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Desired and realized fertility in selected FFS-countries

Austria, Belgium, Finland, France, Hungary, Italy, Poland, Spain and Sweden

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Abstract

Western-Europe, as all other developed industrialized countries, has experienced a fertility decline during the last decades, in general to a level below replacement. The decline is assumed to be partly attributable to a general desire for smaller families. However, some women continue to actually having three or even more children. Also, the number of children desired on average continues to be higher than the number of children finally realized at the end of the reproductive cycle. In this analysis, we focus on the discrepancy between desires and actual realizations. Why are desires not realized? What are the obstacles encountered in realizing initial fertility desires? On the basis of retrospective fertility, employment and relationship histories in the FFS datafiles of nine countries, the relative influence of demographic, socio-economic and other factors on the difference between desires and realizations will be investigated. [1]

[1] The author wishes to thank the Advisory Group of the FFS programme of comparative research for its permission, granted under identification number 62, to use the FFS data on which this study is based.

1. Introduction

As socio-economic differentials in fertility-related behaviour have diminished during the last decades, and rigid rules and norms defining family life have lost a lot of their importance, individual-level fertility determinants and the sequence of events during the individual life course have gained a continually growing predictive power regarding childbearing decision-making. The traditional micro-economic theory of fertility determinants does not seem to explain the fertility differences between contemporary Western countries. Consequently, over the past few decades, values, attitudes and preferences have attained a more prominent place in social-demographic explanations of fertility behaviour. Most scholars seem to agree that the low fertility levels in present-day societies are due to a multitude of interacting and mutually reinforcing factors. We suppose that only through the analysis of complex data sets - contextual and attitudinal - it will be possible to identify the actual impact of any of these factors.

In several European countries, a discrepancy can be observed between the average number of children desired in the course of the reproductive cycle and the actual number of children realized at the end of the reproductive years. The FFS-data set allows for an investigation into the determining factors of this discrepancy. To what extent can the gap between desires and realizations be attributed to micro-level characteristics and to what extent do macro-level characteristics come into play? A comparison of country-specific results must reveal whether countries can be compared according to the notion of 'discrepancy' and whether they can be placed in a continuum of distinctive stages of a common macro-process. Comparative research should identify common underlying patterns, if any, and should help in interpreting the exact significance of the observed differences between countries. Differences in individual-level effects may reflect differences in the societal context, in the family policy climate of a country. What can possibly be attributed to the institutional context, the (non)-existence of policies on children, on working women, … In other words, what societies are more child-friendly than others? Comparative research across countries is needed in order to empirically verify this macro-hypothesis.

The empirical analysis presented here, however, will be restricted to analyzing individual-level effects. This paper will attempt to analyze to what extent women's socio-economical situation, living arrangement characteristics and relational characteristics are major determinants in individual-level fertility decision-making processes. What factors come into play in shifts in the number of children and what factors determine postponement? How, when and why do people make voluntary and rational decisions with regard to their fertility and to what extent do irrational behaviour and other not rationally controllable elements play a role? Macro-hypotheses will only be introduced as an onset for further research.

2. Intentions and behaviour

Fertility intentions have recently been paid considerable attention in demographic literature. In the theories of human behaviour, intentions have long been viewed as important, because they synthesize the influence of individual's background and attitudes, and mediate between these characteristics and behaviour (Ajzen, 1985).

The life course history of fertility in the FFS-surveys has been complemented with information on the way respondents anticipate their life in that domain in the near future. Questions about fertility preferences can be

worded in a variety of ways, i.e. with reference to desires, plans, intentions, ideals, preferences or expectations. Ideal family size points to the existence of a societal norm regarding family size, while expected size points to a personal norm. In the FFS-surveys questions were asked about desired family size or about expected future family size, and about ideal family size. Answers pertaining to intentions and values always need to be interpreted carefully.

Previous research has shown differences between ideal, desired and realized fertility. From earlier analyses based on fertility surveys in Belgium and in other countries, it was shown that a gradation exists between the different family size variables, i.e. ideal family size > desired family size > achieved family size. While the personal norm is situated under the population norm, achieved fertility is still lower than this personal norm.

The tradition of asking about future child-bearing plans in fertility surveys is well established, and the same can be said of criticism of such questions. The discussion has been largely a methodological one, focusing on the validity and reliability of different measures, the comparability over countries, the value of expectations, the high non-response rates, but also the utility of measuring birth expectations has been debated.
Some scholars have expressed doubts about the predictive value of statements of intent. Thus, its usefulness as an instrument to predict future fertility has been critically assessed. There is no doubt indeed that some traditional attitudinal questions with regard to desired or ideal family size are no good predictors of achieved family size, at least on an individual level. But other attitude variables, such as the intended or expected number of children and expectations about the occurrence and the timing of a next birth, are more reliable. Previous research has shown that the link between expressed fertility intentions and subsequent fertility is quite a close one (Monnier, 1987, Westoff, 1990). On an aggregate level, expectations even turn out to reveal a very strong sense of reality. Intra-cohort studies show a striking correspondence at the aggregate level between fertility intentions and their subsequent implementation (Cliquet, 1992).
Available results, both at the individual and aggregate level, on the association between intentions and behavioural outcomes support the belief that stated intentions are an essential complement to life course data on past and current experiences. Regardless of the fact that the inconsistency between intentions and subsequent behaviour may appear to be disappointing from the point of view of forecasting, we think that birth intentions reveal much light on the process of family planning and childbearing decision-making.

Fertility intentions, however, remain predictions about the future, and so they may contain considerable uncertainty. Uncertainty arises about one's parity-specific intentions only after one has attained a minimal acceptable number of children, but when an additional child wouldn't necessarily be unacceptable. On the one hand, intentions reflect desires; on the other hand, fertility intentions are always expressed in relation to the actual childbearing-context, e.g. the presence of a partner, stability of the union, threat of martial disruption, occurrence of sterility problems, incongruity between preferred and actual sex composition of children already born, … Beside the vulnerability of relationships and previous fertility experiences, societal circumstances such as the incompatibility between raising children and the labour situation can equally play a role. All these factors may be associated with a reformulation of fertility intentions.

Questions regarding the ideal number of children and the number of children expected involve the notion of social desirability. The question on the desired number of children in the FFS-surveys often yields rationalized information according as the personal experience of the respondent. Childbearing intentions may be revised or reformulated according to changing circumstances, and intentions can fail to be realized because of various unpredictable factors (Namboodiri, 1983). In this view, the number of children a person wants is constantly under reconsideration, in response to changes in economic prospects, the developing character of marriage, and other factors.

Previous fertility research clearly indicates that even a comprising research instrument cannot eliminate the impact of the realized number of children on the intentions expressed. (Callens & Deven, 1993). It seems highly normal that people alter their value-orientations in the course of the reproductive cycle, especially since events like parenthood completely change their circumstances. This is especially true for women in older cohorts. Older respondents will take into consideration the number of children they already have and the number they still wish, think or hope to have. In this view, older women may 'want' and have less children than they wished when they were young. Many reasons may be at the cause of this. Attitudes change can help to rationalize new behaviours - it makes people feel better about changed circumstances.

For example, a Norwegian intracohort study showed that the proportion expecting to stay childless or to have only one child increased slightly among women in their thirties in 1988 compared with those in their twenties eleven years earlier. This change seems quite reasonable at a time of life when some may experience fecundity problems, some may find their family situation is not as anticipated, and others perhaps just acquire a more realistic view on having children (Standard Country Report Norway).

Younger respondents will give an answer that is closer to their 'ideal'. This would be the reason for the (slightly) higher number which is generally perceived among younger age groups. This phenomenon may be partly explained by Weinstein's concept (1980) of "unrealistic optimism". Weinstein argued that young adults overestimate their chances of experiencing positive life-events and underestimate their chances of experiencing negative ones primarily because they have an exaggerated sense of their own ability to control events and because they want to protect their self-image.

In order to understand how preferences, expressed at a certain age and at a specific stage in the life cycle, relate to subsequent fertility behaviour, a fertility preference history would be required. With a retrospective survey design, unfortunately, this cannot be achieved. A longitudinal panel design would be needed in order to examine family desires at the beginning and at the end of the reproductive career and to assess whether values on fertility are changing over time, for the same individuals. Ideally, for analyzing the relationship between individual fertility preferences and subsequent fertility behaviour, survey data should be linked to registration data. Generally, this kind of analysis requires data obtained from expensive and unreliable follow-up surveys.

3. Theoretical framework

Theories of fertility have been examined from a variety of perspectives. The discussions reinforce our view that there is at present no coherent theoretical basis for understanding the variation in fertility intentions and behaviour in low-fertility populations.

The demographic literature on fertility contains a number of intriguing suggestions as to why people in low-fertility societies continue to have children. Caldwell (1982) wrote "(couples) will have (two or three children) … in the full knowledge that having children is not economic, but that one's own children provide a unique form of pleasure which is not substitutable…". The idea that children are a source of intrinsic pleasure is reminiscent of ideas embodied in the 1970's 'value of children' studies. The goal of those studies was to predict fertility intentions and behaviour based on the psychological satisfactions ("values") children provided for parents. The major problems with this body of work are conceptual. "Psychological satisfactions" alone are clearly insufficient to determine fertility behaviour.

There are two dominant economic theories of Western fertility change: 1) the theory of increased female autonomy, proposed by Becker (1981) and 2) the theory of relative economic deprivation, advanced by Easterlin. In both theories, rising female schooling and rising female employment play a significant part.

In modern society, fertility behaviour has evolved from a largely uncontrollable phenomenon to a rationally planned phenomenon. Having and raising children demands considerable emotional and material investment during many years. People take into consideration the costs and benefits and make well-balanced decisions. This viewpoint does, however, not imply that irrational elements have no influence on the timing and even the intensity of fertility, or that other uncontrollable factors have disappeared in the shaping of the reproductive career. Rational choice theories are not sufficient to understand reproductive behaviour. The motivation to become a parent (again) can be influenced by contradictory values and interests of material or immaterial nature. Emotional factors can be even of more importance than rational or economic factors.

In recent years, research into decision-making processes has been influenced by the life course perspective. This has led to a growing awareness that family-life decisions are not taken one at a time, but are part of young adult's general conceptions about future developments in different life domains. This reasoning is implied by such terms as 'strategic life-planning' (Giddens, 1991), 'biographical strategies' (Buchmann, 1989), and 'life strategies' (Ni Bhrolchain, 1993).

Reproductive behaviour has become more dependent on personal experiences in the present and the past, on the personal 'biography', than on traditional societal and familial determinants.

The actual and future fertility behaviour is ever more determined by events in the personal life cycle, by the nature, the timing, the sequence and the duration of earlier stages in the life course and the 'reproductive facts' that did or did not take place in these stages. Experiences in the life cycle pertain to relationship, marriage, education, professional career, parenthood, the course of pregnancy, … Also, future prospects in these domains can determine the future fertility behaviour. In their turn, experiences may influence the actual perceptions and values of people. They shape attitudes and preferences, and, consequently, they shape intentions and determine the (im)probability of particular outcomes of behaviours (Cliquet et al., 1992). The theoretical frame we use is based on the hypothesis of a relation between attitude variables and behavioural variables. We start from the assumption of a circular coherence in which opinions, preferences and intentions

can determine the realization of a specific number of children and in which, inversely, the realization of a specific number of children can influence preferences and intentions.

4. Data and methods

The FFS Standard Recode Files of nine countries (3 Western-European, 2 Nordic countries, 2 Central-European countries and 2 Southern-European counties) were used. The countries compared are Austria, Belgium, Finland, France, Hungary, Italy, Poland, Spain and Sweden.

Since childbearing decisions are directly within women's control, we focus on women. In view of the core question of our analysis, i.e. the gap between fertility desires and realizations, we have restricted the research population to all females aged between 30 and 43. The underlying assumption for selecting women in this age group is that the reproductive time span tends to narrow as from age 30 onwards.

It is obvious that the data are heterogeneous in terms of the time variables (age, cohort). In Sweden the sample included only some generations. The possible period effects produced by the different dates of the interviews have not been analyzed here.

Dependent and independent variables

The dependent variable is the existence of a discrepancy between desired and realized fertility, for 30 to 43 year old women, at the time of the interview. The response variable is dichotomous (0 = no discrepancy, 1 = discrepancy).

The focus here is on expectations, as expressions of individual fertility desires. Some countries have adopted a slightly different question. The filters are not always placed at exactly the same point in the questionnaire. A further heterogeneous element can be found in the occurrence of the answer 'don't know' to the question of expectations, with a frequency varying considerably from country to country. The proportion of the uncertain women affects the reconstruction of their total expected fertility. In the present analysis the uncertain women have been left out.

In order to build an indicator of total expected fertility we completed the birth histories of women with their fertility intentions (number of live births and number of additionally wanted children). In order to determine whether or not a woman achieved her desired fertility, the response variable was constructed subtracting the number of live births from the total number of children expected. When the number differed from zero, a discrepancy was noted. Very few cases of excess-fertility were noted; they were deleted from the analyses.

Trying to implement a standardized model on FFS data reveals the fact that the FFS data themselves do lack standardization to a great extent. Many covariates, e.g. religiousness have missing values at the country level. If present, they have been operationalized in different ways.

The independent variables that are central to answering the research question are socio-economic measures and measures of prior experiences with regard to relationship and fertility.

Human fertility occurs in relational units and it can be assumed that the connection between partnership type and fertility is a close one. How do partnership types, histories of unions, the occurrence of reconstituted families, … affect reproduction? Data from the biographies on union formation and dissolution introduced are:

actual living arrangement (living together or not), duration of current relationship, children's wish of the partner and number of relations ever had. Another factor controlled for is the current legal status of a union, although it is considered dubious to treat this as an independent variable, because conversions of cohabitations into marriages are often a consequence of parenthood rather than a cause.

To what extent can characteristics of the educational career explain incongruities between intentions and behaviour? The variable used is the highest educational level attained.

Also professional activity is an important control variable. Current employment situation, number of hours worked in current job and status of current job (employer, own-account worker, employee, unpaid family worker, cooperative's member) are used in the analyses.

Another important determinant of fertility is early demographic behaviour. Those who have children early, and quickly, have a high fertility. This relationship has been established in numerous empirical studies. The younger a woman is at the time of becoming a mother, the younger she will be at the time of the second and subsequent births (Kasarda et al. 1986). Variables pertaining to fertility and first birth introduced are: age at first birth, whether or not fertility problems have ever been experienced.

A number of other factors are introduced into the analyses as control variables. Age of the mother at first birth and number of live births were introduced as continuous control variables.

Ideational factors such as religiousness have not been used, although the impact on fertility is supposedly strong. Numerous studies have shown that religiousness exerts a strong positive effect on fertility.

Independent variables included in the analysis are :

1. Variables relating to household and relationship

1 Type of living arrangement at interview: cohabiting (marriage or cohabitation) or not cohabiting

2 Legal marital status: married; divorced or separated; single

3 Duration of current relationship: time between start of last relationship and time of interview

4 Child wish of partner: more, less or equal

5 Number of relationships ever had

2. Socio-economic variables

1 Highest level of education (ISCED1): low, medium, high

2 Current employment situation: employed or not employed

3 Hours currently working

4 Professional status

3. Variables relating to fertility and first birth

1 Ever experienced any pregnancy that was miscarried, aborted or ended in a stillbirth

2 Age at first live birth

A single level logistic regression model is used in order to assess the individual relationship between the response variable (patterns of fertility discrepancies) and women's characteristics in everyone of the 9 countries. In order to assess the relative impact of various factors on the probability of having less children

than desired, we estimated odds ratios from the application of the same main effects analysis model for each country separately.

5. Discussion of results

Figure 1 shows the observed difference between ideal, desired and actual number of children for all women, by age group, for all nine countries.

Table 1 gives an overview of the prevalence and size of the discrepancy between desired and realized number of children in the countries under observation.

Table 1. Ranking of countries by discrepancy between desired and realized number of children, by country, by age group.

	Discrepancy		% of women	
	Ages 30 to 36	Ages 37 to 43	Ages 30 to 36	Ages 37 to 43
Spain	0,79	0,26	52,8	18,8
Italy	0,84	0,18	47,7	11,8
Belgium (Flanders)	0,53	0,23	34,7	15,5
Austria	0,43	0,17	27,8	11,9
France	0,69	0,11	39,4	8,7
Sweden *	0,71	0,10	47,6	8,7
Finland	0,47	0,08	31,5	5,5
Hungary	0,24	0,07	18,3	5,4
Poland	0,16	0,04	12,9	2,9

* Sweden : 33 year old women and 38+43 year old women

The number of children can be assumed to be almost definitive for those women who are in the end of their thirties at the time of the interview. When observed at the end of women's childbearing years, the expected number would correspond to their final reproduction. In many countries, however, this correspondence is not observed.

The hypothesis that women eventually have less children than the number they really desire is supported by the observation that the general level of the desired number of children in all countries is higher than the final achieved fertility level. The pattern observed in all countries is that the average ideal family size tends to be a little higher than the total number desired or expected, except for the younger cohorts in Sweden. A striking observation is that ideal family sizes are very similar across countries and across cohorts. Only in the Scandinavian countries, ideal numbers tend to be somewhat higher.

While ideal family size is very constant over cohorts, desired family size tends to fluctuate more over the different age groups. The gap between desired and achieved fertility narrows with increasing age. The gaps is almost never closed for the cohorts under observation, except for the oldest cohorts in Finland (born 1936-1940), the oldest cohort in France (born '41-'45), the oldest cohort in Poland (born '42-'46) and the oldest cohorts in Spain (born '46-'55)

A general pattern to be observed is that respondents in Finland, Sweden Poland and Hungary seem to start closing the gap at an earlier point in their reproductive cycle than respondents in Austria, Belgium, Italy, Spain and France.
Another observation is that the Nordic region has the highest desired number of children, while, at the same time, this is also the region with the highest fertility level in the nineties. Yet, the data point out that also women in this region maybe want more children than they really attain. Also, the Scandinavian countries are the ones with the major difference in expectations between the old and the young generations.

As the figures show, the difference between desired or expected number and eventual realizations can be quite large among women in younger age groups. To which extent their desired number will also be realized, will only be clear in the future. The larger the difference between realized and desired fertility, the higher the chances that the desired number will never be achieved. Also, for the older cohorts choosing to postpone motherhood, the achieved number of children is still unknown. If we look at the fertility preferences of women aged 35-39, there is no indication that they fulfilled their desires. However, for women in the end of their thirties, we assume that postponement is no longer the only reason for not attaining the desired number. Those postponing can achieve a lower number than initially desired or remain involuntarily childless because of fertility problems. Or, the family situation can develop in a way which makes further family formation impossible. From the Standard Country Reports, it appears that, looking at those respondents who do not yet have any children, the youngest among them hardly expect to remain so. Among the older categories, however, the share of the childless respondents who do not expect to have any children increases steadily, which of course has to do with selection and the adjustment of expectations to reality.

The data do not support the hypothesis of a declining fertility rate, since younger respondents don't state to want less children than previous generations. The Eastern-European countries are the only ones where younger women have more limited reproductive intentions than previous generations. This is much more pronounced, however, in Poland.
Younger cohorts even expect more children than previous cohorts in Austria, Finland and Sweden.
As the age falls, the percentage of expectations based on desires rises. The answer of young women is based almost exclusively on desires, while the answers of older women reflect their previous experience. The expectations of young women may still be subject to adjustment during the life course. As women grow older, their personal and partnership status will convert intentions into actual behaviour.

°Although the starting patterns of fertility in Austria is quite young (Schoenmaeckers and Lodewijckx, 1999), 12 per cent of women over age 37 experience a difference between desired and achieved fertility.
°In Flanders, the phrasing of the question was "what number of children do you want". It seems reasonable to believe that there shouldn't be any noticeable difference between the numbers expected and wanted - although when using the more optimistic term want, the number may turn out to be a little higher. The average wanted family size for the whole group of women is 2.0 children. The youngest women score slightly below the overall average, but differences between age groups are not pronounced. There is an overall discrepancy of

0.23 children for women over age 37. 15 per cent among them experiences a gap between desires and realizations.

°The question used in the Finnish questionnaire about their future number of children was phrased as follows: "how many children do you hope to have ?" Younger women hope to have more children. The family size hoped for fluctuates between 2 and 2.4. In Finland only 5 percent of the women over 37 have an unfulfilled wish for children.

In France, 9 per cent of the women older than 37 say their desires don't correspond with actual realizations.

°In Hungary, overall, the average number of children ultimately wanted is 2,1 for the female sample. A family of 2 children is the most common preference for both older and younger cohorts, and this is the number achieved most frequently as well (SCR). The women aged 25-29 state to want slightly less children than older women. Only 5 per cent of the women older than 37 says they have not fulfilled their fertility desires.

°The low average parity in Italy can be explained by a very late starting pattern in combination with a very long waiting period with a second (third) child after the arrival of a first (second) child (Schoenmaeckers and Lodewijckx, 1999). Consequently, the percentage of childless women is very high and among women with children the one child-family type is the dominant type. Almost half of the women aged between 30 and 36 have an unfulfilled fertility desire. Moreover, 12 per cent of women aged 37 and more state to experience a gap between desire and attainment.

°In Poland, females expected ultimately to have an average of 2.2 children. Expected completed family size declines sharply among more recent cohorts. 20-24 year old women expected an average of no more than 1.7 children. Only 3 per cent of the women older than 37 experience an unfulfilled fertility desire.

°The mean expected number of children in Spain, for all respondents, is 2.2. This desired number is practically identical for women of all ages. There is a widespread prevalence of the 2-child family norm. Only women over the age of 40 claim to desire a slightly larger family. Spain has the highest percentage of women stating to have an unfulfilled fertility desire. 53 percent of women aged between 30 and 36, and 19 percent of women over 37 state their desires are not (yet) fulfilled. Women in the oldest age group (over 40) have achieved a family size that corresponds to their desires. The gap widens sharply and fast for younger women.

°In the Swedish survey the question asked was "how many children do you believe that you will have ?"; this alternative probably gives a more realistic estimation of the ultimate number of children. There are cohort differences in believed ultimate number of children. The highest numbers are found among the cohorts around 30 years of age at the time of the interview and the lowest among the oldest cohorts (43 years of age). Although the starting pattern of fertility is not very young, Sweden has relatively high parities; these can, a.o., be attributed to the short intervals between subsequent births. Despite the relative high average parity, 9 per cent of 38 and 43 year old Swedish women state to have unfulfilled fertility desires.

From the application of logistic models we have tried to assess the effect of a set of variables on the probability to experience a gap between desired and achieved fertility. Assuming that considerations regarding achieving fertility desires come into play as from age 30 onwards, the regression analyses are performed for women aged between 30 and 43.

Table 2 shows the odds ratios estimated separately for each country. An initial overall comparison between the countries shows that the complexity of the models (in terms of the number of significant parameters) is greater

in the countries (Spain, Italy, Belgium) where a higher discrepancy is observed. On the whole, however, the variables play the same role in all the countries: when significant, the effects point in the same direction apart from a few exceptions. Basically, the models by country differ only by the number of significant effects, rather than by the direction of the trends. Of course, there is a strong age effect. As the age rises, the probability of closing the gap between fertility desires and realizations increases. It must be kept in mind, however, that it is not possible to make a definitive distinction between age- , cohort- and period- effects on statistical grounds only. Also, the number of children ultimately wanted fluctuates according to the number of children already born. Age and number of children already born are introduced as continuous control variables. Once age and number of live births are monitored, the other variables play their expected role.

Education

Educational expansion brought more people into third-level education. This expansion, along with the increase in the minimum school-leaving age have affected the cohorts in different ways in the various countries. Of the countries under study, the highest level was reached in Belgium with 30 percent, the lowest one in Austria and Italy with 10 per cent and Poland with 14 per cent (OECD, 1995).

The starting patterns of fertility differ strongly across countries. It is well-documented that the starting pattern is influenced by the educational level of the woman. FFS-data show, indeed, a later starting pattern among the highest educated women for the different countries, but within each educational level, the country differences remain (Schoenmaeckers and Lodewijckx, 1999). Thus, educational level does have an effect on the timing of fertility. The best educated women postpone motherhood. They generally have less children at the time of the interview, and, consequently, have more catching up to do. The general pattern observed is that of a strong negative effect at the youngest ages. At later ages, the negative effect disappears or inverts creating a catching up effect. As such, one can conclude that a high educational level induces a temporary postponement of the start of the family formation process (Corijn, 1999).

In view of the relative homogeneity in the final number desired, the number of additionally wanted children women expect to have in the future is considerably larger among higher educated women than among women with a lower educational background. This is partly due to the fact that higher educated women are concentrated in younger age groups, where reproduction is still incomplete. But it may also indicate that the opportunity costs of having children are higher for women with higher professional qualifications, who are therefore better positioned in the labour market. The relatively high desired additional number of children among the higher educated is also a reflection of postponement.

Hence, education which in most surveys proves to have a substantial effect on fertility, seems to carry greater weight in terms of actual reproductive behaviour than in terms of women's system of preferences, which appears to be more homogeneous.

From our analysis it appears that the level of education has a significant impact on the probability of non-realized desires in Belgium, Finland, France, Hungary and Italy.

In Sweden, Spain, Poland and Austria, the effect of the educational level disappears after controlling for a number of relevant factors (age, age at first birth). It can be hypothesized that higher educated women adapt their desires over the life cycle more than less educated women do. In other words, they may start leveling-off their initial desires. In Sweden, for example, there are no significant differences in the believed additional

number of children between the educational levels, although the higher educated start motherhood at a later age. In Poland, the average expected family size even tends to decline as the respondent's level of education rises, except for the best educated women aged 20-24.

Among the most educated women, desired family size may decrease with age. In the absence of strong variations in completed fertility for the cohorts concerned, this trend can be interpreted as a sign that women give up hope, an that these women are frequently the most educated. Possible reasons include: not living with a partner, which is more common in this group, the fact that dissolved unions are less often followed by a new one, career constraints, and, lastly, the sterility problems which develop with age.

Labour Force Participation

In many studies, the relation between the participation of women in the labour market and fertility has been the subject of empirical research. These invariably paint a picture of a negative relationship between the two - working women having less children than women who do not undertake paid work (Callens, 1999).

With respect to labour force activity rates there still is a wide gap between countries. Labour force activity rates for women differ strongly between countries. Countries from the Nordic region have high proportions of working women. In several countries of this region, female activity rates are close to or greater than 90 percent of male rates. The former socialist countries traditionally have a high share of paid labour among women, while Southern-European countries still have a comparably low share, accompanied by a high share of unemployed women. Western-European countries rank in between, although female rates exceeding 85 percent of male rates are common in the population under age 30 in much of this region (Lesthaeghe and Willems, 1999). The situation is most problematic in the countries with the lowest fertility levels. Italy and Spain have still the potential for a considerable increase in female labour force activity rates.

Whether or not a woman is employed has a significant impact on the probability of experiencing a gap between desires and realizations for women in Spain. If a women is in the labour market, she meets a higher risk of not fulfilling desired fertility. Precarious jobs, insecurity at the labour market, a high risk of unemployment, … may force women to try and keep their job at any price. As argued by Lesthaeghe and Willems (1999), in the Southern-European countries, female activity rates are still considerably below those of males and any catching up by women may be associated with further childbearing delays.

In Italy, the effect of the labour market situation is reflected in the effect of the number of hours worked in the current job. When women are working up to 34 hours, they meet a greater risk for experiencing a gap between desires and attainments. When they work longer than 35 hours a week, the risk decreases. Part-time jobs are often precarious and less qualified jobs. It can be assumed that women working longer have better paid and more protected jobs. When women have access to more gratifying jobs they have a lower propensity to abandon them. Especially the public sector in Italy is quite generous towards working women (Palomba, 1995).

The number of hours worked in the current job has also a significant impact in Austria and Sweden. In Austria, the probability of experiencing a gap increases with increasing working hours. Non-working women have a higher risk than women working less than 34 hours a week.

Contrary to what might be expected, in view of the generous support for working parents, the number of hours worked also plays a significant role in Sweden.

Partnership and fertility

The duration of the current relationship has a negative impact on the risk of experiencing a gap, in all the countries, except in Italy. The longer the actual relationship has lasted, the less likely there will be a discrepancy. This effect remains after controlling for age. Duration of the current relationship may be an indirect indicator of stability, quality and degree of satisfaction with the current partnership.

The legal marital status only has a significant effect in Poland. Poland is a country where divorce is still quite uncommon. Births predominantly occur within marriage. Consequently, single women are generally never married women. These women meet almost 7 times a higher risk of having unfulfilled fertility desires than married women.

The degree of compatibility of the desired number of children with the number the partner desires, is a significant variable in all the countries where data on this variable are available, except in Hungary. When the male partner wants fewer children, the risk of meeting unfulfilled desires increases sharply.

Age at first birth is significant in every country. The older the woman was when the first child was born, the higher the risk of unmet desires at the time of the interview. The effect is very strong in Belgium, Austria, France, Italy and Sweden, and it is slightly less strong in Poland. In Spain and Hungary, the effect starts only playing when a woman had her first birth after age 26. In Finland there is only an effect after age 31.

Whether or not a woman ever experienced abortion, miscarriage or a stillbirth in any of her pregnancies, only has a significant in Belgium.

6. The macro-level context

The country differences in the analyses suggest that “modern” lifestyles and educating children is more compatible in some countries than in others. The effects of all the individual characteristics described above can in their turn be affected by contextual variables.

Despite a growing convergence between regions, considerable differences remain between regions and between countries of a region. Countries differ in their overall level of social protection provided for families. They differ in legislation with regard to family formation and dissolution. In some countries, for example, divorce is hardly facilitated. People may encounter different obstacles in realizing their initial fertility desires in different countries.

In modern society, women are now obliged to match their desires to a new societal norm that demands their full integration in the educational and labour market. Either women have to adapt their wish for children due to competing activities or to constrained realization possibilities, or societal structures must become better adapted in order to meet the children’s wish of women. If women don’t attain the number of children they desire, the question considered here is to which extent this gap can be ascribed to gaps in public policies, more specifically family policies and gender equality policies. Policy factors may partly explain why people prefer to postpone having children. A comparative analysis of countries with differing family policy climates should shed light on the extent to which the gap between desires and reality is being reduced or increased by the country-specific family policy context. Similar policies may, however, not always be a response to the same social contingencies, nor will similar policies automatically produce the same effects in different socio-

economic and political contexts. In some configurations, policy environments may be conducive to family building or to the development of particular family forms, in others not (Hantrais, 1997). Also, many of the measures broadly defined as social policy may have unintended or indirect effects on the welfare of families and possibly on the desire of parents to have more children.

Hence, it is clear that also the economic and cultural context of a country needs to be taken into consideration. Regardless of emancipation driven motives, the economic welfare of a country is an indirect determinant in women's necessity for performing professional labour. These economic necessities may play a crucial role in fertility. In Poland, for example, the labour force participation of women showed to have a significant effect on unmet fertility desires. This points out that external, mainly economical, constraints may exist which limit the fertility of women who might want to have more children. For these women the reduced family size may be a sign of a limited power to control the external environment, as Moors and Palomba (1995) have argued.

The extent to which policy commitments actually affect behaviour remains difficult to assess. Evidence for a causal impact on demographic behaviour and for the diffusion of policies between countries is inconclusive.

We believe that social policy can be decisive in changing uncertain intentions to certain actions. Uncertainty may shift because of specific socio-economic or political circumstances. If such circumstances are unfavourable, women may pause at their current parity until relevant conditions change. According to Morgan (1982), uncertain couple's actual childbearing can be most easily influenced by period-specific influences, such as social policies practiced in society. Uncertainty in childbearing intentions can be interpreted as the potential for a fertility upturn as well as for a downturn. Which of these potentials is realized is probably determined by relevant period-specific factors. It seems highly probable that the actual fertility of many uncertain women would be affected by social-political benefits directed to families with small children.

To a limited extent, the FFS provides data on the perceptions of desirable family policy options possibly having a fertility enhancing effect.[2] For example, in Finland, women who think that the public aid given to families with small children is sufficient are going to have a third child over 2 times more frequently than women who consider the level of family support as totally insufficient The Finnish results indicate clearly that women who consider the public aid as insufficient are going to stop their childbearing at a lower than desired parity than women who consider it sufficient. The impact of family support is furthermore much more striking when focusing on uncertainty in intentions: the more sufficient a woman views the level of family support, the more certain she is about her intention (Ruokolainen and Notkola, 1999).

Perceived governmental responsibilities need to be interpreted, however, in terms of the evaluation of priorities as well of failed promises. What type of measures would encompass an effect on fertility depends on the actual context. E.g., from the PPA (Population Policy Acceptance)-surveys it was shown that, with regard to 'providing opportunities for women to combine a job outside the home with raising children', governments are held very responsible in countries with relatively low maternity benefits payable as a percentage of net earnings and, in addition, with relatively high unemployment rates for women (Spain and Italy). On the other

[2] This kind of information, together with data on perceptions of the degree of responsibility of the government in specific domains, is available in the PPA-surveys.

hand, respondents in Belgium for example, a country where the combination of parenthood with work has received full attention by policy makers, and where unemployment rates for women are lower, ascribe less responsibility to their government in this field (Van Peer, 1998).

Child benefits and parental leave arrangements are measures which are directly targeted at families with children. Countries differ in the extent to which these measures are provided.
The total amount of family benefits depends on the number of eligible children, but it is also an indicator of the relative importance that a country attaches to protecting the family unit. In Spain, Italy and Hungary the amount of benefits that households receive to meet the cost for bringing up children and caring for other members of the family is far below the average. Clearly above the average are family benefits granted in Belgium, Austria. Belgium was the first country to introduce compulsory family allowances and still has one of the highest rates in the world.
Most of theoretical arguments concerning family benefits have been derived from the economic theory of fertility, in its New Home Economics version, and are centered around the concept of the cost of children. The argument is: the higher the levels of cash benefits are of parenthood, the higher the demand for children will be, since these benefits reduce the direct cost and opportunity cost of children. Attempts by demographers to test the assumption of a possible impact of policy on demographic trends and patterns of family formation empirically by measuring the correlation between family benefits paid and fertility rates have produced contradictory and inconclusive findings. E.g., Gauthier and Hatzius (1997) found that direct cash benefits had positive and significant effects on fertility. Others found no effect.

For a parent who wants to take a longer period off work, only very limited assistance is available under the current social protection systems, except in Austria and the Nordic countries. We assume that leave arrangements are an important means for people to fulfill their fertility desires.

The nine countries under observations were selected from the four major regions in Europe: Northern, Southern, Western-Europe and the former socialist countries. The four regions are characterized by common economic, cultural and political factors. We assume there is a connection between the family policy model and the level of unmet fertility desires.

Family policies in Finland and Sweden follow the so-called Scandinavian or Nordic welfare model, where the state and the municipalities have major responsibilities for the well-being of the people. The Nordic welfare states have a long tradition of extensive social policies directed at the family. The share of child benefits in the disposable income sorts these countries among those with active family policy. Parental leave is well-established as a measure aimed at young families.
The Nordic emphasis on family policies which facilitate the combination of child-rearing and employment, such as subsidized child care, generous parental leave programs and economic support to families with children may explain why Nordic women have been among the forerunners in keeping in touch with the labour market throughout the childbearing and childrearing years (Rönsen and Sundström, 1995). The female labour market participation is one of the highest in the Western world. In 1990, 83 percent of the Swedish women and

71 percent of the Finnish women were in the labour market. Rindfuss and Brewster (1996) have argued that, the stronger the role compatibility between female labour force participation and childrearing, the higher the expected level of fertility, and anything that reduces incompatibility between these roles may increase levels of fertility. Recent studies from Nordic countries (Rönsen, 1999) have shown that public policies play a crucial role in reducing the incompatibility of employment and parenthood. Some authors consider the relatively high fertility levels in the Nordic countries as an indicator of the quality and success of the Scandinavian family and population policies (Hoem, 1993, Pinnelli, 1995).

By 1992, Sweden had, in European comparison, a high fertility rate. It is often argued that this was not because of its family benefits but because, from the 1980s, it had introduced a whole raft of measures, including a series of equal opportunities agreements, to make employment and family life compatible. Sweden has a very generous family policy, and is also quite far advanced in gender equality (Bernhardt, 1991). Provision of child care began to be implemented from the beginning of the 1970s. Swedish child allowance is a universal non-means tested benefit. From the mid 1960s employed mothers were entitled to a paid leave. Parental insurance is a universal social insurance benefit, to which all parents are entitled. The insurance covers a right to take leave with a job guarantee and a right to financial support during the leave. Between 1968 and 1988 there were several extensions of the Swedish entitlement period. In the beginning of the 1990s parents were entitled to 360 days with 90 per cent income compensation. These days can be divided between parents as they wish. Parents may interrupt the leave to go back to work and then resume leave again (Rönsen, 1999). It is suggested that public policies have been especially successful in reducing fertility costs of well-educated women. It is argued that better educated women may have responded more strongly particularly to the day-care expansion in Nordic countries (Kravdal, 1996). Only 9 percent of the Swedish women aged 38 and 43 experience a discrepancy in fertility.
The number of hours worked has a significant impact on the risk of experiencing this discrepancy, contrary to what was expected. During the 1990s Sweden encountered financial crises. Municipalities, where social services are administered and financed, have implemented large saving programs for social services. In the beginning of the 1990s there were changes in child care due to budgetary cuts. Fees for child care have increased and this might mean that some parents can no longer afford places. The Swedish survey was held in 1992, which is probably too soon to see the effects of a changing socio-economic environment and of increasing costs of childcare on fertility.

In Finland, only 5 percent of women over 37 have unmet fertility desires. The labour force situation has no effect on the risk of not realizing desired number. In Finland, a maternity allowance with a right to maternity leave around the birth was established in 1964. Later it has been developed to a maternity-paternity leave and parental allowance, and the amounts of compensation and the lengths of the periods have been extended several times. Contrary to many other countries, Finland does not have a separate system for pre-school, but early education is included in day-care facilities. In 1985 the Child Home Care Allowance Act was introduced. It can be paid to parents of children under three who are not using municipal day care services. Furthermore, in 1988, the parents of children under school-age were given the right to shorten their working hours. Since 1993

however, the level of almost all allowances and benefits has been lowered. As in Sweden, municipalities wanted to save costs by reducing places in day care and increasing fees for clients.

Austria, Belgium and France belong to the group of Western-European countries with a long tradition of building a system of economic support for families.

France has made generous provisions for both parental leave and childcare. 61 percent of women had a paid job in 1990. 9 percent of the older women experience a gap between desires and achievements. The results showed that the labour force situation has no effect on the risk of having unmet desires.

Belgium has a comprehensive family policy which includes a range of direct transfers to families with children. Belgium not only provides a high degree of protection against extreme degradation of living conditions, it also recognizes the arrival of a child as a risk situation which requires direct financial support. The child-bearing context in Belgium may be considered family-friendly. This evolves from the relatively favourable living conditions, basic security guaranteed by the ultimate social safety net against extreme impoverishment, and a generous family policy. However, a considerable part, i.e. 16 percent of the women over 37, have an unmet fertility desire. Why do we observe such a high discrepancy between desires and attainments then? Family formation is only partially shaped by material well-being, and the minimum standards of welfare guaranteed by the state do not necessarily reflect the parental expectations of the majority of the population. A number of structural features operate in the opposite direction, i.e. as a disincentive for fertility. First, prosperity generally induces higher individual expectations and fear of relative deprivation (this is also shown from the PPA, where financial arrangements are welcomed more as possible new policy measures than work-arrangements). Moreover, studies show that the total value of both child benefits and tax relief is unable to cover the minimal cost of children of first rank. (European Observatory, 1996). Second, structural obstacles to fertility can be found in the domain of labour. Within Western-Europe, Belgium is one of the countries with a relatively low share of women with a paid job (55% in 1990). Working mothers already have to look for childminders during early infancy. Maternity leave is one of the shortest in Europe. Child-care was far form sufficient during a period when more and more young women started participating in the labour market. Public funded day-care is provided for only a minority of small children.

Austria is one of the countries with the longest and most extensive tradition of social protection in Europe. It has one of the most developed systems of financial support to families in Europe. The period of parental leave is quite long and the amount granted is above average. Mothers are entitled to paid parental leave for two years. Since 1991 mothers can give up all or part of their leave to the father. The family allowance is more generous than in most other industrialized countries (Nebenführ, 1995). 1995 was the first year in which substantial cut-backs took pace in family-related transfers.

Empirical evidence indicates that the economic support for families in Austria through transfers in kind and cash payments is substantial. On the other hand, a considerable portion of families lives near or underneath the poverty line, because there is a dimension of poverty exclusively related to the number and age of children (European Observatory, 1996).

About 60 percent of all women in the age group between 15 and 60 were in the labour market in 1990. Still, labour force participation decreases with the number of children.

A relatively high proportion, i.e. 12 percent of the women over 37 declare to have unmet fertility desires. The results showed that in Austria, working more hours a week implies a higher risk for unmet fertility desires.
In the beginning of the nineties, reconciliation of work and family was declared as goal for public policy, as was the support of the idea of partnership between the sexes based on equality. To an increasing degree, in the first half of the nineties, also the matter of pre-school child care has entered the political declarations on family policy. However, some scholars state that, in practice, public policy does not give many incentives to change the uneven distribution of unpaid work or to make it easier for women with children to enter the labour market. The low speed with which improvements in the provision of day care services are achieved is considered as an example of this. Substantial difficulties to find day-care for children poses a significant problem for mothers in accepting paid work (European Observatory, 1996, Nebenführ, 1995).

As in Southern-European countries, in most Western countries there are still gaps between economic positions of women and men. If women are to close this gap they are likely to further delay childbearing. This may explain the relatively high proportions of women with an unfulfilled child wish in Belgium and Austria.

Italy and Spain belong to the Mediterranean region. Mediterranean countries are traditionally characterized by weak public interference with the socio-economic position of families. Over the last fifteen years, however, improvements have been made in family allowances in the less developed parts of Europe, mainly aimed at alleviating the problems of large families, rather than to encourage people to have more children. On the other hand, there has been also an opposing tendency in some countries to rationalize family benefits and to reduce their scope. Compared to the rest of continental Europe, a system of income maintenance is either completely lacking in Southern-Europe, or it is inadequate. The low degree of 'stateness" of Latin welfare sitemaps is one characteristic which isolates these nations form others in Europe. In Italy, one fact stands out: the predominance of the family over society as a whole. The family in Italy is still the institution to which the primary responsibility for meeting citizens' needs is entrusted. In Italy, the family is still a point of reference which is omnipresent in the life of the individual around which a large part of politics, institutions, services and economics resolve. It has a strong family-oriented culture (European Observatory, 1996).
The situation in Italy and Spain is in many ways similar to that of other Mediterranean countries and differs from those of central and Northern-Europe. Although a process of assimilation is in progress, there is still a wide gap between Southern-European countries and the other parts of Europe, both from the point of view of demographic behaviour and the coverage provided by social security.
Southern-European countries were, at the beginning of the nineties, characterized by high unemployment, especially among young people.

In Italy, a relatively low percentage, i.e. 42 percent of mothers with young children are in the labour market (Moors and Palomba, 1995). Young people have a tendency to remain in the family home well beyond their entry into adulthood.
Italy has combined a low female economic activity rates with the lowest fertility rates in Europe. In the north of the country, where policy has been most supportive, fertility rates have fallen to a particularly low level. In 1995, fertility in Italy reached the lowest level ever for a country in peace-time: 1.2 children.

Family policies have suffered from a deplorable state of neglect, the situation of social services for children was precarious, lack of support for working mothers, widespread poverty in the South and in most large families (European Observatory, 1996). At that, there is a very uneven provision from one region to another of measures for families and for women as mothers.

A period of maternity leave is paid at about 40 % of normal salary which can last until the child is one year of age. Italy offers one of the lowest tax allowance for the cost of children in Europe and the actual cash amount of the family allowance is fairly small (Moors and Palomba,1995). Before 1988, the size of allowances was small, but a large percentage of the population received them. After 1988, the nature of family allowances changed drastically: it was transformed from a universal measure to a means-tested assistance, and limited to families of wage-earners and pensioners. Certain categories of citizens experiencing evident hardship (e.g. unmarried women with children) were disqualified, although their social and economic situations were the same as those of families receiving the allowance. As allowances were not index-linked, the sums lost almost 40% of their purchasing power between 1988 and the mid 1990s. Consequently, the economic burden of procreation falls wholly and exclusively on the parents (European Observatory, 1996).

The lack of family policies in Italy was compensated through strong families. Families in Italy have functioned as 'social shock-absorbers'. Problems arose when women started to access professional training and the labour market. Women's' emancipation has coincided with on the one hand the rising costs of reproduction and welfare, with increased unemployment and with the progressive ageing of the population - which has further complicated the life of women, who are almost exclusively responsible for the care of the elderly. On the other hand, this phenomenon has occurred without any appreciable changes made in the support provided for families (European Observatory, 1996). 12 percent of the women aged above 37 and almost half of the women between 30 and 36 have unmet fertility dersires.

In Spain also, there is a high unemployment rate among women (24 percent in 1990). Only 43 percent participated in the labour market in 1990. The traditional family model, composed of a working husband and a housewife, is still considered dominant in Spain in many aspects of everyday life. This is still reflected in many organizational aspects of public life. Another obstacle to the reconciliation of work and daily life is the limited participation of Spanish males in domestic tasks (European Observatory, 1996).

Spain has the highest percentage of unmet fertility desires, both among women aged 30 to 36 and among older women. Some state that low fertility in Spain is now mainly caused by the reduction in first births, a consequence of the postponement of family formation resulting from high youth unemployment and housing shortages (European Observatory, 1996).

A typical problem for working women with children is the insufficiency of the existing network of public child-care centres (Arango and Delgado, 1995). Private supply is usually expensive. Birth grants and family benefits for spouses were abolished in 1985. The amount of child allowance remained frozen in Spain between 1971 and 1990. In 1990 the annual amount was increased to about 12 times the previous amount but this still remained insufficient to compensate for the reduction in real terms since 1971. By the end of 1995 allowances had lost approximately 17 percent of their purchasing power because they were not uprated in line with inflation, hence an imbalance to the detriment of low income families was introduced. Also, in 1990, a restrictive means test was imposed, along with broadening the range of beneficiaries. The 1990 reform is in

practice limiting entitlement to allowances to families with incomes below the tax threshold (European Observatory, 1996). In Spain, parental leave is completely unpaid, thus it represents an important economic sacrifice to those families taking advantage of it.

At the time of the survey, Hungary belonged to the group of countries with planned economies, and the principles underlying the provision of services and redistribution of resources were based on ideological premises. The difficult economic conditions, associated with the economic transition the former communist Eastern-European countries have been going through in the beginning of the nineties, have forced governments to call into question various types of social benefits. Since these countries tended to add the relatively highest share of child-related transfer income to the net earnings of families with children, a considerable change in the economic position of families may have occurred. The economic changes which took place due to the development of a market economy system may have forced an influence of well-known factors on determining fertility according to economic theories (Holzer, 1991). Mothers are often forced to take up a job in order to preserve the standard of living.

In 1990, 71 percent of women in Hungary market and 72 percent in Poland were in the labour (this figure decreased in the course of the nineties). Unemployment was very low in the beginning of the 1990s. The high economic activity among Hungarian women urged the government to establish early forms of support intended to ease the conflict between female work and motherhood (Kamaras, 1995). At the time of the survey, working mothers were entitled to maternity leave of 24 weeks, fully paid. With the system of the child-care grant they could stay at home until the child reaches the age of 2, and during this period they received about three quarters of their former earnings. A fixed amount was received until the child reaches the age of 3. In Hungary, population questions are still considered a national ands social issue of great importance, and social policies are still aimed at reducing the rate and, subsequently, the stopping of the process of population decrease. Family allowances are granted until the age of 6 if parents have one child and until 16 if there are 2 or more children. The monthly amount per child increases with the birth order (Kamaras, 1995).

Both Hungary and Poland have the lowest proportions of women aged over 37 with an unfulfilled desire: 5 and 3 percent respectively. From our results it was shown there is no impact of the labour situation, nor in Hungary, nor in Poland. It may be hypothesized that due to a longer tradition of labour force participation, these women have developed coping strategies over time that make it possible for them to realize their desired fertility in spite of having a paid job.

7. Conclusion

Within the framework of a multifactorial deterministic system, the changed gender relations must be acknowledged to be one of the important mediating factors of reproductive behaviour. Features such as the increased educational and occupational opportunities and the spreading of emancipatory ideologies have fundamentally changed women’s positions in society (Cliquet, 1997).

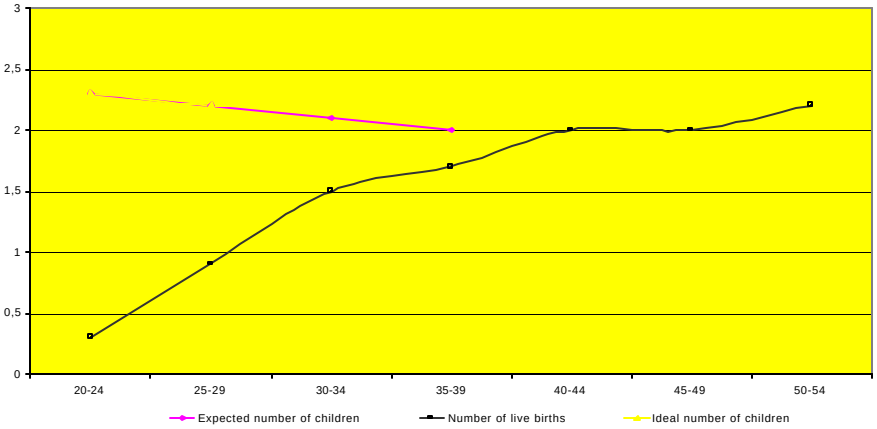
Individual freedom and power in regulating fertility behaviour have increased. Increased individual autonomy has certainly been an important factor in controlling unwanted fertility. Individual autonomy does not, however, necessarily work in an upward way, i.e. up to reaching the desired fertility level. The evidence shows that for a considerable share of women the desired levels are not achieved. In this, factors may be at work which are lying largely beyond the individual control. The duration of the relationship and the age at first birth were shown to be important factors. Current professional status was a significant factor in Austria, Belgium, Spain and Italy.

Three policy relevant areas can be identified. First, the incompatibility between work and family life; second, the sequence of the major events in the life course, and third, the prevailing value system with respect to gender relations.

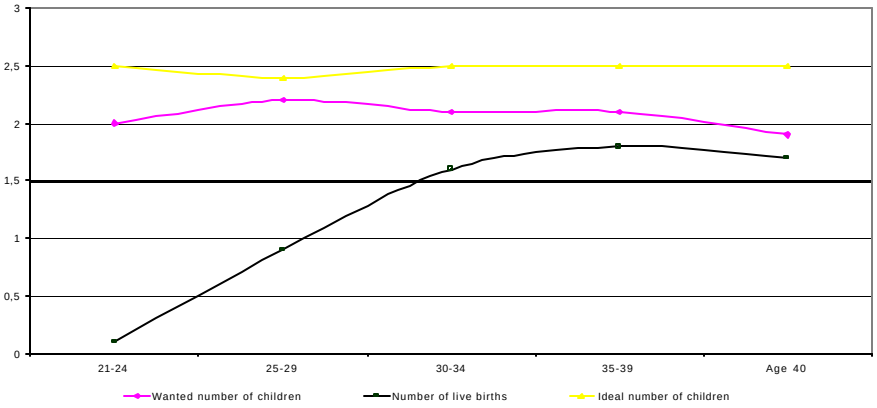
More social-biological and psychological variables should be used in later analyses. In order to take into account the social context in a more systematized way, multi-level analysis should be used. Very recently, multilevel approach has proved to be an important tool for causal analysis. Micro-data should be integrated with aggregate economic, cultural and population-related indicators, to account for how much of the behavioural variability can be attributed to the environment and the family policy climate.

Figure 1

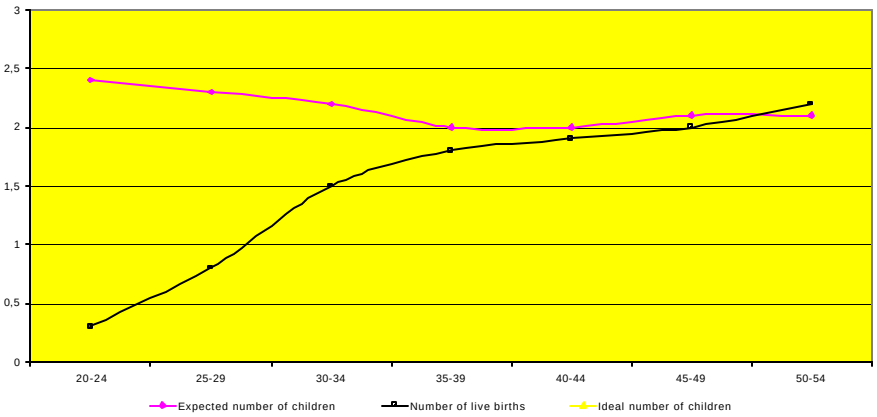
Austria



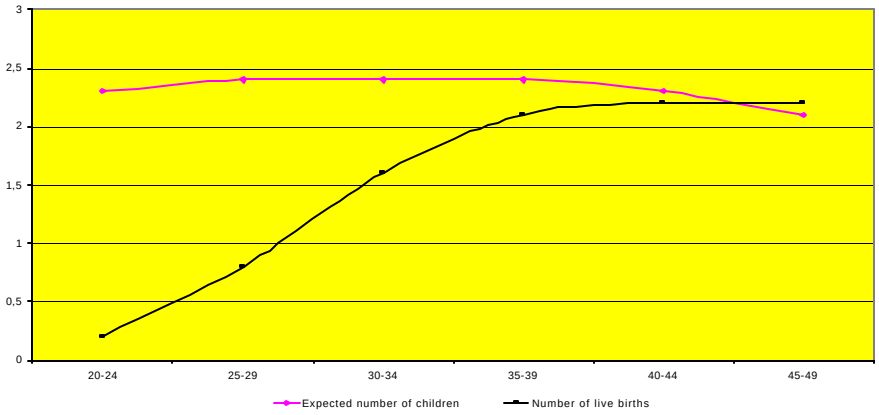
Belgium



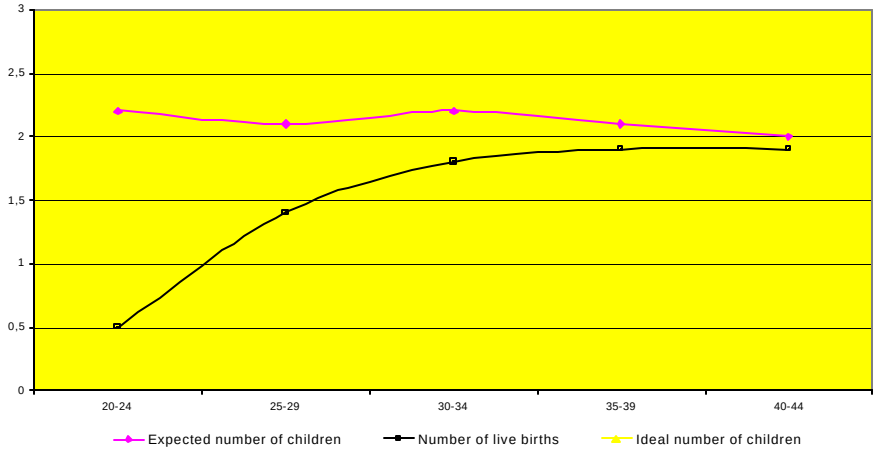
Finland



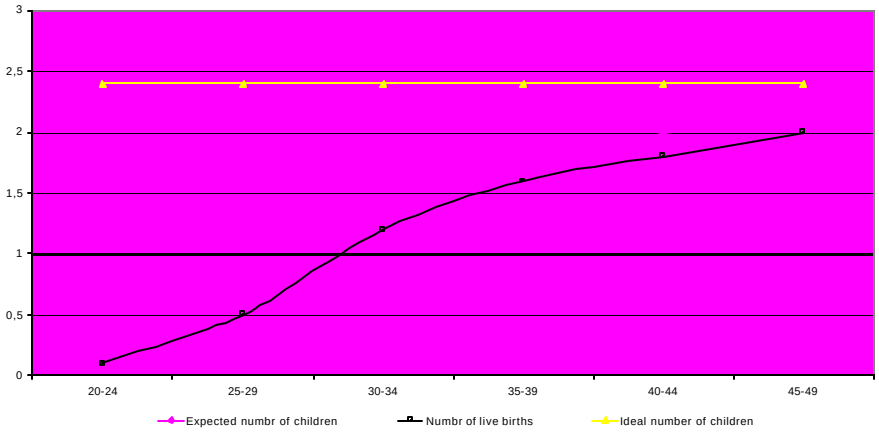
France



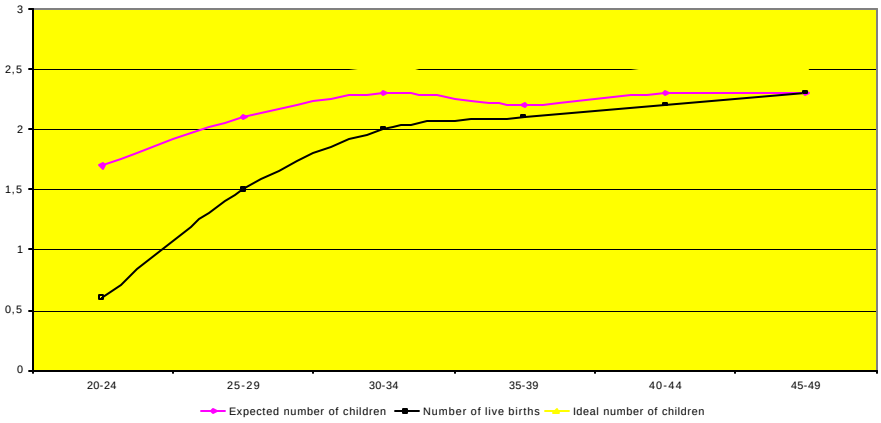
Hungary



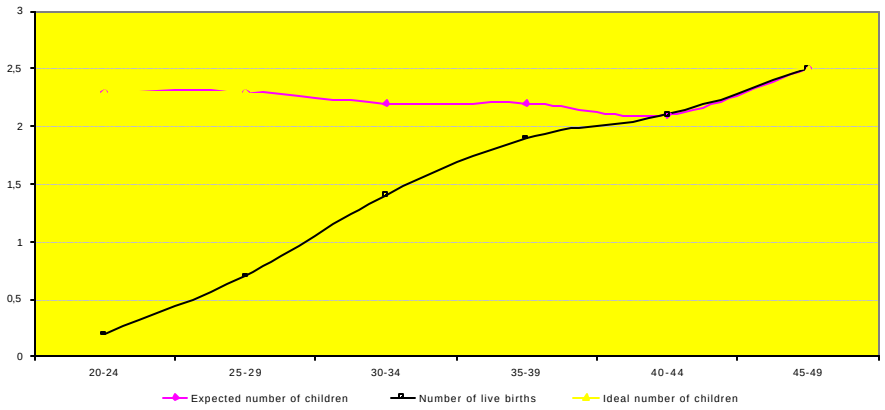
Italy



Poland



Spain



Sweden

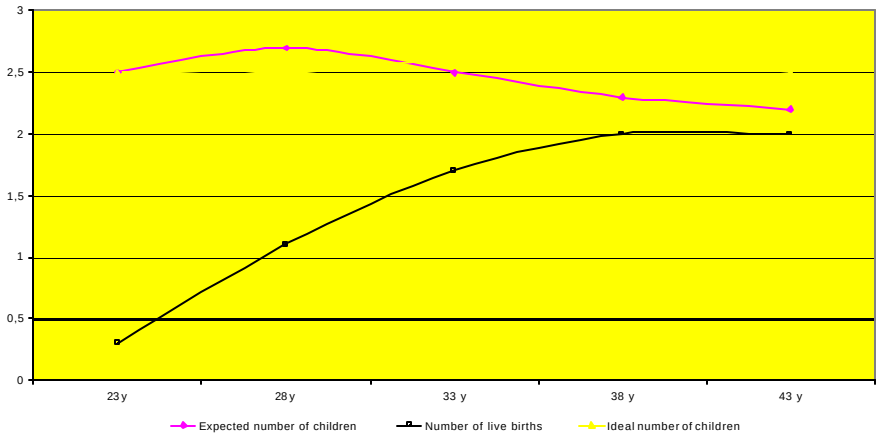


Table 2. Relative risks of experiencing a discrepancy between desired and achieved number of children. Results of logistic regression analysis as odds ratios for nine countries separately (significant ri
Women aged 30 to 43 years (Sweden: 3 oldest cohorts ; Belgium: 30-39 year old women).

	Austria	Belgium	Finland	France	Hungary	Italy	Poland	Spain	Sweden
CURRENT AND PAST RELATIONSHIP(S)									
Duration of current relationship									
0 to 5 years	1.00++	1.00+++	1.00+++	1.00+++	1.00+++	ns	1.00+	1.00++	1.00+++
6 to 10 years	0,54**	0,99	0,34***	0,55**	0,43***		0,43**	0,62*	0,45***
more than 11 years	0,47***	0,56**	0,26***	0,30***	0,33***		0,38**	0,45***	0,35***
no relationship	0,63	1,87	0,72	0,44**	0,18***		0,69	0,47	0,24***
Current living arrangement									1.00+++
Currently living together	ns	ns	ns	ns	ns	ns	ns	ns	1,84***
Not living together or no partner									
Legal marital status									
Married	ns	ns	ns	ns	ns	ns	1.00+++	ns	ns
Never married and single							6,82***		
Divorced, separated, widowed							0,76		
Children's wish partner									
Same	1.00+++	1.00+++	na	na	ns	1.00++	na	1.00+++	na
Different	3,35***	7,86***				1,70***		2,63***	
No partner	1,38	577,67				1,22		0,92	
EDUCATION									
Highest educational level attained									
Low	ns	1.00+++	1.00++	1.00+++	1.00+++	1.00+++	ns	ns	ns
Medium		0,70	1,06	0,80	0,89	0,71			
High		1,20	2,01**	1,55*	2,11***	1,54			
PROFESSIONAL STATUS									
Current employment situation									
Employed	ns	ns	na	ns	ns	ns	ns	1.00++	ns
Not employed								0.67	
Number of hours worked in current job									
Less than 34 hours	1.00+++	ns	ns	ns	ns	1.00++	ns	ns	1.00+++
More than 35 hours	2,52***					0,50***			2,01***
No job	1,29					0,56**			1,61**

FERTILITY AND FIRST BIRTH

Age at first birth									
Less than 20	1.00+++	1.00+++	1.00+++	1.00+++	1.00+++	1.00+++	1.00+++	1.00+++	1.00+++
Between 21 and 25 years	1,42	1,10	0,56*	1,17	0,83	1,48	1,31	0,66*	1,41
Between 26 and 30 years	2,97***	1,82**	0,98	1,92**	1,69	2,38***	2,75**	1,34	3,81***
31 and older	5,26***	3,23***	1,63	3,22***	2,32*	6,39***	0,79	1,49	9,55***
No child	2,27**	2,40	0,22***	3,35***	22,36***	3,28***	0,09***	2,73**	11,80***
Ever experienced miscarriage, stillbirth or abortion									
No	ns	1.00+++	Ns	ns	ns	ns	na	ns	na
Yes		1,60**							
No birth		0,57							
Age of respondent	0,80***	0,89***	0,69***	0,79***	0,78***	0,74***	0,80***	0,84***	0,69***
Number of live births	0,51***	0,45***	0,49***	0,70***	0,60***	0,25***	0,20***	0,52***	ns

*** statistically significant at the 1 per cent level
** statistically significant at the 5 per cent level
* statistically significant at the 10 per cent level

For each variable, risks and their significance are given relative to the reference level (first category, indicated by 1.00). The p-value for the entire factor is given beside the reference level
+++ statistically significant at the 1 per cent level
++ statistically significant at the 5 per cent level
+ statistically significant at the 10 per cent level

Note: for categorical variables risks are given related to that of the basegroup, indicated by the value 1. For continuous variables a value lower than 1 indicates a negative gradient, higher than 1 a positive one.

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