as well as in Lithuania (1994-95) and Bulgaria (1997-98), the use of modern contraception (condoms, the pill, and the IUD) was lower than 40%. Only in Central Europe (with the notable exception of

¹⁸ For a valuable analysis of the abortion debate, see Kulczycki (1995); for more recent developments, see FEDERA (2000).

¹⁹ The TIAR is a period indicator of the average number of induced abortions per woman that would prevail in a hypothetical population of women if they experienced the age-specific abortion rates of a given year throughout their reproductive life (ages 15-49).

²⁰ These figures are not adjusted for non-response, which was quite high in some countries (e.g. in Poland). Contraceptive use among young adults below age 25 has been analysed in detail by Bajos and Guillame (2003).

Table 7.2. Estimated total induced abortion rates, 1985-2000

	1985	1989	1990	1995	1997	1998	1999	2000
Central Europe								
Croatia	--	--	--	--	0.30	--	0.25	--
Czech Republic	1.13	1.50	1.51	0.67	0.59	0.55	0.53	0.47
Hungary	1.09	--	1.22	1.06	1.03	0.96	0.92	0.83
Poland ^{a)}	--	--	<i>0.2</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>
Slovak Republic	0.92	1.23	1.23	0.75	0.55	0.52	0.47	0.45
Slovenia	1.19	1.04	0.96	0.72	0.65	0.62	0.59	0.58
Former GDR	0.74	0.63	0.57	--	--	--	--	--
South-eastern Europe								
Bulgaria	1.78	2.25	2.37	1.69	--	1.52	1.25	--
Romania ^{b)}	<i>1.92</i>	<i>1.19</i>	6.07	3.04	2.07	1.61	1.53	1.51
Baltic countries								
Estonia	--	2.17	--	1.70	1.62	1.53	1.46	1.33
Latvia	--	2.21	--	--	1.16	1.09	1.07	1.04
Lithuania	--	1.68	--	1.14	0.83	0.78	0.70	0.59
Post-Soviet countries								
Belarus	--	3.06	--	--	2.04	--	--	--
Moldova	2.72	2.67	2.20	1.55	--	1.17	--	--
Russia ^{c)}	3.66	3.31	3.05	2.62	2.40	2.24	2.08	--
Ukraine	--	2.65	--	--	--	--	--	--

NOTES:

Most estimates are based on data on induced abortions and age structure of women by 5-year age groups; for Latvia until 1998, and for Lithuania and Moldova throughout the period, the estimates are based on age groups 10-14, 15-19, 20-34 and 35-49 only.

Data in italic are incomplete; some other data may be incomplete due to under-registration.

a) Abortions are illegal (with few exceptions) since 1993.

b) Up to 1989, legal abortions only. Author's estimate of TIAR in 1989 including illegal abortions is 5.4.

c) Estimates are based on data published by Goskomstat; more detailed data of the Ministry of Health are less complete (see CDEC 2001).

SOURCES: Council of Europe (1996), EUROSTAT (2002), UN (1997-98, 2000-2001), Avdeev, Blum, and Troitskaya (1995), Blayo (1991), CDEC (2001), CNPS (1998), DASS (1999), Infostat (2000), POPIN CR (2001), SORS (2000).

Poland) were traditional methods used by a small minority of women. Another differentiation was in respect to the contraceptive means usually used. The pill has become the main method of contraception among younger women in Central Europe (again with the exception of Poland in 1991), while in the Baltic countries and the post-Soviet countries the proportion of women using the intrauterine device (IUD) outnumbered by far the small proportion of women using the pill. Time trends, provided by data for the Czech Republic and Romania, reflect the increasing popularity of the pill, which is replacing the traditional methods of contraception, and also the IUD in the Czech Republic. These trends, common across the whole region are, however, taking place at a very different pace.

Table 7.3. Current contraceptive use among women in union aged 25-29 in Central and Eastern Europe during the 1990s (in %)

	Pill	Condom	IUD	Modern methods ^{a)}	Traditional methods ^{b)}	All users ^{c)}	Unknown	No method used ^{d)}
Czech Republic 1993 (RHS)	12.5	19.8	15.3	49.6	22.4	72.0	0.8	27.2
Czech Republic 1997 (FFS)	26.7	18.4	7.4	56.8	9.3	61.8	18.4	19.8
Hungary, 1992-93 (FFS)	50.3	6.4	12.3	71.3	6.0	75.6	2.9	21.5 (8.9)
Poland 1991 (FFS).	3.6	11.0	6.6	23.7	32.2	52.2	27.3	20.5 (6.3)
Slovenia 1995 (FFS)	29.7	9.8	16.5	57.8	13.5	71.4	6.7	21.9 (9.6)
Former GDR 1992 (FFS)	64.4	0.0	3.9	71.1	3.3	72.0	--	28.0 (20.6 ^{e)})
Bulgaria 1997-98 (FFS)	9.4	11.4	3.4	25.1	17.1	42.0	9.4	48.6 (37.8)
Romania 1993 (RHS)	4.0	5.5	6.3	17.5	48.4	65.9	--	34.1
Romania 1999 (ages 25-34, RHS)	11.9	10.5	8.0	36.6	33.5	70.1	--	29.9
Estonia 1994 (native-born only, FFS)	5.8	17.7	31.5	55.9	21.4	63.9	0.0	36.1 ^{f)} (12.2)
Latvia 1995 (FFS)	11.2	15.4	23.8	50.8	8.1	58.8	16.5	24.7 (10.0)
Lithuania 1994-95 (FFS)	4.4	15.6	17.8	38.9	18.0	56.7	8.9	34.4 (19.4)
Moldova 1997 (ages 25-34, RHS)	3.0	6.5	41.6	54.0	21.8	75.9	--	24.1
Russia 1996 (avg. 3 regions, RHS)	7.5	30.3	12.3	55.0	16.8	71.8	--	28.2
Russia 1999 (avg. 3 regions, RHS)	7.4	25.1	15.6	53.3	19.5	72.8	--	27.2
Ukraine 1999 (RHS)	3.3	16.0	19.3	42.0	29.7	71.6	--	28.4

NOTES:

The table shows contraceptive use among all women in union aged 25-29, irrespective of their fecundity, pregnancy status, and sexual activity. When available, non-use among women who are not currently pregnant, sexually inactive, or infecund is indicated in brackets in the last column.

Data on contraceptive prevalence may be underestimated when they are computed on a total that includes unknown cases.

FFS data include the use of multiple methods; in the RHS data, only the main method used currently is reported.

(a) The pill, condoms, the IUD, injections, diaphragm, and sterilisation.

(b) Periodic abstinence and withdrawal.

(c) Due to the use of multiple methods (FFS surveys only), the sum of the respondents using modern and traditional methods may be higher than the total proportion of contraceptive users.

(d) Total proportion of women who do not use contraception. The figures in brackets indicate non-use among fecund, not pregnant, and sexually active women.

(e) Including unknown cases.

(f) Including 19% of women reported as sexually inactive. These probably include unknown cases.

SOURCES: FFS (1991-1998) and RHS (1993-1999) surveys.

7.4 TIMING SHIFTS AND FERTILITY DECLINE

7.4.1 The influence of timing effects on fertility decline

As total fertility rates declined to very low levels in almost all former communist countries by the end of the 1990s, there was an increasing diversity in the timing of childbearing, both within countries—manifested by an extension of the prime childbearing years into a broader age span—and between countries, with marked differences in the mean age at childbearing related to the different intensity of postponement (see also Chapter 3, Sections 3.4.1 and 3.4.2). One reason why timing shifts are important for understanding fertility change is the effect of the timing change itself: postponement of childbearing depresses the total fertility rate to a lower level than it would reach in the absence of timing changes (see also Chapters 3, 4, and 6). Thus the fall in the TFR during the 1990s was driven by the ‘real’ reduction in fertility level (*quantum*) as well as by *tempo effects*.

Since the intensity of the timing changes varied considerably across the region, the ‘depressing’ effects of these changes on the TFR differed accordingly. Table 7.4, presenting Bongaarts and Feeney’s (1998) adjusted TFRs (see Chapters 4 and 6 for definition and discussion of this concept) in 1998–2000 as compared with the two earlier periods helps to shed light on these differences.²¹ Fertility postponement appears to be the major cause of decline in period fertility rates for several countries of Central Europe, and in particular for the Czech Republic, Hungary, and Slovenia. Five Central European countries with available data had adjusted TFRs around 1.7 in 1998–2000. Similar levels were characteristic of the three Baltic countries (1.61–1.67), while the evidence for South-eastern Europe and Russia (data for 1994–95) put the adjusted total fertility at a relatively low level of 1.4–1.5. Low values are likely to be typical of other post-Soviet countries, where the delay of childbearing has been only modest so far. Due to the different pace of postponement, countries with roughly equal period TFRs in 1998–2000, such as Bulgaria and the Czech Republic, display different levels of the adjusted TFR (1.47 and 1.67 respectively).

Although the Bongaarts-Feeney procedure may be based on overly simplistic assumptions, it provides a less dramatic perspective on the period fertility level than the (unadjusted) TFR values of 1.1 to 1.4. It supports the hypothesis that the major differentiation in fertility level between countries lies in the progression rate to second-order births. The unadjusted TFRs show large differences in first-order fertility, reaching as low as 0.53 in the Czech Republic, as contrasting with the level of 0.72 in Russia. The adjusted TFR at order 1, however, mostly comes close to 0.8, still indicating a potentially strong increase in childlessness (see Chapter 5), but also suggesting that most differences in first-order TFRs

²¹ To reduce random fluctuations, I present average values of the adjusted TFR for periods of 3 to 4 years.

Table 7.4. Total fertility rate (TFR), unadjusted and adjusted by the Bongaarts-Feeney method, all birth orders and at birth order 1 (TFR₁), 1990-2000

TFR	Central Europe										South-eastern Europe				Baltic countries			Russia
	Czech Rep.		Hungary	Poland	Slovakia	Slovenia	Bulgaria	Romania	Estonia	Latvia	Lithuania							
1990-1993	1.78	1.80	1.97	1.99	1.39	1.62	1.59	1.75	1.78	1.90	1.63							
1994-1996	1.30	1.56	1.67	1.55	1.30	1.27	1.34	1.33	1.27	1.48	1.33							
1998-2000	1.15	1.31	1.38	1.33	1.24	1.21	1.31	1.29	1.17	1.33	1.21							
Adjusted TFR																		
1990-1993	1.94	1.98	2.13c)	2.09	--	--	1.62	--	--	1.80	1.44c)							
1994-1996	1.94	1.86	2.02	1.85	1.71	1.54d)	1.59	--	--	1.63	1.47f)							
1998-2000	1.67	1.70a)	1.69	1.72	1.63	1.47e)	1.50b)	1.67	1.61	1.63b)	--							
TFR of birth order 1																		
1990-1993	0.85	0.78	0.81	0.85	0.68	0.86	0.77	--	--	0.95	0.91							
1994-1996	0.57	0.65	0.67	0.64	0.61	0.68	0.71	0.66c)	--	0.75	0.82							
1998-2000	0.53	0.57b)	0.61	0.57	0.61	0.69	0.67	0.63	0.59	0.63	0.72g)							
Adjusted TFR of birth order 1																		
1990-1993	0.92	0.87	0.86c)	0.87	--	--	0.80	--	--	0.90	0.82c)							
1994-1996	0.90	0.83	0.76	0.78	0.84	0.82d)	0.85	--	--	0.81	0.91f)							
1998-2000	0.78	0.80a)	0.74	0.77	0.88	0.89e)	0.77b)	0.79	0.77	0.80b)	--							

NOTES:

a) 1997-99; b) 1998-99; c) 1991-93; d) 1995-96; e) due to large fluctuations data refer to the 4-year period of 1997-2000; f) 1994-95; g) 1998.

AdjTFR: Bongaarts-Feeney (1998) adjusted TFR

DATA SOURCES: Council of Europe (2002), EUROSTAT (2002-2003), CNPS (1990-1997), CSU (2000, 2000a), GUS (1998-99), and unpublished data.

were caused by tempo effects. Furthermore, countries with low values of the adjusted TFR—in this analysis Bulgaria, Romania, and Russia—differ from other countries by their low fertility rates at parity 2. Detailed analysis in the previous section, comparing the Czech Republic and Romania, revealed that this differentiation also holds when fertility indicators based on age and parity-specific birth probabilities are used. The TFR decline in Central Europe was to a large extent driven by timing shifts; in contrast in Bulgaria, Romania, and particularly in the former Soviet countries, timing effects were considerably smaller. While fertility rates at birth order 1 initially remained quite high there, the progression rates to second birth have declined rapidly, and consequently first births make up to 60% of all births there. Having children relatively early and bearing just one child may be a common strategy to cope with difficult living conditions.

7.4.2 Explaining diversity in the postponement of childbearing

How can we explain the increasing diversity in the timing of childbearing across countries? One explanation may treat these differences as a re-emergence of traditional differences described in the case of marriage timing by Hajnal (1965). Indeed, all countries with an early pattern of childbearing and high teenage fertility in 2000²² lie either east of, or on, the imaginary demographic fault line between Trieste and St Petersburg. Furthermore, most countries located to the west of this line have recently experienced a marked increase in the mean age of childbearing.

But why would such a distinctive division between early and late marriage and childbearing pattern reappear under radically changed social conditions that by no means resemble the family systems prevailing in the early twentieth century? A more realistic explanation would relate these recent changes to the complex transformation of the Eastern European societies. An intensive debate among demographers has evolved around the question of whether the economic crisis, unemployment, and other constraints were the main causes of fertility decline (e.g. UN 2000b), or whether new opportunities and changing values were mostly responsible for changing fertility patterns (e.g. Zakharov 2000). Most researchers recognise that both factors played an important role. Lesthaeghe and Surkyn (2002: 215) for instance, pointed out that it is the “entire restructuring of society” that accelerated ideational and demographic changes.

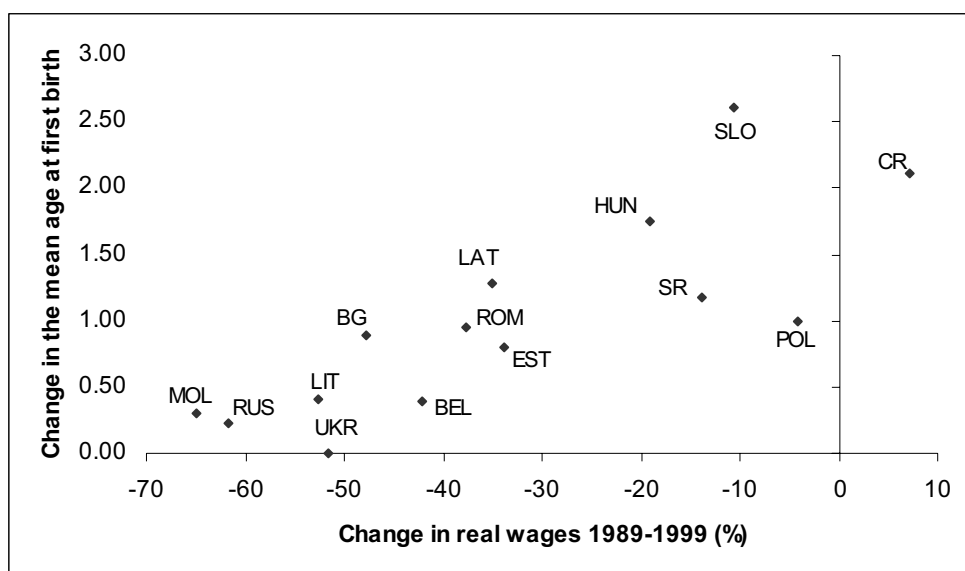
There exists a large body of evidence suggesting that despite the widespread emergence of negative economic phenomena such as unemployment and poverty, Eastern European countries have become enormously differentiated in terms of the successes and failures of their reforms and the living standards of their populations (Ellman 2000). While the post-Soviet countries, especially Moldova and Ukraine, became trapped in massive

²² As indicated by the mean age of women at the birth of their first child lower than 24 years and the cumulative fertility rate of teenage women above 100 per thousand.

economic crises, bringing the living conditions of their populations close to those of many developing countries, Central European societies were fairly successful in implementing market economy and institutional reforms. Thus it is plausible that the impact of the new opportunities, including prolonged education and the pursuit of leisure activities and consumerist lifestyles, has been strongest in Central Europe, while the effects of the economic downturn affected the populations in the former Soviet countries most. How are these differences translated into fertility trends? The more successful social and economic transformation brings the whole institutional structure of the former communist societies closer to the structure of Western European countries. This generates a profound change in values, living arrangements, and fertility patterns, a sort of ‘westernisation’ of demographic patterns.

Lesthaeghe and Moors (2000: 124) see the postponement of marriage and parenthood as the main feature of the second demographic transition. Is there a relationship between the pace of fertility postponement and societal transformation in Central and Eastern Europe? The increase in the mean age of mothers at the birth of their first child between 1989 and 1999 is to a surprisingly large extent associated with more successful development. Figure 7.11 illustrates this relationship using an indicator of real wage change over this period. Countries experiencing the most severe decline in real wages (over 50 percent in Lithuania, Moldova, Russia, and Ukraine) recorded only a minor postponement of childbearing while, with the exception of Poland, postponement progressed rapidly in all the countries with a decline in

Figure 7.11. Relationship between change in mean age of women at birth of first child and relative change in real wages. Central and eastern European countries, 1989-1999.



NOTE: see Table 7.1 for acronyms of countries

SOURCES: UNICEF (2001) for data on wages, Council of Europe (2002) for fertility data. Change in the mean age for Ukraine was estimated on the basis of the most recent data (1993) and trends in related indicators (mean age at childbearing and overall fertility rates by age) in the following period.

real wages of less than 20% over this period. Poor economic prospects, uncertainty, and a low level of social security may contribute to the persistence of early childbearing rather than stimulate fertility postponement. One explanation of this pattern is offered by the “theory of the value of children,” proposed by Friedman, Hechter, and Kanazawa (1994: 383). In their view, marriage and childbearing are widely available strategies for reducing uncertainty regarding the future, especially among women whose “alternative pathways for reducing uncertainty are limited or blocked.” Although the findings on the effects of various forms of uncertainty on fertility timing are often inconclusive (see Chapter 2, Section 2.2.3), the available evidence for European post-communist societies clearly points out that the trend towards massive fertility postponement in this region cannot be explained by the effects of economic and social uncertainty. This issue is further explored in the next chapter, which reviews the evidence on the impact of uncertainty in Central and Eastern Europe on individual decisions regarding first birth timing (see Section 8.3.3).

7.5 THE NEW FERTILITY LANDSCAPE IN CENTRAL AND EASTERN EUROPE

It would be simplistic to relate the nature of fertility changes in Central and Eastern Europe only to the relative success of their social and economic transformation. Obviously, many complex factors have influenced childbearing decisions among women. Several countries, such as Poland and Romania, have seen a strengthening of religiosity, with churches frequently promoting traditional family values, while other regions, such as the Czech Republic and East Germany, are among the most secularised in the world. In some countries, women have been increasingly facing discrimination in the workplace and gender inequality has increased. The Baltic countries and Central Europe experienced an intensive shift in the structure of employment toward a service economy, while South-eastern Europe and the former Soviet countries faced a temporary increase in the proportion of people working in agriculture. These and many other factors have affected recent developments in fertility. Nevertheless, more opportunities, increased freedom of choice, and the generally higher control people have over their lives—including control over their reproduction thanks to the greater availability and affordability of modern contraceptives—are connected with the ‘westernisation’ of fertility patterns.

What appears at first sight as a uniform decline in fertility rates across Central and Eastern Europe was in fact a complex transformation of fertility patterns following the collapse of the previous political system. Since 1989, within a period of ten years, the former communist countries in Europe have become widely differentiated with regard to their social and economic conditions as well as with regard to the reproductive behaviour of their populations. This heterogeneity may further increase as a result of the inclusion of eight post-communist societies into the European Union since May 2004. Changes in fertility are part of

a broader transition in the character of family life marked by the spread of alternative family forms, extra-marital births, postponement of childbearing, and the decline of fertility and marriage rates, which have been taking place in Western European societies since the late 1960s. In contrast to Western Europe, changes in Central and Eastern Europe have frequently progressed at breathtaking speed, partly driven by the emerging economic constraints. The interconnectedness of the changes in values, fertility behaviour and family formation, however, clearly points out the influence of a broader social transformation in virtually all the former communist societies. The unprecedented low fertility rates in Eastern Europe are to a large extent associated with the ongoing delay of childbearing among women. At the same time, decline in fertility quantum has been substantial as well, and will ultimately result in a gradual decline in cohort fertility. As first-time mothers are on average still fairly young compared with those in other parts of Europe, postponement of first births will proceed further and fertility rates are likely to remain very low for another 10-15 years. A gradual economic recovery may paradoxically stimulate further decline in fertility rates in countries where the fertility decline initially had been driven by factors associated with economic crisis. The potential acceleration of postponement in the former Soviet countries, and to a smaller extent also in South-eastern Europe, may bring about a further reduction of already very low fertility rates.

