DEPARTMENT OF SOCIAL POLICY AND INTERVENTION

BARNETT PAPERS IN SOCIAL RESEARCH

Fertility and Family Policies in Central and Eastern Europe

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Editor: Rebecca Staddon (University of Oxford)

WORKING PAPER 15-01
February 2015

Editor:

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Abstract

This paper examines fertility and family policies in 15 Central and East European (CEE) countries to establish firstly, whether cohort fertility is likely to further decline, stabilise or increase in the coming decade; and secondly, to provide an overview of family policies in CEE countries, and to assess their impact on the direction of cohort fertility trends. This study takes into account a variety of social, economic and political circumstances in the region. Demographic analysis suggests that cohort fertility in the majority of CEE countries is likely to decline at least among the 1970s birth cohorts. This is because births that were postponed by women born during the 1970s were not being replaced in sufficient numbers for cohort fertility to increase in the foreseeable future, and shares of low parity women (childless and one child) were considerably larger than shares of high parity women among the late 1960s birth cohorts than in older cohorts. This research conceptualises a new family policy typology for CEE countries consisting of the following types: Comprehensive family policy model; pro-natalist policies; temporary male bread-winner model; frequently modified family policies; family policies of low priority for governments; and lack of resources available for family policies. The paper concludes with two main findings: 1) Cohort fertility is likely to decline in the foreseeable future in almost all CEE countries, and 2) The majority of extant family policies in CEE countries suffer from a variety of shortcomings that impede them from generating optimal family welfare and from providing conditions for cohort fertility to increase.

1. Introduction

1.1 Historical background

The post-World War II history of Central and Eastern Europe (CEE) has been strongly divergent from that elsewhere in Europe in terms of being characterised by authoritarian and centrally planned economic regimes. Not only has the economic, social and political structure of CEE countries been generally distinct from other European settings, but these countries also followed a different demographic pathway – particularly concerning fertility. During the late 1960s, 1970s and 1980s, as fertility was declining in the remainder of Europe and approaching below replacement levels, fertility in CEE countries was relatively stable and typically around replacement.

After the collapse of state socialism at the turn of the 1990s, the institutional transition towards economies and political structures more closely resembling other European societies developed rapidly. This was in part driven by a growing number of Central and East European countries joining, or planning to join, the European Union and NATO. As such, despite great heterogeneity, as most CEE countries have transitioned towards open, market-based, capitalist economies, so too have economic, political and social institutions developed closer degrees of similarity to systems prevalent elsewhere in Europe (Ekiert and Hanson 2003).[1] The societal changes that took place in CEE during the 1990s and 2000s triggered rapid demographic changes, especially regarding childbearing behaviour. Marriages and births have been postponed and cohort fertility has declined. Throughout the formerly socialist CEE countries, fertility has declined below replacement. Experience with the possible consequences of such fertility levels for individual countries in this region is scarce. Notably, CEE is the only region in the world where the total population size in the majority of countries has been declining in recent years – partly due to low fertility. Moreover, in the context of population ageing and shrinking labour forces – in some countries exacerbated by high levels of out-migration – many governments both among CEE countries and in other parts of Europe are devoting increased attention towards policies which could directly, or indirectly, affect fertility levels.

These developments justify a thorough investigation of fertility prospects in CEE, paying special attention to the effect of policy measures. While some country-level studies of fertility in CEE have been performed (e.g. various chapters in Frejka et al. 2008), and some synthesis articles of childbearing patterns in the region have also been written (e.g. Sobotka 2011), relatively few attempts have been made to examine recent fertility trends and prospects in the CEE region in a holistic manner.

[1] While this phenomenon is prevalent across CEE, a handful of countries are gradually experiencing a form of nationalistic authoritarianism that closely mimics free market democracy. This is particularly the case in Russia, where it has been labelled as Putinism, and also in other countries such as Belarus and Hungary (Nemtsov and Milov 2008; Rahn 2007; Albanese 2006; Zakharov 1999).

1.2 The project

The project *Prospects for a fertility increase in the formerly socialist countries of Central and Eastern Europe* [shortened to *CEEfamily*] is a collaborative undertaking of scholars from 15 CEE countries conducted under the aegis of the *Department of Social Policy and Intervention, University of Oxford*, UK.

The project has the following mutually complementing goals:

A. The principal goal of the project is to outline likely directions of cohort fertility trends for the coming decade or so in individual CEE countries and possibly for the entire region. Is fertility likely to decline further, stabilize or increase? To this end the project will conduct analyses of fertility trends and important conditions affecting them with a distinct focus on family policies.
B. The project will provide an overview of family policies in CEE countries, evaluate their overall ability to influence family well-being and, at the same time, assess the impact of family policies on the direction of cohort fertility trends.

The participating countries and the researchers working on the project are listed in Appendix 1. They are scholars employed at academic or research institutions, as a rule in their respective countries, exceptionally at international institutions, with close ties to the country concerned. Country collaborators assembled and analysed data for their respective country, and collaborated with project coordinators in preparing project-wide documents.

Country collaborators assembled statistical data as well as other relevant information, such as (a) a history of family policy measures; (b) government documentation dealing with concerns for fertility; (c) an overview of scholarly literature analysing fertility trends and policies; (d) a review of media dealings with fertility issues; (e) a discussion of trends in fertility preferences and (f) their views and/or analyses on the role of changing societal contexts on fertility development in their countries.

All of these materials will be organized to produce country-level overviews divided broadly into four general sections: (a) societal conditions affecting fertility; (b) family policy strategy; (c) specific (particularly contemporary) family policy measures, and (d) specific fertility trends. These will be published as 'University of Oxford CEE*family* Country Studies' which contain a breadth of information concerning family policies [FPs] in individual CEE countries. They will be available for download from www.CEEfamily.info, and will be regularly updated to reflect the latest developments in the respective country's family policies.

1.3 A 'road map' of this paper

In his seminal 1974 overview of *Population Policies in Developed Countries*, Bernard Berelson asserted that: 'Each country reviews its own situation in light of its own history and tradition, its own values and operating procedures, and determines its position accordingly. Thus the whole issue of population, already complicated in its very nature, becomes involved in a range of economic and social concerns of national importance and becomes progressively decided in that light' (Berelson 1974, 771). However, Berelson did observe that the fundamental elements of population change 'are the same everywhere and hence give rise to similar perceptions, problems and reactions' (Berelson 1974, 771).

This paper follows the spirit of Berelson by trying to elucidate both individual country-level trajectories, and by identifying commonalities in the 'bases of concern' regarding fertility change in the former socialist countries of Central and Eastern Europe as well as describing and analysing, in Berelson's words, the 'courses of action,' i.e. family policies.

In order to adequately present and understand these 'bases of concern', namely the presently low fertility found across the former socialist countries of Central and Eastern Europe, country-level and regional fertility trends are described and analysed in Section 2. Section 3 provides a brief discussion of societal factors affecting childbearing in CEE countries as well as the effect of mortality and migration on population growth in the region. In Section 4 family policies in the 15 CEE countries are described and evaluated within the context of political realities. An appraisal of the apparent performance of family policies and their effect on childbearing behaviour and trends allows us to propose a typology. The final section discusses overall observations and conclusions about the direction of fertility trends in the foreseeable future.

2. Demographic analysis

2.1 Data and methods

The purpose of this section is to approximate an understanding of whether fertility – especially cohort fertility – in the near future is likely to rise, stagnate or decline in the countries of Central and Eastern Europe by applying a demographic analysis. In this section, only the relevant demographic mechanisms are investigated. The possible effect of societal conditions and of family policies on fertility trends is discussed in following sections. Even though the principal goal is to establish the direction of future cohort fertility trends, it is essential to analyse period fertility trends too. Period fertility levels and trends reflect many societal effects on fertility that are not reflected in cohort trends and period fertility trends by definition inform about contemporary developments and those occurring in the recent past which are not captured by

cohort data[2]. Moreover, generally 'fertility' equals period fertility when discussed in the press, by politicians, and the general public.

The focus of the investigation will be on two areas of demographic analysis[3]:

- ***Fertility quantum trends***. These will be investigated using the following indicators: cohort total fertility rates at age 40 [CTFR (40)], cohort parity distributions at age 40, age-specific cohort fertility patterns, and fertility recuperation indices of incomplete fertility of younger cohorts still of childbearing age.
- ***The timing, postponement or advancement, of fertility into higher or lower ages of childbearing***. This will be investigated using the following indicators: Cohort fertility rates for young women aged 15-26[4], cohort fertility rates for older women aged 27-40, period fertility rates for young women aged 15-26, period fertility rates for older women aged 27-49, period mean ages of women at first birth.

There is a body of literature that discusses various societal mechanisms that have generated fertility changes since the 1980s in CEE countries, which, in a slightly modified form, applies to all European regions. Sobotka (2011:276) summarizes this literature as "four prominent explanations of fertility changes in Central and Eastern Europe after 1990: the factors related to the economic crisis and uncertainty, the changes in family-related values as captured by the concept of the 'second demographic transition', the 'postponement transition' view, and the 'contraceptive revolution' perspective. These explanations are not mutually exclusive, rather

[2] A note for those who are not demographers: Period fertility indicators use cross-sectional data, usually data for a particular year. The *period total fertility rate* (PTFR) is based on a formula which informs about the number of births a woman would have during her reproductive life if her childbearing would be the same as the average of all women in that year; it can be computed at the end of the year once data become available. The *cohort total fertility rate* (CTFR) is based on a formula which informs about the average number of births a woman would have during her reproductive life if her childbearing age pattern would be the average of all women born in the same year; it can only be computed after all women born in the same year have reached the end of their fertile period. At times the *cumulated cohort fertility rate at age 40* (CCFR (40)) is used as an approximation for lifetime childbearing because not many children are born when women are in their forties.

[3] Another note for non-demographers: *Fertility quantum* trends in this study are based on the *cohort* concept. Trends of *period* TFRs almost always differ to some extent from trends of *cohort* TFRs. The reason is that age patterns of childbearing differ from one birth cohort to the next. Women may bear children when they are relatively young or when they are older. At a time when women from one cohort to the next are shifting births into older ages, this will have a depressing effect on the period TFR; it will be relatively low because fewer births are being born during a calendar year, and vice versa. Trends of period TFRs depend not only on trends of cohort TFRs, but also on changes in the timing of childbearing within cohorts.

[4] The universal cut-off at completed 26 years of age is applied to maintain comparability in space and time, although it may not always be entirely accurate. This approach is subject to criticism, but other approaches would involve insurmountable complexities in dealing with the data.

they are often closely linked and complement each other." The demographic analysis in this paper draws on these explanations and focuses on the demographic mechanisms that underlie the contemporary fertility transition to below replacement in CEE countries.

The presentation and analysis in this paper applies to *eight regions of European countries*. Four of these comprise Central and Eastern Europe and the other four are often referred to as West European populations or societies.[5] Central and Eastern Europe consists of 'Central' Europe, 'South-Eastern' Europe, the 'Baltic States' and 'Eastern' Europe. The West European populations consist of 'Northern' Europe, 'Western' Europe, the German-speaking countries, and 'Southern' Europe. The basic criterion for including countries into these regions is geographic, while historical, linguistic, cultural, economic, political and other reasons also play a role. A consensus has developed to use these regions (and variations thereof) in the analytical demographic literature of the recent past (see e.g. Sobotka 2011). The following countries are included in our investigation:[6]

- *Central Europe*: Croatia, the Czech Republic, Hungary, Poland, Slovakia, Slovenia.
- *South-Eastern Europe*: Bulgaria, Romania, Serbia.
- *Baltic States*: Estonia, Latvia, Lithuania.
- *Eastern Europe*: Belarus, the Russian Federation, Ukraine.
- *Northern Europe*: Denmark, Finland, Norway, Sweden.
- *Western Europe:* Belgium, France, the Netherlands, the United Kingdom.
- *German-speaking countries*: Austria, Germany, Switzerland.
- *Southern Europe*: Greece, Italy, Portugal, Spain.

Data used in the analysis were either provided by collaborators from the countries concerned or assembled from international data sources, such as the Human Fertility Database (HFD), the Human Fertility Collection (HFC), the Eurostat database and from files of the no longer functioning Observatoire Démographique Européen (ODE).

2.2 The European Context

Central and Eastern Europe (CEE), which is comprised of the formerly state socialist countries, is the last of the five European regions undergoing the transition to below replacement period fertility during the past half century (Figure 1). The CEE region experienced the basic PTFR decline during the 1990s. It was preceded by the PTFR decline during the late 1960s and 1970s in the North and West European regions, and the region of German-speaking countries, and by the South European region, which experienced its period fertility decline in the 1980s (Figure 1).

[5] The term 'Western Europe" is often used loosely in a broad sense, especially in a political discourse, to comprise all West European societies, or in the narrower sense as in this and other studies. This can be confusing, but tends to be clear within the respective context.

[6] Some relatively small countries or those with a lack of available data have not been included in this project.

In CEE the PTFR declined from over 2.0 births per woman in the late 1980s to 1.3 in the late 1990s. It remained at a similar level through the early 2000s, increasing to around 1.5 births per woman in the early 2010s. Below replacement fertility is an essential component of the Second Demographic Transition as originally delineated by Lesthaeghe and van de Kaa (1986). Its progress and characteristics in Central and Eastern Europe have been described and discussed in detail by Sobotka (2008).

2.2.1 The effects of fertility quantum trends and childbearing postponement in shaping period fertility trends

The sharp drop in the period TFRs in Central and Eastern Europe in the 1990s was generated by a considerable decline in cohort TFRs, mainly among women born during the 1960s that were in the prime of their reproductive years at that time (Figures 2 and 6), that was reinforced by a major postponement of childbearing (Table 1). The shares of fertility among older women aged 27-40 in CEE countries were relatively low in the 1960 cohort, but increased greatly over the next ten cohorts, for instance, by 39, 32 and 31 percent in the Czech Republic, Bulgaria and Estonia, respectively.

The decline in period TFRs in Northern and Western Europe and in the German-speaking countries occurred during the 1960s and 1970s (Figure 1). In Southern Europe this decline took place about a decade later, during the late 1970s and the 1980s. In Central and Eastern Europe it took place mainly during the 1990s. The main driving force of the period fertility decline in Northern and Western Europe was childbearing postponement. Taking the examples of Sweden and the Netherlands, the childbearing shares of older women aged 27-40 increased from 49 to 67 percent, and from 55 to 79 percent, respectively, between the 1950 and the 1970 birth cohorts (Table 1). On the other hand, the levels of their respective cohort TFRs at age 40 did not decline very much between the 1950 and the 1970 birth cohorts (Table 1). The minor changes in cohort TFRs in Northern and Western Europe stand out also in Figure 2.

In the German-speaking countries and in Southern Europe the importance of cohort fertility declines combined with childbearing postponement was similar to that in Central and Eastern Europe (Table 1). Both of these forces were instrumental in generating the steep period fertility declines to below replacement fertility in the 1990s and low period fertility lasted into the 2000s and was only marginally higher in the early 2010s (Figure 1).

2.2.2 The evolution of cohort age patterns of childbearing

There was a significant difference in the way cohort age patterns of early to late childbearing evolved in countries of Central and Eastern Europe compared to the other European regions

(Figure 5). In the Netherlands, Austria and Spain, for instance, considerable changes in cohort childbearing patterns started among the 1940s and the 1950s cohorts and continued through the cohorts of the early 1960s in the Netherlands, the late 1960s in Spain and even the 1970s and the early 1980s in Austria. The changes were relatively orderly and smooth from one cohort to the next. In contrast, changes in the cohort childbearing age patterns in CEE countries were minor among the late 1940s, the 1950s and the early 1960s birth cohorts, but dramatic and tumultuous among the late 1960s, the 1970s and the early 1980s cohorts (Figure 5). This can be partly explained by the fact that the cohort fertility age pattern changes in CEE countries were compressed into shorter time periods than in the other regions.

2.2.3 The effects of period fertility rates of young and older women on the overall period fertility trend

The analysis of the contemporary fertility transition from above to below replacement in Europe utilizing changes in the period fertility rates of young women (ages 15-26) and of older women (ages 27-49), i.e. by tracking the postponement or advancement of childbearing, can be conducted in individual countries but not for regions, as regional data for the age-specific fertility rates are not available (Figure 4). Taking the Netherlands as representative for Western Europe, a decline in cumulated fertility for young women aged 15-26 years (CumPFR 15-26) was already in progress in the early 1970s and continued until the mid 1990s when it leveled-off (Figure 4). An increase in fertility for older women aged 27-49 years old (CumPFR 27-49) in the Netherlands started around 1980 and leveled off after 2000. In Austria there was a continuous moderate decline of fertility among young women throughout the entire period 1970-2010. A mild increase in childbearing among older women (CumPFR 27-49) started in the late 1990s and was still ongoing in the early 2010s. In Spain, fertility among young women (CumPFR 15-26) declined rapidly from the early 1970s through the mid 1990s and then leveled off. Fertility among older Spanish women (CumPFR 27-49) declined during the late 1970s and 1980s, levelled off during the 1990s and increased only weakly during the 2000s (Figure 4).

The three countries representative of CEE experienced a steep fertility decline among young women (CumPFR 15-26) starting around 1990. It levelled off in Russia and Bulgaria around 2000, but continued in the Czech Republic through the late 2000s before levelling off. In all these three countries fertility among older women (CumPFR 27-49) started to increase around 2000 (Figure 4).

2.2.4 Period mean ages of women at first birth[7] (PMAFB) trends

Data on the period mean age of women at first birth (PMAFB) also informs us about the progress of childbearing postponement in Europe. Data for the five European regions are depicted in Figure 3. An increase in the PMAFB is a reliable indication of childbearing postponement. In Northern Europe the increase of the PMAFB was already in progress in the late 1960s. In Western Europe and in the German-speaking countries the increase in the PMAFB started in the early 1970s, and in Southern Europe it began around 1980 (Figure 3). The average PMAFB for CEE was around 23 years of age from the 1960s until the early 1990s when it started to grow. By 2012 the PMAFB in CEE had increased to above 26 years which was still almost three years less than in the other regions.

2.3 The Central and East European Context

Trends of the period TFRs display the progress of the contemporary fertility transition in the four CEE regions as resembling each other quite closely (Figure 7). This is in contrast to how these levels and trends differ distinctly from the other European regions (Figure 1).

2.3.1 Period fertility trends in the four CEE regions

Prior to the pivotal fertility decline of the 1990s, there were some differences in the PTFR levels and trends between CEE regions. On balance, however, these were all around, or somewhat above, the replacement level (Figure 7, panel A). These average levels and trends reflect the fact that basic political, social and economic conditions were similar throughout Central and Eastern Europe (Frejka 2008, Sobotka 2008). On the other hand, regional trends conceal significant country diversity.

2.3.2 Country period fertility trends in CEE

The country PTFR trends reflect effects of family policy measures that had been implemented in individual countries (David 1999, Frejka et al. 2008, Stankuniene and Maslauskaite 2008). In Romania, for instance, PTFRs fluctuated above 2.4 births per woman in the 1970s due to the strict curtailment in the use of contraceptives and of legal induced abortions (Figure 7, panel C). Other examples illustrate how waves of intensified pro-natalist policies temporarily increased PTFRs, such as in the Czech Republic and Hungary in the mid-1970s (Figure 7, panel B) and throughout the former USSR in the 1980s (Figure 7, panels D and E; consult country studies in Frejka et al. 2008). A close examination also shows that PTFR trends in the states of the former Socialist Federal Republic of Yugoslavia differed from the other CEE countries. The most

[7] It might be preferable to use cohort mean ages of women at first birth for this analysis, but long enough series for CEE are not yet available for analysis.

obvious difference is exemplified by Slovenia, where a sustained PTFR decline started around 1980 and advanced quite evenly for two decades (Figure 7, panel B; cf. Stropnik and Šircelj 2008).

In the majority of the CEE countries the steep fertility decline of the 1990s was triggered by the collapse of the state socialist political, social and economic system. Similarities in fertility trends among Central and Eastern European countries during the 1990s and 2000s are remarkable (Figure 7). The states that were parts of Yugoslavia – Croatia, Serbia and Slovenia – are an exception. One can hypothesise that this was due to their somewhat different political and economic conditions compared to the other CEE countries.

Both demographic mechanisms – the decline in fertility quantum and childbearing postponement – contributed effectively in generating the contemporary fertility transition to below replacement in Central and Eastern Europe (Table 2).

2.3.3 The fertility quantum decline and childbearing postponement

Fertility quantum was declining throughout CEE countries among the 1960s birth cohorts, as illustrated by the decline of the cumulated cohort fertility rates by age 40 (Table 2 and Figure 6). The decline between the 1960 and the 1970 CTFR(40) ranged from 6 to 17 percent in Hungary and Poland, respectively (Table 2), and was continuing in the early 1970s cohorts in those countries for which data are available (Figure 6). Baltic countries were an exception. In Estonia and Lithuania cohort fertility stabilized in the mid- and late- 1960s birth cohorts (Figure 6). Sobotka and Zeman (2014) confirm that the cohort fertility decline continued among the 1970 cohorts in most CEE countries. They recently calculated completed cohort fertility rates for 26 European countries for the 1965 to 1974 birth cohorts, including eight CEE countries[8]. On average, the 1965 TCFR of 1.93 births per woman for the eight CEE countries declined to 1.71 births per woman: an 11 percent decline.

In all CEE countries childbearing postponement was widespread, especially among the late 1960s birth cohorts (Table 2). Just comparing the 1965 to the 1970 cohorts, the fertility shares of women aged 27- 40 increased by over 30 percent in Bulgaria, Estonia, the Czech Republic and Romania, and to a lesser extent everywhere else. These were the cohorts that were in their prime childbearing years in the late 1990s. Childbearing postponement continued throughout CEE among the 1970s and early 1980s birth cohorts as shown in the representative examples of Russia, the Czech Republic and Bulgaria in Figure 5 (Panels B, D and F). The curves of the age patterns of childbearing for each subsequent cohort five years apart are lower in the young ages and higher in the late 20s and early 30s than the curves for cohorts five years older. This is confirmed by country studies for all CEE countries not included in this paper.

[8] The eight CEE countries are the Czech Republic, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia.

2.3.4 Cohort parity distributions

The fertility quantum decline is also illustrated by trends in cohort parity distributions in nine countries (Figure 9). There was a distinct decline in the share of women with two children and an increase in the share of women with one child among the 1960s cohorts. Second order parity women still dominated in almost all countries in the 1970 birth cohort, although there were already more women that had had one rather than two births in Russia and Ukraine. The shares of women remaining childless even in the 1970 cohort remained low, i.e. at around ten percent or less.

Data in Table 5 demonstrate the sharp fertility quantum decline between the 1960 and the 1970 cohorts in nine countries. There was a dramatic increase in the *ratio* of shares of low order parities (childless and women with one birth) compared to high order parities of women who had borne three or more children. In the Czech Republic, for instance, there were about as many low parity women as there were women with 3+ children in the 1960 cohort, and this ratio increased to 1.7 in the 1970 cohort. In Bulgaria, Belarus, Russia and Ukraine among the 1970 cohorts there were around four or more times as many women of low order (0 and 1) parity compared to those of high order parity (3+).

2.4 Childbearing postponement and fertility quantum decline: Most recent developments

We now turn our attention to focusing on what has been happening in the recent past, especially in the 2000s and early 2010s and in the young cohorts born in the 1970s and 1980s.

With the exception of Serbia, all CEE populations experienced an increase of the period TFRs during the 2000s (Figure 7). This was a notable PTFR increase from the lowest low levels around 2000, however the levels reached in the early 2010s were considerably below the levels of 1990. With the exception of Russia, Belarus, Ukraine and Lithuania the increase leveled-off in the early 2010s probably as a consequence of the late 2000s economic crisis.

It is not possible to ascertain whether the PTFR increase of the 2000s reflects any quantum fertility increase or whether it is mainly due to the slowing down of childbearing postponement. Several facts can be established and hypotheses formulated which imply that childbearing postponement is slowing down and that fertility quantum might be declining further, or at least not increasing:

- Childbearing postponement in CEE populations was still in progress in the 2000s;

- Childbearing postponement in CEE populations was slowing down in most CEE populations among the 1970s and the early 1980s birth cohorts;
- Childbearing recuperation was weak among the cohorts of the 1970s in most CEE countries, which is an indication of a continuing fertility quantum decline of the 1960s cohorts.

Table 3 provides evidence concerning the continuation of childbearing postponement during the 2000s. The cumulated age-specific fertility rates (ASFRs) for young women aged 15-26 have been declining in most countries in the 2000s. By definition, it cannot be established now whether at all and, if so, to what extent these births will be recuperated in the future. The PTFRs around 2010 were low, between 1.3 and 1.7 births per woman (Table 3). This low fertility level might have been caused by continuing fertility postponement.

A comparison of the curves of differences between cumulated ASFRs of young birth cohorts five years apart shows that the lowest points in the curves are diminishing (Figure 8). For instance, the nadir in the difference between the 1970 and the 1975 cohorts in the Czech Republic was over -0.4 births per woman, whereas for the difference between the 1975 and the 1980 cohorts it was less than -0.3 births per woman. The same pattern is repeated in all populations in Figure 8, as well as in those not included in Figure 8. Furthermore, the downward slope of the beginning of the curves of differences between the 1980 and the 1985 cohorts is less steep than the downward slope for the other curves. Both of these characteristics prove that childbearing postponement was slowing down.

Table 4 provides an overview of recuperation indices (RI), i.e. of the amounts of childbearing that have been recuperated relative to the fertility decline at younger ages[9]. The recuperation index is usually computed for cohorts that have (almost) completed their childbearing periods. In Table 4 the RIs are computed for incomplete cohorts and the highest ages these cohorts have reached are listed. In other words, the RIs are merely an indication of whether eventually the respective cohort might recuperate the full amount of postponed births. Taking the example of Poland, if by age 36 the 1975 birth cohort has recuperated only 35 percent of the postponed births compared to the 1970 cohort, it is obvious that women born in 1975 cannot recuperate 100 percent of the postponed births by the time they reach the end of their reproductive period. The numbers in Table 4 and the graphs in Figure 8 illustrate that the probability of women in the 1975 cohorts recuperating all the postponed births in any of the listed countries is very low, for the most part impossible.

[9] For instance, in the Czech Republic minus 0.433 births per woman at age 25 was the difference of the cumulated ASFRs between the 1970 and the 1975 cohorts (see Figure 8). By age 35 the difference between the two curves was –0.155, which means that 0.278 births per woman had been recuperated, thus 64 percent of the births that were postponed by age 25 were recuperated by age 35 [0.433-0.155=0.278/0.433= 0.64] (cf. Table 4).

When comparing the 1980 with the 1975 birth cohorts an analogous logic applies, however, any inferences are even more questionable because the measurements are made when the 1980 cohorts have reached ages only around 30 years (Table 4). This was the case in most countries where the RIs were low. There were two exceptions where the RIs were high, in Estonia (101 percent) and Belarus (127 percent), and thus in these countries completed cohort fertility rates for the 1980 cohort will probably exceed those of the 1975 cohorts (Table 4). There are good explanations for both cases. In Estonia there are many reasonably favorable conditions for childbearing (See Estonia family policy profile below). In Belarus the high subsidies for second and higher order births have had a considerable effect. The question is whether this will be a temporary or lasting effect.

2.5 Recent population growth and official population projections

Populations were shrinking in almost all CEE countries during the 1990s and 2000s. Between 1990 and 2010, for instance, Bulgaria's population declined from 8.8 to 7.5 million, Estonia's from 1.6 to 1.3, and Ukraine's from 51.8 to 45.9 million (Table 6). This was due to low fertility, often reinforced by emigration and high mortality rates. According to official national population projections available for nine CEE countries, population decline is projected to continue in the future (Table 6).

These projections illustrate the implications of assumptions made by national experts about future fertility and migration trends. Although methods used differ from one country to another, the projected numbers for the near future (up to 20 years) indicate the direction of growth reasonably well. A brief discussion of fertility and migration assumptions enables a better understanding of the projections. Nonetheless, as is well known from historical experience, caution is in place when dealing with population projections.

Fertility assumptions necessarily begin with levels from the early 2010s and do not change rapidly. It is more likely that migration assumptions do not materialize, if for no other reason than that knowledge about actual migration trends is questionable.

Belarus, Bulgaria and Estonia assume net emigration, which means that projected population decline is reinforced by migration assumptions. The projections for the Czech Republic, the Russian Federation, Serbia, Slovakia and Ukraine assume net immigration. These assumptions would partly offset the effect of low fertility assumptions on future population trends. With this knowledge in mind, if immigration is weaker or emigration stronger than assumed, projected population numbers for the latter countries would be smaller than indicated in Table 6.

As it stands, the only population where the projections show any population increase is Slovakia. Slovakia is, however, one of the countries assuming considerable immigration as inherent in

population projections. Similarly, projections for Russia and the Czech Republic assume considerable immigration. In other words, all the medium variants of official population projections for the countries in Table 6 indicate the possibility of declining populations in the future, even though migration assumptions could prove to be unrealistic. Slovakia might be the exception because its population age structure contains a growth momentum driven by past high fertility. The same might be said for Poland, but Poland is not included in Table 6 as official projections were not available.

In sum, the projections suggest that declining populations can be expected in almost all CEE countries while keeping in mind the hypothetical nature of projections.

2.6 Demographic analysis: Summary of findings

In this section a demographic analysis was applied in order to obtain an understanding of the likely direction of cohort fertility trends in CEE countries in the foreseeable future, i.e. among the birth cohorts of the 1970s and early 1980s up until the early 2020s. The collection of the following findings provides the foundation for an informed judgement.

- ***In the majority of CEE countries births that were postponed by women born during the 1970s are not being replaced in sufficient numbers for cohort fertility to increase in the foreseeable future.***

This is the one clear piece of demographic evidence that cohort fertility is not going to increase in the near future. The data to back up this conclusion are not perfect, but they are sound. These are the recuperation indices, RIs, of the cohorts born during the 1970s (Table 4). By virtue of the fact that these women were still in their thirties, they have not yet borne all the births they will have by the end of their reproductive years. Nonetheless, the numbers of births they have had so far are so small that it is almost impossible for the final numbers to be large enough for a rise in cohort fertility. For instance, Polish women born in 1975 had recuperated only 35 per cent of the births they had postponed by age 36. It is not logical or reasonable to assume that these women will bear the remaining 65 per cent of postponed births by the end of their childbearing period. In other words, the CTFR for the 1975 birth cohort are not likely to be larger than the CTFR for the 1970 cohort or, for that matter even as large.

There is a wealth of other findings, some of which also indicate that cohort fertility in CEE is likely to stagnate or decline, but not grow in the near future.

- ***The decline of cohort fertility among the 1960s cohorts continued among the early 1970s cohorts (Figure 6). Thus it is reasonable to assume this decline could be prolonged among the remainder of the 1970s cohorts in the majority of CEE countries.***

That the cohort fertility decline in CEE countries was continuing at least up to the mid-1970s cohorts was confirmed by recent calculations for eight countries (Sobotka and Zeman 2014). Since cohort fertility rates tend to proceed at a steady pace it is not unreasonable to assume a further decline among the 1970s cohorts.

- ***Shares of low parity women (childless and one child) have become considerably larger than shares of high parity women with three or more children among the 1960s birth cohorts (Figure 9 and Table 5) and there is no reason to believe this trend might not continue.***

The considerable increase in the ratio of low to high parity women among the 1960 birth cohorts was pronounced in all countries for which data are available (Table 5). The variability across countries was large. The ratio of low to high parity women in the 1970 birth cohort in Central European countries and in Estonia was below 2 and it was between 4 and 5 in the East European countries.

- ***Cohort childbearing age patterns in all CEE countries have been changing dramatically starting with the mid-1960s birth cohorts (Figure 5). These changes are continuing among the 1970s and early 1980s cohorts.***

The joint effect of the overall cohort fertility decline and of childbearing postponement entails changes in cohort childbearing age patterns over time. The peaks of childbearing have shifted from the low 20s to around age 30. Age-specific fertility rates have declined considerably from one cohort to the next at ages below the peak and increased at ages after the peak.

- ***Childbearing postponement, which in most CEE countries started among the 1960s birth cohorts in around 1990, is an on-going process.***

Several developments demonstrate the notable childbearing postponement that has occurred in the recent past in CEE. Shares of cohort childbearing of older women have increased among the 1960s cohorts (Tables 1 and 2), the mean age of women at first birth has been increasing since the early 1990s (Figure 3), period fertility among older women has been rising sharply since 2000 (Figure 4), and fertility has been declining among younger women in Central European countries and the Baltic states in the mid to late 2000s and early 2010s (Table 3).

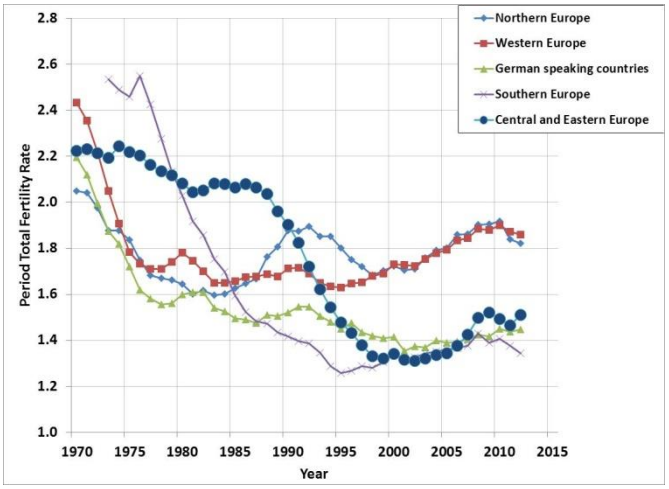
There are at least two indications that childbearing postponement will continue in CEE in the foreseeable future. As of the early 2010s, on average the mean age of women at first birth was about three years lower in CEE compared to the other European regions (Figure 3). Also, fertility shares of older women out of total fertility in the 1970 cohorts were much lower in CEE than in

the other European regions implying that these shares may continue to rise. Among the representative countries in the West in Table 1 the range of the fertility shares of older women was 57 to 79 percent, whereas in CEE countries the range was 26 to 40 percent. It appears likely that fertility shares of older women in CEE countries will grow to reach "Western" levels. There are indications that childbearing postponement is slowing down in CEE countries.

- ***The overall conclusion of the demographic analysis is that cohort fertility in the majority of CEE countries is likely to decline among the 1970s birth cohorts; in some countries cohort fertility might stagnate.***

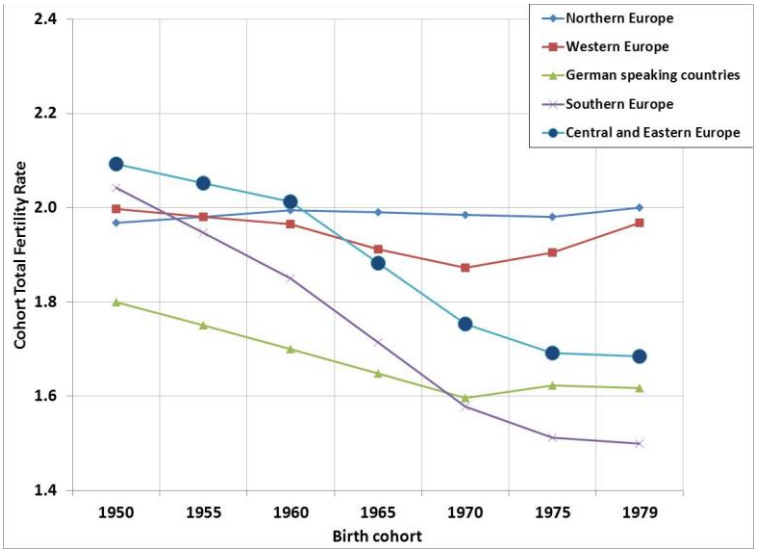
This conclusion will be compared with findings from section 3 – *Societal factors affecting Childbearing in CEE* – and section 4 – *Family policies and childbearing in CEE* – to see whether findings from those sections are comparable.

FIGURE 1 Period total fertility rates, Central and Eastern Europe, Northern, Western, Southern Europe and German-speaking countries, 1970-2012



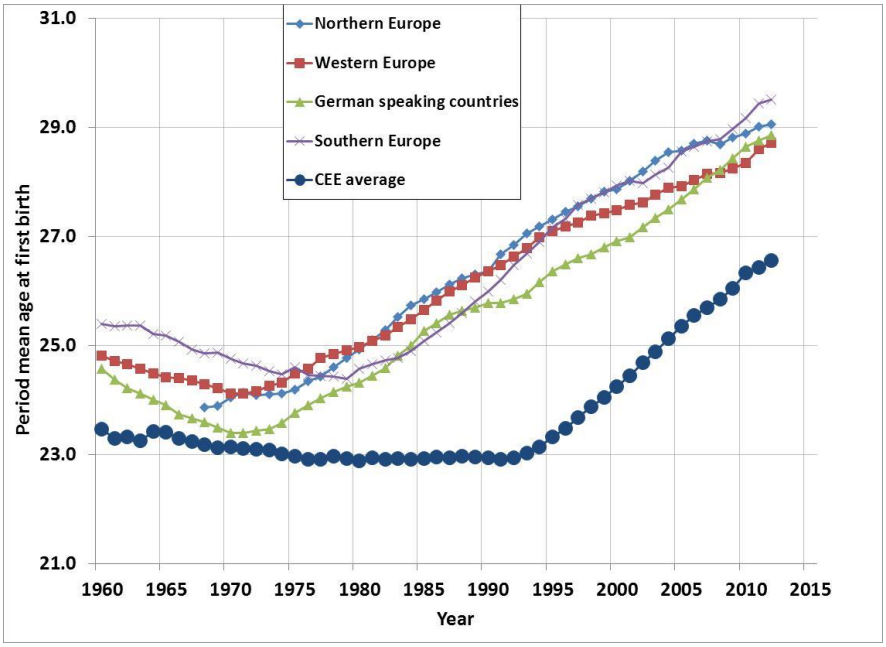
SOURCES: HFD & Eurostat, 2014

FIGURE 2 Actual and forecasted cohort total fertility rates, Central and Eastern Europe, Northern, Western, Southern Europe and German-speaking countries, birth cohorts 1950, 1955 (interpolated), 1960, 1965 (interpolated), 1970, 1975 and 1979 (the latter two forecasted).



Source: Myrskylä et al., 2013

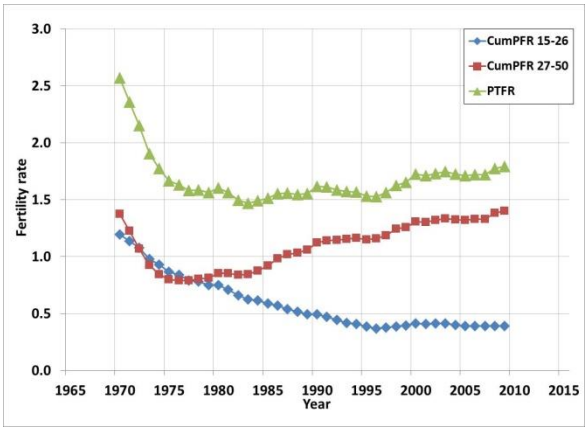
FIGURE 3 Period mean age of mother at first birth, Central and Eastern Europe, Northern, Western, Southern Europe and German-speaking countries, 1960-2012



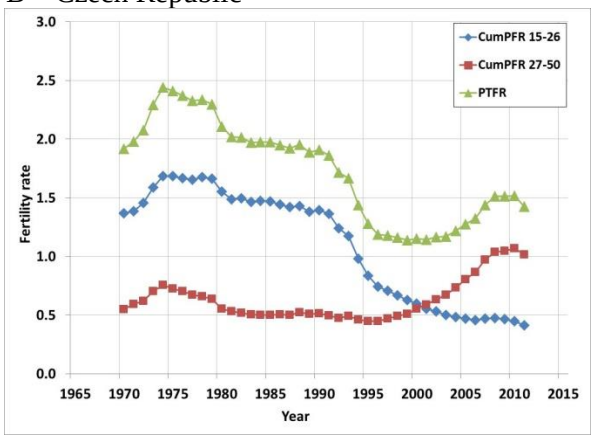
SOURCES: HFD, HFC & Eurostat, 2014

FIGURE 4 Period total fertility rates (PTFR), cumulative period fertility rates 15-26 (CumPFR 15-26) and 27-50 (CumPFR 27-50), Netherlands, Czech Republic, Austria, Russian Federation, Spain and Bulgaria, 1970-2012

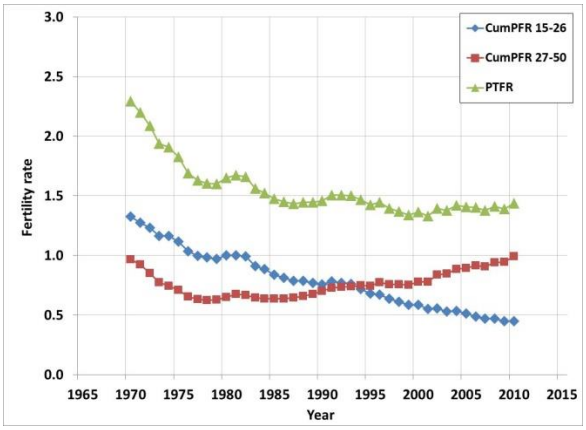
A – Netherlands



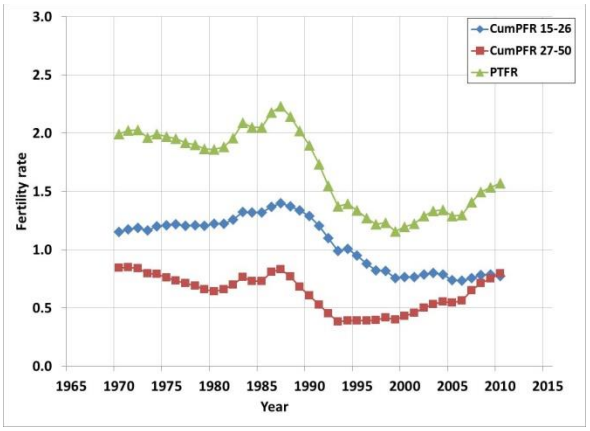
B – Czech Republic



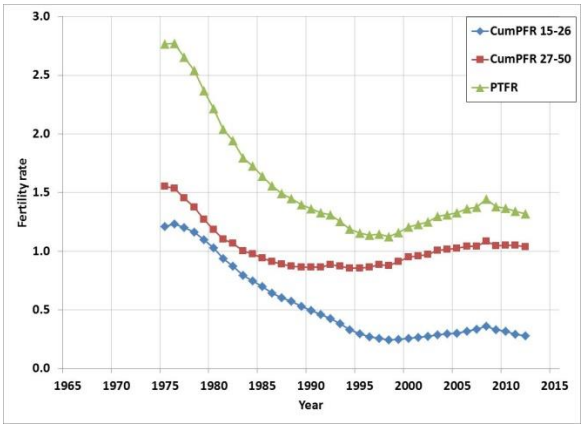
C – Austria



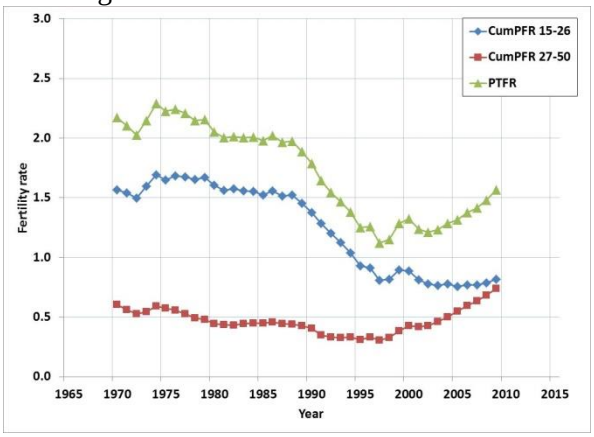
D – Russian Federation



E – Spain



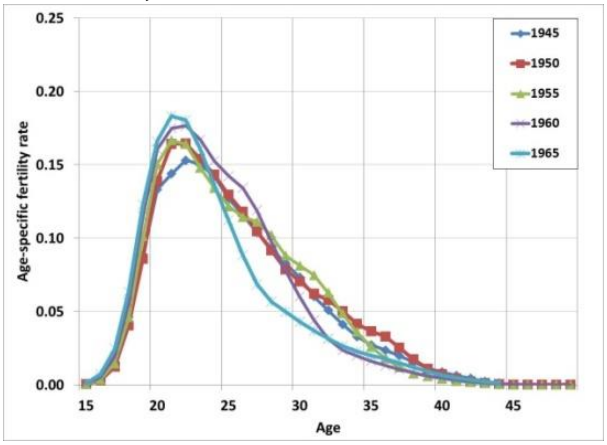
F – Bulgaria



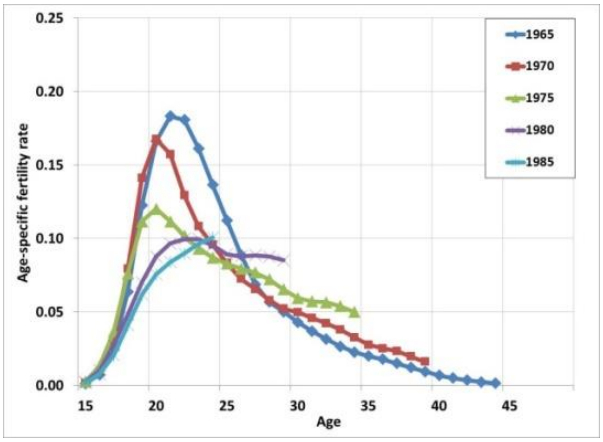
SOURCE: HFD 2014

FIGURE 5 Cohort age-specific fertility rates, Russian Federation, Bulgaria, Czech Republic, Netherlands, Spain and Austria, birth cohorts 1945, 1950, 1955, 1960, 1965, 1970, 1975, 1980 and 1985
[2 pages]

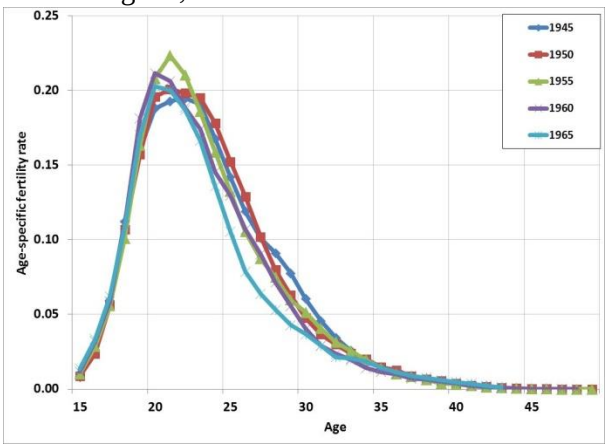
A - Russia, 1945-1965



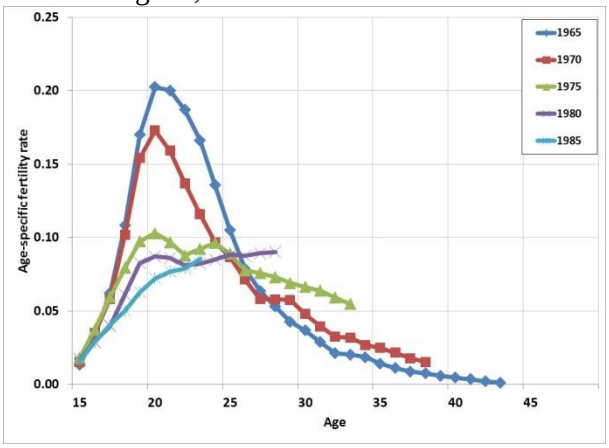
B - Russia, 1965-1985



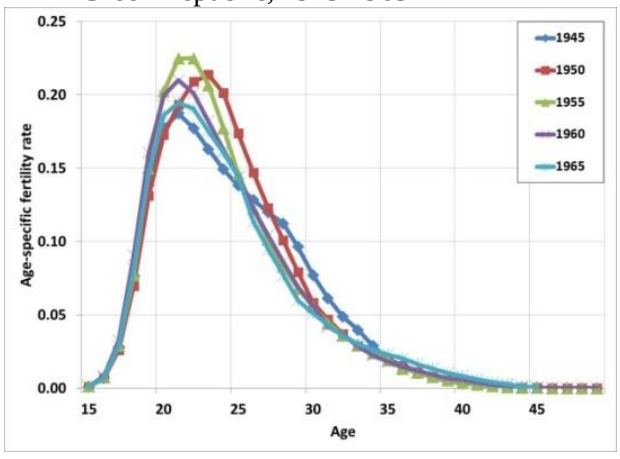
C – Bulgaria, 1945-1965



D – Bulgaria, 1965-1985



E - Czech Republic, 1945-1965



F - Czech Republic, 1965-1985

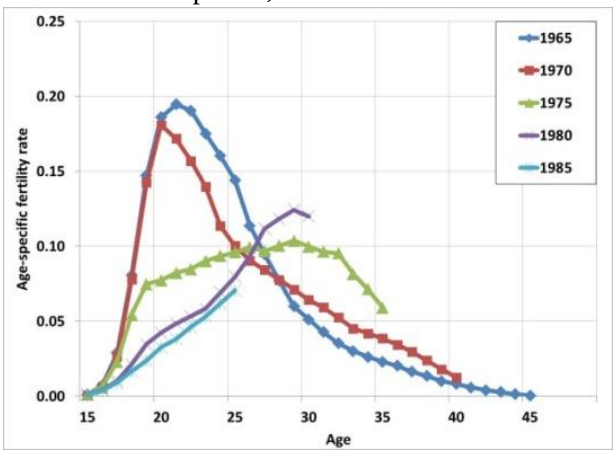
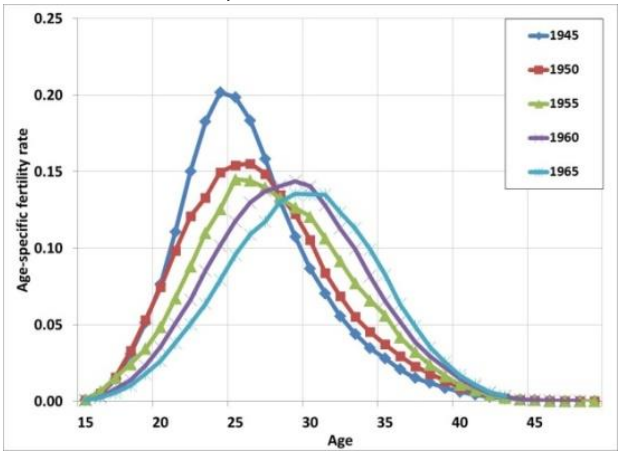
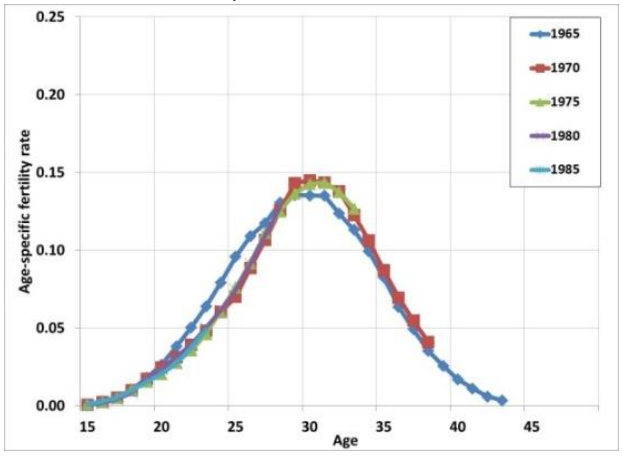


FIGURE 5(cont.) Cohort age-specific fertility rates, Russian Federation, Bulgaria, Czech Republic, Netherlands, Spain and Austria, birth cohorts 1945, 1950, 1955, 1960, 1965, 1970, 1975, 1980 and 1985

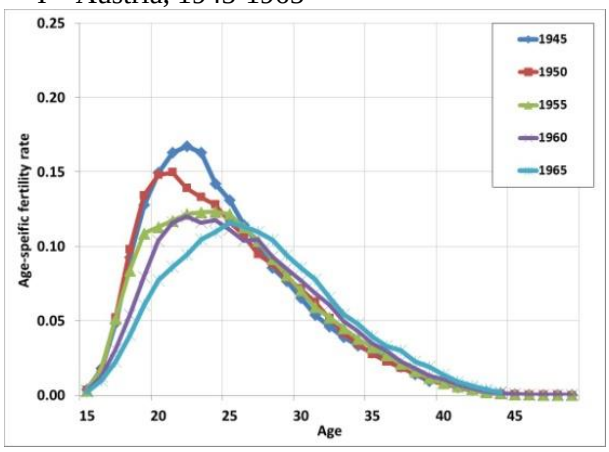
G - Netherlands, 1945-1965



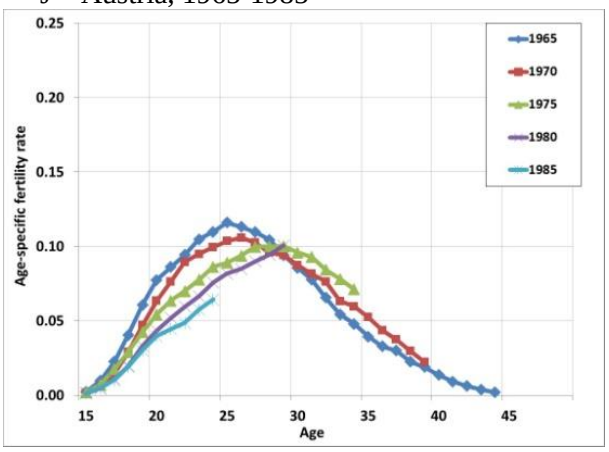
H - Netherlands, 1965-1985



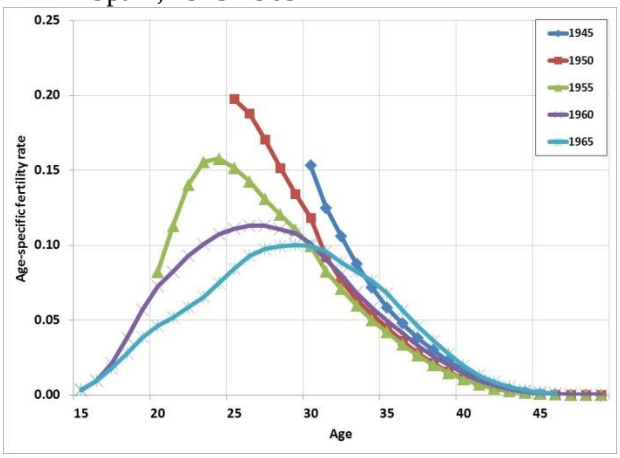
I – Austria, 1945-1965



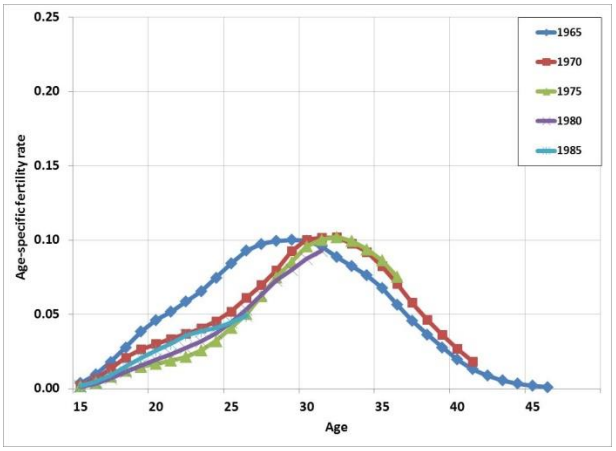
J – Austria, 1965-1985



K – Spain, 1945-1965



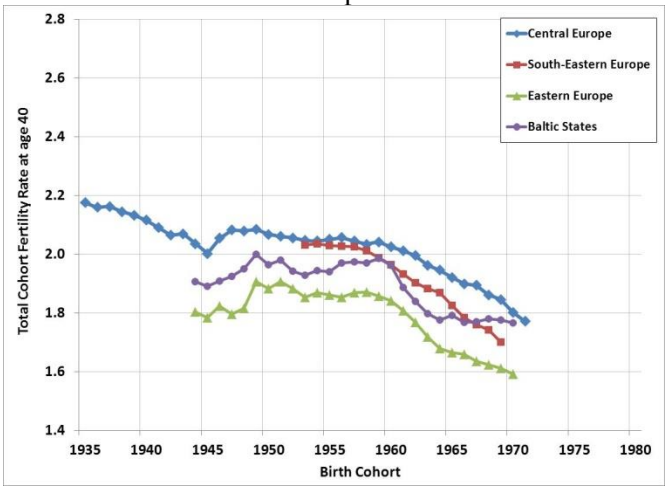
L – Spain, 1965-1985



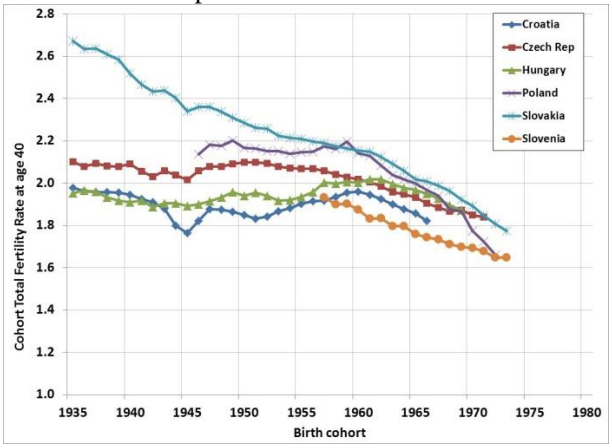
SOURCE: HFD 2014

FIGURE 6 Cohort total fertility rates at age 40, Central & East European region, Central, South-Eastern, Eastern Europe and Baltic States, country populations within regions, birth cohorts 1935-1975

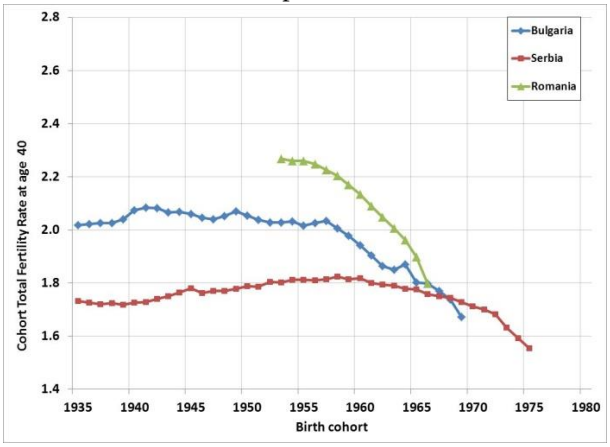
A – Central and Eastern Europe



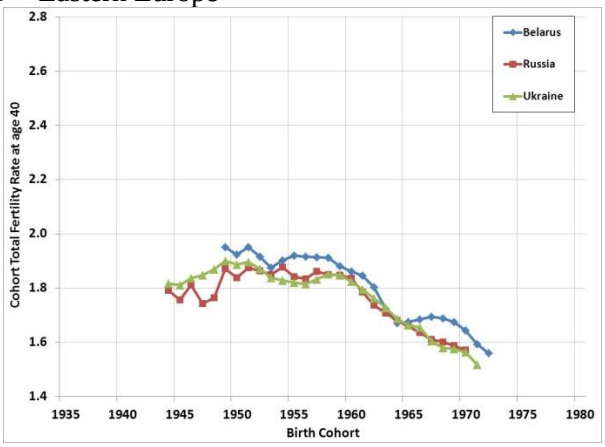
B – Central Europe



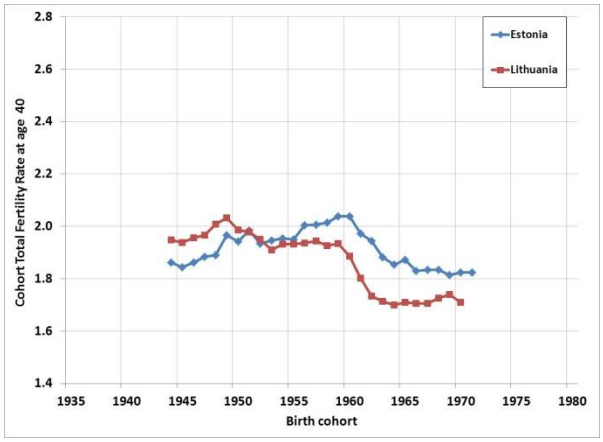
C – South-Eastern Europe



D – Eastern Europe



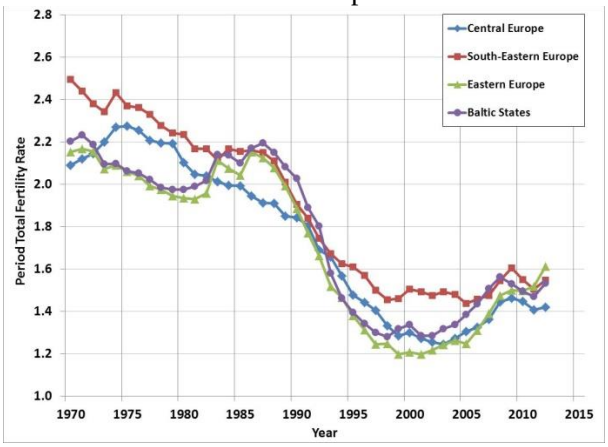
E – Baltic States



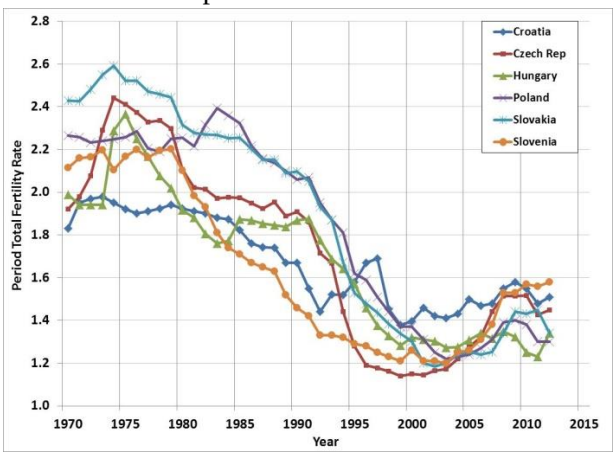
SOURCES: HFD & ODE, Warsaw School of Economics 2014

FIGURE 7 Period total fertility rates, Central & East European region, Central, South-Eastern, Eastern Europe and Baltic States, country populations within regions, 1970-2012

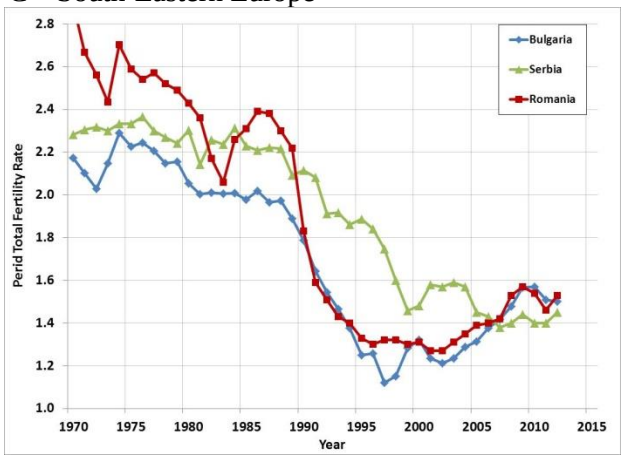
A – Central and Eastern Europe



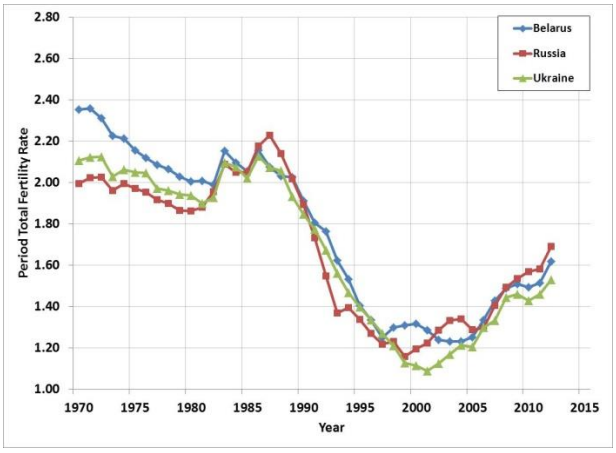
B – Central Europe



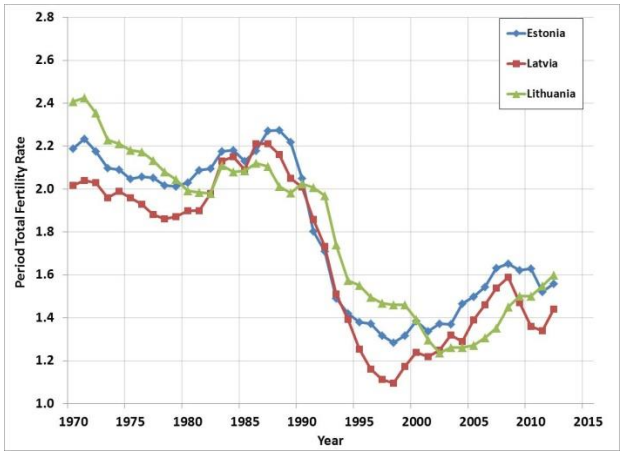
C – South-Eastern Europe



D – Eastern Europe



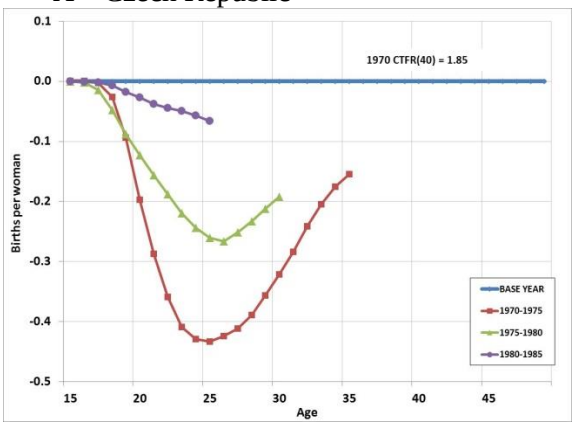
E – Baltic States



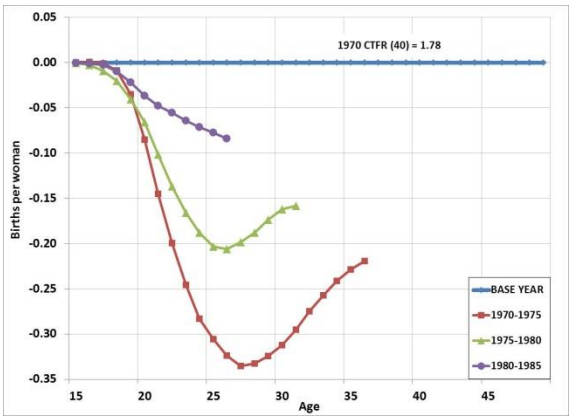
SOURCES: HFD, Warsaw School of Economics, 2014

FIGURE 8 Differences in cumulated age-specific cohort fertility rates between moving benchmark cohorts and subsequent cohorts five years apart, Czech Republic, Poland, Estonia, Lithuania, Bulgaria and Belarus, birth cohorts 1970, 1975, 1980 and 1985

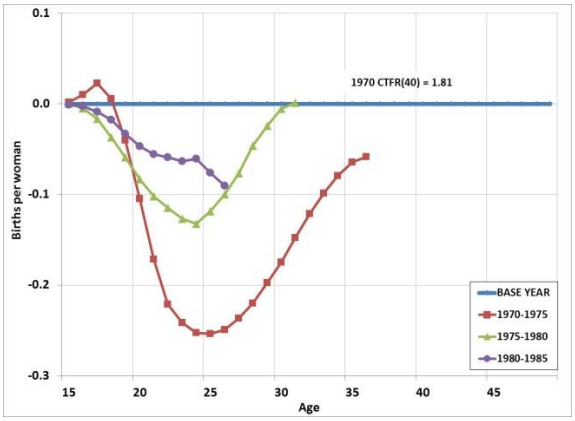
A – Czech Republic



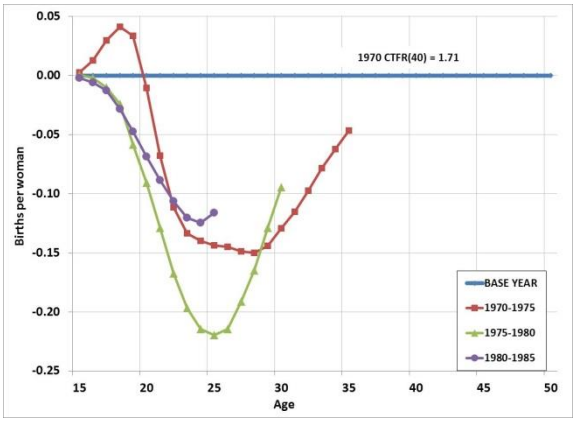
B - Poland



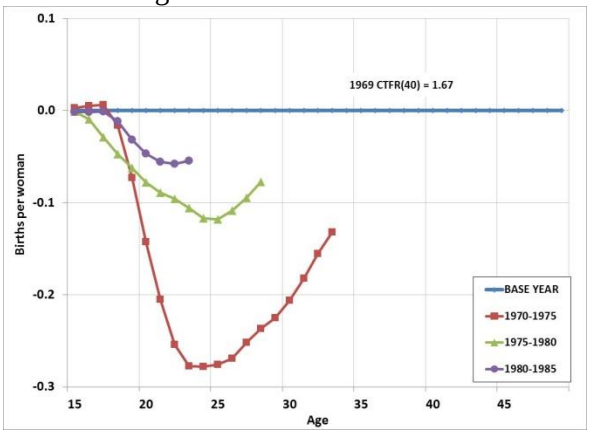
C – Estonia



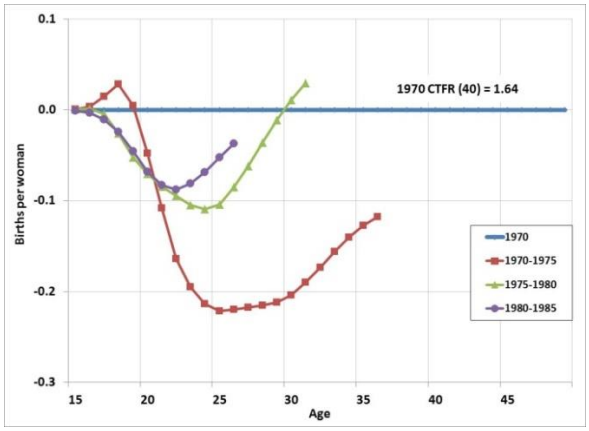
D - Lithuania



E – Bulgaria



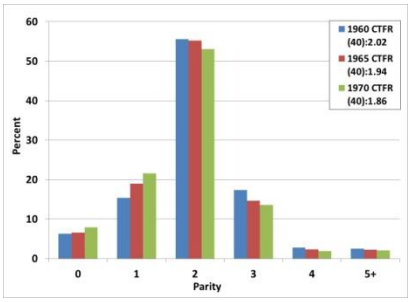
F -- Belarus



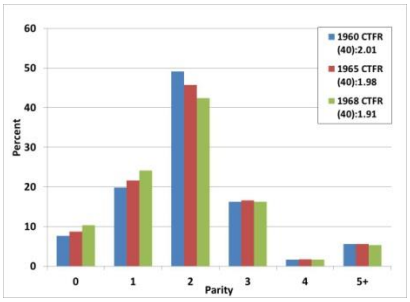
SOURCE: HFD 2014; Warsaw School of Economics 2014

FIGURE 9 Cohort parity distributions, selected Central and East European countries, Birth cohorts 1960-1970

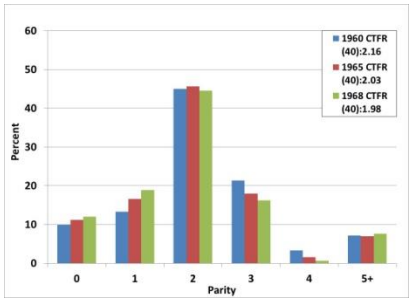
A Czech Republic



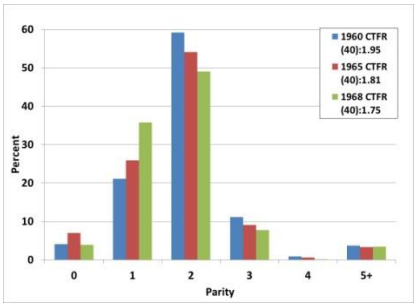
B Hungary



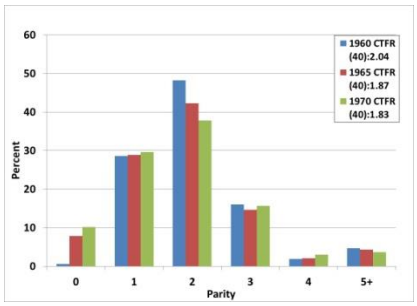
C Slovakia



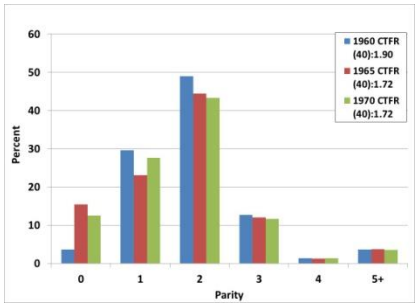
D Bulgaria



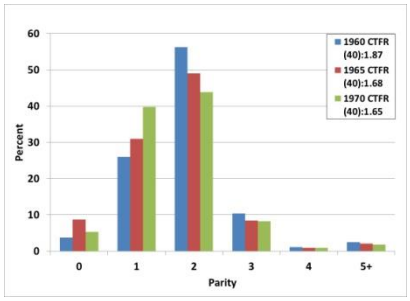
E Estonia



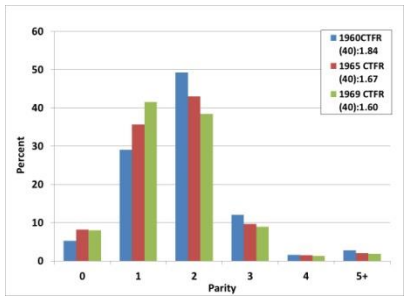
F Lithuania



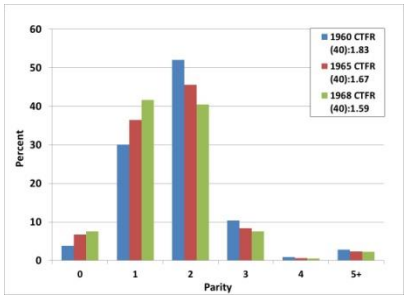
G Belarus



H Russia



I Ukraine



SOURCE: HFD 2014

TABLE 1 Cohort total fertility rates at age 40, shares in CTFR (40) of women ages 27-40, birth cohorts 1950, 1960 and 1970

Country	Women ages 27-40 share of CTFR(40) in birth cohort (in percent)			Percent increase of 27-40 CTFR(40) between 1950 and 1960 cohorts	Percent increase of 27-40 CTFR(40) between 1960 and 1970 cohorts	CTFR at age 40			Percent increase of CTFR(40) between 1950 and 1960 cohorts	Percent increase of CTFR(40) between 1960 and 1970 cohorts
	1950	1960	1970			1950	1960	1970		
Representative country of "other" regions										
Sweden	49	64	67	**30**	**5**	1.97	2.01	1.92	**2**	**-5**
Netherlands	55	69	79	**25**	**15**	1.88	1.83	1.71	**-3**	**-7**
Austria	36	45	57	**25**	**25**	1.84	1.67	1.58	**-9**	**-5**
Portugal	46	45	60	**-4**	**34**	2.06	1.87	1.64	**-9**	**-12**
Representative country of CEE regions										
Czech Rep.	27	25	35	**-5**	**39**	2.10	2.02	1.85	**-4**	**-8**
Bulgaria	22	20	26	**-10**	**32**	2.05	1.94	1.67	**-5**	**-14**
Estonia	37	31	40	**-17**	**31**	1.94	2.04	1.81	**5**	**-11**
Russia	37	29	31	**-22**	**6**	1.84	1.84	1.57	**0**	**-15**

SOURCE: HFD 2014
NOTE: All calculations performed with unrounded base data. Results may seem inaccurate when performed with listed numbers.

TABLE 2 Shares of cohort total fertility rates of women ages 27-40, birth cohorts 1960, 1965 and 1970, CTFR (40) trend, lowest PTFR by year, CEE countries, by regions

Region Country	Share of women aged 27-40 of CTFR(40) in birth cohorts			Percent increase/decline of share of women 27-40		CTFR (40) percent decline 1960-1970	Lowest PTFR (births per woman)	Year of lowest PTFR
	1960	1965	1970	1960-1965	1965-1970			
Central Europe								
Croatia	37	41	46	**11**	**11**	**-7**(1960-66)	1.38	1999
Czech Republic	25	26	35	**4**	**33**	**-8**	1.14	1999
Hungary	31	33	39	**6**	**18**	**-6**(1960-69)	1.27	2003
Poland	35	34	37	**-2**	**7**	**-17**	1.22	2003
Slovakia	28	27	32	**-3**	**17**	**-12**	1.19	2002
Slovenia	36	48	54	**33**	**12**	**-10**	1.20	2003
South-Eastern Europe								
Bulgaria	20	19	26	**-6**	**40**	**-14**(1960-69)	1.12	1997
Romania	29	24	32	**-16**	**32**	**-16**(1960-69)	1.27	2001
Serbia	n.a.	n.a.	n.a.	**n.a.**	**n.a.**	**n.a.**	1.46	1999
Baltic States								
Estonia	31	29	40	**-5**	**37**	**-11**	1.29	1998
Latvia	n.a.	n.a.	n.a.	**n.a.**	**n.a.**	**n.a.**	1.10	1998
Lithuania	34	34	36	**-3**	**7**	**-9**	1.24	2002
Eastern Europe								
Belarus	29	25	29	**-13**	**18**	**-12**	1.23	2003
Russia	29	25	31	**-14**	**23**	**-14**	1.16	1999
Ukraine	27	22	25	**-16**	**11**	**-14**	1.09	2001

SOURCES: HFD 2014; Warsaw School of Economics 2014
NOTE: All calculations performed with unrounded base data. Results may seem inaccurate when performed with listed numbers.

TABLE 3 Period total fertility rates, increase or decline of period age-specific fertility rates, ages 15-26 and ages 27-49, specified periods in 2000-2012, CEE countries by region

Region Country	Period	Increase or decrease of cumulated period fertility rate (in percent)		PTFR at end of period	Share of cumulated age-specific fertility rate at end of period (in percent)	
		ages 15-26	ages 27-49		ages 15-26	ages 27-49
Central Europe						
Croatia	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Czech Republic	2004-2012	-14	41	1.45	28	72
Hungary	2003-2009	-18	21	1.32	34	66
Poland	2004-2011	-13	19	1.29	37	63
Slovakia	2003-2012	-14	58	1.46	36	64
Slovenia	2003-2010	-1	49	1.57	26	74
South-Eastern Europe						
Bulgaria	2003-2009	8	60	1.57	53	47
Romania	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Serbia	2000-2012	-30	33	1.44	40	60
Baltic States						
Estonia	2003-2010	-11	47	1.63	36	64
Latvia	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Lithuania	2002-2011	-19	82	1.55	36	64
Eastern Europe						
Belarus	2004-2012	7	70	1.62	50	50
Russia	2006-2012	10	58	1.69	47	53
Ukraine	2004-2012	3	66	1.53	52	48

SOURCES: HFD 2014, Warsaw School of Economics, 2014

TABLE 4 Recuperation indices (in percent) between birth cohorts 1970 and 1975, 1975 and 1980, 1970 CTFR (40), CEE countries by region

Region Country	Recuperation Index between birth cohorts				1970 CTFR at age 40
	1970 and 1975		1975 and 1980		
	RI	at age	RI	at age	
Central Europe					
Croatia	**24**	31	n.a.	n.a.	1.82 (1966)
Czech Republic	**64**	35	**28**	30	1.85
Hungary	**27**	33	n.a.	n.a.	1.87 (1969)
Poland	**35**	36	**23**	31	1.78
Slovakia	**26**	33	n.a.	n.a.	1.89
Slovenia	**52**	33	**13**	28	1.69
South-Eastern Europe					
Bulgaria	**52**	33	**34**	28	1.67 (1969)
Romania	**21**	31	n.a.	n.a.	1.80 (1966)
Serbia	n.a.	n.a.	n.a.	n.a.	1.71
Baltic States					
Estonia	**77**	36	**101**	31	1.82
Latvia	n.a.	n.a.	n.a.	n.a.	n.a.
Lithuania	**69**	35	**57**	30	1.71
Eastern Europe					
Belarus	**47**	36	**127**	31	1.64
Russia	**58**	33	**42**	28	1.57
Ukraine	**51**	33	**49**	28	1.56

SOURCES: HFD, Warsaw School of Economics, 2014

NOTES: 1 The Recuperation Index (RI) measures the degree of fertility recuperation relative to the maximum fertility decline at younger ages.

2 The ages for which Recuperation Indices (RIs) are provided were restricted by the availability of data and therefore these ages differ from one country to another (cf. Figure 8). The RI for the highest available age is listed for each country. To make data comparable only RIs at age 31 would have been provided which would have resulted in the loss of valuable information.

TABLE 5 Parity distributions, selected Central and East European countries, birth cohorts 1960-1970

CZECH REPUBLIC	Parities share (in percent)			Parities Ratio 0+1/3+
Cohort	0+1	2	3+	
1960	22	56	23	1.0
1965	26	55	19	1.3
1970	29	53	17	1.7

HUNGARY	Parities share (in percent)			Parities Ratio 0+1/3+
Cohort	0+1	2	3+	
1960	27	49	23	1.2
1965	30	46	24	1.3
1968	34	42	23	1.5

SLOVAKIA	Parities share (in percent)			Parities Ratio 0+1/3+
Cohort	0+1	2	3+	
1960	23	45	32	0.7
1965	28	46	27	1.0
1968	31	45	25	1.3

BULGARIA	Parities share (in percent)			Parities Ratio 0+1/3+
Cohort	0+1	2	3+	
1960	25	59	16	1.6
1965	33	54	13	2.5
1968	40	49	11	3.5

ESTONIA	Parities share (in percent)			Parities Ratio 0+1/3+
Cohort	0+1	2	3+	
1960	29	48	23	1.3
1965	37	42	21	1.7
1970	40	38	22	1.8

LITHUANIA	Parities share (in percent)			Parities Ratio 0+1/3+
Cohort	0+1	2	3+	
1960	33	49	18	1.9
1965	39	44	17	2.3
1970	40	43	17	2.4

BELARUS	Parities share (in percent)			Parities Ratio 0+1/3+
Cohort	0+1	2	3+	
1960	30	56	14	2.1
1965	40	49	11	3.5
1970	45	44	11	4.1

RUSSIA	Parities share (in percent)			Parities Ratio 0+1/3+
Cohort	0+1	2	3+	
1960	34	49	16	2.1
1965	44	43	13	3.3
1969	50	38	12	4.1

UKRAINE	Parities share (in percent)			Parities Ratio 0+1/3+
Cohort	0+1	2	3+	
1960	34	52	14	2.4
1965	43	46	11	3.8
1968	49	40	10	4.8

SOURCE: HFD 2014

NOTE: All calculations performed with unrounded base data. Results may seem inaccurate when ratios are calculated with listed numbers, and totals of shares in rows for cohorts may not add exactly to 100.

TABLE 6 Population growth 1990-2010, population projections for 2030, 2040, 2050 and 2060, medium variants, Central and Eastern Europe, selected countries

Year	Population projection - medium variant								
	Population in millions								
	Belarus	Bulgaria	Czech Republic	Estonia	Hungary	Russian Federation	Serbia	Slovakia	Ukraine
1990	10.190	8.767	10.363	1.569	10.374	147.665	7.806	5.298	51.838
2000	9.988	8.170	10.273	1.401	10.211	146.890	7.516	5.401	49.429
2010	9.491	7.534	10.517	1.333	10.000	142.849	7.291	5.431	45.962
2020	9.273	6.950	10.532	1.302	9.611	143.892	6.995	5.503	44.642
2030	8.822	6.519	10.397	1.273	9.209	141.612	6.836	5.558	43.152
2040	8.294	6.116	10.126	1.237	8.771		6.818	5.532	41.209
2050	7.725	5.748	9.813		8.336			5.470	39.357
2060		5.384						5.345	37.120
	Change index (2010 = 100.0)								
1990	107.4	116.3	98.5	117.7	103.7	103.4	107.1	97.6	112.8
2000	105.2	108.4	97.7	105.1	102.1	102.8	103.1	99.4	107.5
2010	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2020	97.7	92.2	100.1	97.7	96.1	100.7	95.9	101.3	97.1
2030	93.0	86.5	98.9	95.5	92.1	99.1	93.8	102.3	93.9
2040	87.4	81.2	96.3	92.8	87.7		93.5	101.9	89.7
2050	81.4	76.3	93.3		83.4			100.7	85.6
2060		71.5						98.4	80.8

SOURCES: National Statistical Offices 2014

3. Societal factors affecting childbearing in CEE countries

3.1 The recent economic, social and cultural context of fertility in CEE countries

Societal conditions in the authoritarian, centrally planned regimes of CEE prior to 1990 had created an environment that was favourable for relatively high levels of fertility around, or above, replacement. When these regimes collapsed in 1989-91 the entire societal and institutional system was transformed. Incentives and constraints related to childbearing started to change and were replaced by conditions similar to those in Western societies (Sobotka 2011, overview chapters and country chapters in Frejka et al. 2008). The political environment was no longer dominated by the unlimited power of the communist party and its bureaucracy and multi-party systems began to function with varied success. Conditions in the labour market transformed as enterprises became concerned with productivity and profitability. Employment was no longer guaranteed, job security diminished and employment conditions became particularly difficult for women. Demand for highly qualified positions increased, which required a well-educated work force. Institutions of higher learning expanded, as did tertiary and secondary school enrolment rates. Professional and leisure time opportunities became more varied, and young people were taking advantage of them. Many of the entitlements of the previous socialist welfare state were curtailed or disappeared. Modern contraceptives became more readily available, and, for the most part, access to induced abortion was retained. Sobotka (2011, 286) suggests that "[despite] two decades of intensive changes, reproductive behaviour in [Central and Eastern Europe] is still in flux."

The Second Demographic Transition (SDT) in Europe in general, and in CEE in particular, has been described so extensively in the literature that only the briefest review is necessary here (see, for example, Lesthaeghe 2010; Sobotka 2008; Katus et al. 2007; Puur et al. 2012, Zakharov 2008). While some SDT elements were in place before 1990 in the CEE region, there has been a general rapid acceleration in the postponement of first marriage and birth (greater in Central Europe and Baltic States; less in Eastern and SE Europe); higher percentages of non-marital births; high and/or increasing divorce rates, and lower marriage rates. In almost all countries co-habitation has spread rapidly, is lasting for extended periods of time and is increasingly replacing marriage as the dominant form of first union, although there are strong regional differences (Sobotka 2008; Katus et al. 2007). Coupled with this has been an acceleration in the 'sexual revolution' through both availability of contraceptive technology and shifting attitudes towards pre-marital sex (Potančoková et al. 2008). Linked to this are the ongoing, though in some settings decreasing, high rates of female labour participation.

Most *CEEfamily* Country Studies containing data from individual countries have identified high levels of unemployment – especially among the young – as a critical factor in determining attitudes towards childbearing, however, some official statistics may have significantly

underestimated unemployment; for example, in Belarus.[10] Without doubt, many CEE countries were hit hard by the 2008 financial crisis, which significantly amplified unemployment figures (Blažek and Netrdová 2012).

However, one might argue that considering unemployment/employment as a binary variable in relation to childbearing choices and attitudes is inadequate. As Emmenegger et al. (2012a) and others have observed, the changing nature of the European labour market over the past five decades has led to increased 'dualisation' between 'insiders' who are characterised by protected 'jobs for life' and 'outsiders' whose employment is precarious and vulnerable. This process has arisen through the increased deregularisation and liberalisation of employment contracts with a concomitant increase in 'atypical employment contracts', including fixed-term contracts and (sometimes involuntary) part-time and temporary posts. It is important to observe that women and young people are particularly affected by this transition towards 'non-standard' employment (Emmenegger et al. 2012b, 7). In CEE countries 'irregular labour' has been on the rise in recent decades, where a transition towards a 'socially embedded but strongly segmented and politicised form of flex-insecurity' has occurred (Meardi 2012). As Testa and Basten (2014) observe, this increase in labour market fragmentation contributes to an increase in reproductive uncertainty and a diminishing confidence in meeting fertility preferences. Furthermore, some of the *CEEfamily* Country Studies (e.g. for Serbia) identify some egregious examples of labour market practices, which deliberately discriminate against women who become pregnant.[11]

Perhaps the most salient drivers of low fertility in CEE countries, however, are found in the literature relating to the gaps between fertility ideals and actual fertility. While data is certainly patchy,[12] across the CEE countries the gap between fertility preferences and actuality is, indeed, highly visible. This is the subject of a wide array of scholarly literature (see, for example, Philipov 2002; Testa 2006; Testa and Basten 2012, Sobotka and Beaujouan 2014).

A number of the *CEEfamily* Country Studies also explicitly address the factors expressed by respondents concerning why they feel unable to reach their reproductive targets. These build upon an already large scholarly literature on the subject (see, for example, Philipov 2009; Philipov, Spéder, and Billari 2006; Philipov 2002; Billari, Philipov, and Testa 2009; Bernardi, Klärner, and von der Lippe 2008). Generally speaking, these reasons revolve around feelings of economic insecurity; this is explicitly cited as the case for Bulgaria and Romania (Rotariu et al. 2012).[13] In Croatia, unemployment, poor housing conditions, and the expense of childbearing were cited as main reasons for the 'gap.'[14] The lack of available and appropriate housing was also cited as a constraint to reproductive intentions in the Ukraine, according to the 2009 *Family*

[10] University of Oxford *CEEfamily* Project Country Study: Belarus
[11] University of Oxford *CEEfamily* Project Country Study: Serbia
[12] See, for example, University of Oxford *CEEfamily* Project Country Study: Croatia
[13] University of Oxford *CEEfamily* Project Country Study: Bulgaria
[14] University of Oxford *CEEfamily* Project Country Study: Croatia

and Family Relations survey.[15] The data from Poland are fairly reflective of most CEE countries in explaining the 'gap between ideals and actuality' (Kotowska 2013). These include: difficulties reconciling work and family duties; increasing direct costs of children; rising costs of education; income instability and low wages; rising threats of unemployment; difficulties faced by young people entering the labour market; low financial transfers to families; independent housing shortages; gender gaps in informal caring duties between men and women; insufficient knowledge about reproductive health and its determinants; and deficient support from the public healthcare system for couples struggling to become parents. Additional factors also play a role in not reaching childbearing ideals, such as not finding a suitable partner, and health constraints in conceiving due to having postponed partnership formation.

It might be relevant to point out that there is a considerable difference between overall material living conditions in CEE countries compared to Western Europe, while realising that there is no direct correlation between wealth and childbearing. The average and median annual gross domestic product in purchasing power parity US $ per capita (GDP in PPP US$) in 2013 were less than one half in CEE countries compared to West European countries: US$ 18,300 (average) or US$ 19,800 (median) compared to US$ 43,300 (average) or US$ 41,600 (median). There was practically no overlap in the ranges of the respective GDP in PPP US$. In CEE the range was from US$ 4,700 in Moldova to US$ 28,300 in Slovenia. The West European range was from a low of US$ 25,700 in Greece to US$ 90,700 in Luxembourg (World Bank 2014). Difficult material living conditions often even for middle classes in many CEE countries are likely to act as barriers to childbearing.

3.2 The effect of other demographic variables

In many parts of CEE low fertility is just one element of a broader set of demographic issues – all of which contribute to negative population growth.

Firstly, stagnation or decline in life expectancy in some post-socialist countries (i.e. in Russia and the Baltic States) has been well documented (Leon 2011). While trends in male life expectancy in Northern and Western Europe have continued to rise unabated, some countries in CEE experienced a highly divergent pattern. Numerous analyses have linked this to the relatively high rates of alcohol consumption in the region (Popova et al. 2007) as well as high levels of psychological stress, smoking and high-fat intake during the past half century (Cockerham 1997). In general, health care systems were under major stress following the demise of state socialism. Moreover, some have argued that this was compounded by the 'implementation of neoliberal-inspired rapid, large-scale privatisation programs in healthcare which further contributed to psychosocial stress as well as a decline in available health care resources' (King, Hamm, and Stuckler 2009). The decline in life expectancy has been reversed in recent years,

[15] University of Oxford *CEEfamily* Project Country Study: Ukraine

although life expectancy remains comparatively low. Between 2003 and 2012 male life expectancy at birth in the Russian Federation increased from 58.5 to 64.5 years (Rosstat 2014).

Secondly, unlike the countries of Western and Northern Europe, some CEE countries, e.g. Poland, Romania and Bulgaria, were characterised by high levels of out-migration. This has risen since EU enlargement and the ability of an increasing number of people in CEE to move freely for work across Europe (Engbersen et al. 2010). This out-migration has often been heavily skewed towards young, educated, skilled individuals, and has impacted the size of the labour market, skill availability, population size, and may have played a role in postponing childbirth.

Combining such low rates of fertility (Billari 2008) with high rates of mortality and high levels of out-migration is therefore likely to contribute to negative population growth across much of CEE (in contrast to Northern and Western European countries).

4 Family policies in Central and Eastern Europe

In this section, we move from Berelson's 'Bases of Concern' through to 'Courses of Action' – or, which policies have been implemented, or at least suggested, across the CEE countries. To begin with, principal characteristics of contemporary family policies are discussed. A discussion of existing typologies of family policies in advanced countries is the focus of the next section. This is followed by family policy profiles for each of the 15 Central and East European countries that make up this project. The country profiles provide information to evaluate the quality of family policies as well as their likely effect on fertility trends. At the same time countries will be classified by types of extant family policies.

4.1 Principal characteristics of contemporary family policies

Defining family policies has been and remains a continually complex undertaking. In general, "family policies are a subset of government social policies that have as their object the well-being or the behaviour of families, particularly families with children" (McDonald 2003). Concurrently, many have argued that contemporary family policies also constitute a principal set of policies to be employed when striving to increase childbearing in contemporary low fertility societies. In line with many others, Hoem (2008) has pointed out that "(T)he recent sharp decline in fertility and the subsequent stability of low-level fertility in many European countries have generated a new interest in identifying means to counteract further declines, and, if possible, to induce an increase in fertility back toward the replacement level." The idea of a simultaneous effect of family policy on fertility and on family wellbeing is also inherent in the findings of a recent comprehensive interdisciplinary research project "A Future with Children: Fertility and the Development of Society" (Stock et al. 2013). An overriding conclusion of this project is that child and parental wellbeing should be a primary goal of family policy. Stock et al. argue that "(M)odern family policy recognizes the autonomy of the individual and is limited to facilitating

the realization of the existing desire to have children". Thus family policy might have a positive effect on fertility if it manages to mitigate the various challenges to childbearing posed by economic, social, cultural, biological and psychological factors, such as those operating in the CEE countries discussed in section 3 above.

Family policies change over time and may differ in space, and specific situations and developments will differ from one country to another. There are various circumstances impinging on the nature of family policies. Female employment and gender equality are among the most important, although low fertility and concern for depopulation have played an important role elsewhere. Half a century ago, when most women in many industrialized countries stayed at home and the husband provided for the family, the male breadwinner model was the focus of family policies (Gauthier 2002, McDonald 2002). Until relatively recently this was still the case in some European countries, such as Germany, Austria and Switzerland (Stock et al. 2013). As more women engaged in gainful employment, and as the women's movement gained strength and gender equality improved, the nature of family policies became increasingly geared towards supporting dual-earner families (Gauthier 2002, McDonald 2002). In Scandinavia this happened several decades ago (Myrdal and Myrdal 1934).

As long as the countries of Central and Eastern Europe were in the Soviet orbit family policies were guided by marxist ideology, which implied positive population growth in socialist countries bolstered by pro-natalism (Besemeres 1980). As will become evident below, during the past quarter century a complex process of evolving family policies in CEE is under way. Some of these are reasonably successful in implementing comprehensive family friendly policies, while other ones still contain facets which may prove to be ineffective and fruitless in the long run.

There are ample ways in which governments have devised family policies and attempted to affect fertility. The results range from reasonable success, as in France (Bourgeois-Pichat 1974, Toulemon et al. 2008) and the Scandinavian countries[16] (Neyer 2003), to ineffectiveness as in East Asia (Frejka et al. 2010). Experiences with family policies in advanced countries have been evaluated by various authors, among others, by McDonald (2002) and Stock et al. (2013) who have devised frameworks to guide and inform the formulation of contemporary family policies.

McDonald (2002:433) discusses "principles of action" and asserts: "While leadership must inevitably come from government, the ideal arrangement is a partnership between government, employers and family in a whole-of-society approach. Policy will not work if it has to deal with a recalcitrant corporate sector or if it becomes bogged down in divisive social debate."

[16] Family policies were first comprehensively elaborated in a 1934 book *Crisis in the Population Question* by Alva and Gunnar Myrdal (1934). Their ideas played a major role in designing actual welfare policies in Scandinavia, and after the Second World War in Western Europe.

McDonald's (2002:435) exposition delineates the "policy tool-box" as comprising three categories:

1. *Financial incentives*: periodic cash payments; lump sum payments or loans; tax rebates, credits or deductions; free or subsidized services for goods for children; housing subsidies;
2. *Work and family initiatives*: maternity and paternity leave; childcare; flexible working hours and short-term leave for family related purposes; anti-discrimination legislation and gender equity in employment practices; work hours;
3. *Broad social change supportive of children and parenting*: employment initiatives/opportunities; child-friendly environments; gender equity; marriage and relationship supports; development of positive social attitudes towards children and parenting.

Stock et al. (2013: core concept 29) consider family policy as comprised of a combination of time, infrastructure and money. 'Time policy' is the term for policy measures that are related to all time relevant issues, such as the structure of hours for care, supervision, education, and work. It pertains to regulations that apply to time in everyday life, such as those on part-time work and the organization of working hours. Time policy also relates to measures that apply to the time taken for care during the life course, such as maternity protection, parental leave, and time off for care-needing dependents. 'Infrastructure policy' refers to policies related to in-kind benefits/transfers and also includes policies on a community level. Examples of infrastructure policy include policies related to early childhood education and care and before- and after-school care schemes, as well as schools, parental counseling, and child guidance. 'Monetary policy' in the context of family policy covers various measures involving cash benefits and tax regulation for instance child benefits, advance maintenance payments, and all manner of child allowances. Since there are some phases of life in which looking after children takes more time, money, and infrastructural support than in others, in modern family policy the three dimensions of the triad should be conceived with a view to the entire life course.

There are several additional lessons that can be gleaned from experiences with implementing family policies. Notably, the motivations for implementation may differ. The primary motivation need not be to raise or maintain a certain level of fertility; rather family policies might be used to promote social justice or to advance a more fair income distribution, or any other effort that is perceived to be in the interest of "family well-being" (Berelson 1974, Neyer 2003, Stock et al 2013).

Irrespective of the motivation or goal to be achieved, a favourable outcome is more likely if a more or less comprehensive package of the three McDonald categories or of the Stock et al triad is employed. To select only a subset of the policies tends to achieve only short-term success or

possibly no desired result at all (Sobotka 2011, Frejka et al. 2011, Frejka and Zakharov 2013). This phenomenon is elaborated by Hoem (2008:256): "Generous arrangements for parental leave, child benefits, and childcare may be considered desirable in their own right, but such policies alone are unlikely to succeed in raising the fertility level on a grand scale; they must be embedded in a family-friendly culture deliberately nurtured by the state (McDonald 2002; Neyer and Andersson 2007)."… "Developing such a culture takes time, so any government that wants to increase ultimate fertility needs to realize that it faces a *long-term commitment* to broadly conceived policies that go far beyond core family policies alone."

The need for long-term commitment, typically spanning decades, implies another crucial aspect: principally a non-partisan approach. There has to be a national consensus for the implementation and continuity of family policy, as there has been in France and the Scandinavian countries (Bourgeois-Pichat 1974, Toulemon et al. 2008, Neyer 2003). A lack of agreement between leading political parties regarding family policies is likely to lead to frequent changes of rules, regulations and legislation (if and when parties alternate in government), to confusion among citizens, and thus to failure in achieving the desired policy goals.

These characteristics are the basis for conducting the analysis, evaluation and classification of family policies in Central and Eastern European countries. Prior to introducing the classification of country family policies of this project, other typologies are discussed.

4.2 Current family and population policy typologies

Gauthier (2002) conducted a comprehensive survey of family policies in 22 industrialized countries from the 1970s to the 1990s. None of these countries were from CEE. Her typology of family policies is an adaptation of Esping-Andersen's (1990) typology of welfare state regimes. She identified four family policy regimes: 1. *The Social-Democratic regime* characterized by strong state support to working families with an emphasis on gender equality; 2. *The Conservative regime* characterized by medium support for families and driven by a more traditional view of the gender division of labor; 3. *The Southern European regime* characterized by a low level of material support for working parents; 4. *The Liberal regime* also characterized by a low level of state support leaving some room for the market and with responsibilities for childcare given to parents and the private sector.

Leitner (2003) introduced and elaborated the concept of *familialism*. Her varieties of *familialism* include: *implicit familialist policy,* which leaves parents without publicly financed support for childcare so that they are the *de facto* caregivers; *explicit familialist* policy, which entails the state rewarding parents with public money conditional on them providing childcare; and *de-familialist* policy, which is characterized by strong state or market provision of care services, weak levels of familiarization and the promotion of the dual-earner family model.

Recent work by Javornik (2014) develops Leitner's framework by analysing eight CEE countries. She assesses these against a 'benchmark' of an 'optimal policy' type presaged upon the endorsement of maternal employment and active fatherhood. This study finds a large degree of heterogeneity concerning individual family policy measures as well as in the degree and type of defamiliarisation. Regarding the CEE countries, Javornik identifies *explicit familiarism* – namely limited public childcare, an obligation to care, and access to long periods of parental leave – in Estonia, Hungary and the Czech Republic. Policy regimes in Poland, Slovakia and Latvia, meanwhile, are reminiscent of *implicit familialism* 'practically leav[ing] parents without any public support'. The focus on women's continuous employment in Slovenia and Lithuania, meanwhile, reflects elements of state-supported *de-familialism* with higher maternal employment rates. While none of the countries in Javornik's (2014) analysis closely meet the *optional de-familialism* ideal (which equally distributes responsibilities for childcare between the state and the family, and between the mother and the father), Lithuanian, Hungarian and Estonian policies 'come close'. Data for the analysis in this study were derived from legislation that was in effect in 2008.

In a seminal piece, Thévenon (2011) performed a principal component analysis [PCA] to identify five models of family policy among OECD countries. The Nordic countries are characterised by policies that help to combine work and family for parents with children under three years of age. Anglo-Saxon countries are marked by support for poor families. Only very limited assistance is provided in Southern Europe, Japan and Korea. Continental Europe is characterised by high levels of spending and fairly 'conservative' policies. Here, gender equality and the reconciliation of work and family life are not the obvious drivers of policy support. Finally, Eastern European countries are noted for possessing 'policies in transition', where expenditure is generally much lower than elsewhere in Europe and an increasing reliance on means-tested support has been observed in recent years.

Not only has Thévenon concluded that family policies in CEE are "in transition," but only four CEE countries that are OECD members, namely the Czech Republic, Hungary, Poland and Slovakia, are included in the analysis. Our project, which has assembled sufficient data and information for 15 CEE countries, elaborates on Thévenon's research to describe the nature and performance of family policies for a larger number of "transition" countries. This is presented in the following section. Our typology is somewhat different from Thévenon's, however. Namely, the principal criteria are the overall nature and the performance of the policies in the respective countries, not the principal component analysis [PCA][17].

[17] Assuming sufficient data for CEE countries is available, a principal component analysis, replicating Thévenon's paper, will be conducted at a later date. Such an exercise may require quite some time given conceivable difficulties with assembling the required data. If successful, the PCA will complement the typology and information presented below.

4.3 Country family policy profiles

Country family policy profiles in the 15 Central and East European countries[18] are presented in this section. The individual country characterizations are evaluated in light of the *principal characteristics of contemporary family policies* in section 4.1, together with actual developments as they relate to the efforts and difficulties with implementing family policies in the respective countries. A significant aspect of this evaluation assesses the extent to which family policies contain the potential to raise cohort fertility, in the past and at present. This provides the basis for the classification presented in Section 4.4: *Family policies: Findings.*

4.3.1 Belarus

Low fertility is a high priority in both the political and public discourse in Belarus. Concern is reflected in official documents as well as in opinion surveys.

The National Programme of Demographic Security of Belarus for 2011 - 2015 (Presidential Decree of September 12, 2012 No. 406) is the most recent in a series promulgated by the government. In it "[t]he demographic situation in the country is characterized by a steady depopulation since the early 90-ies… The main factor of depopulation in the Republic of Belarus is a low birth rate." In a 2011-12 survey [N1535] conducted by EcooM, a social and marketing research company, the overwhelming majority of respondents (89.8%) stated that the increase of fertility in the country is an important challenge facing the state.

Specific policy measures are centred on child and birth allowances. A lump sum payment is made for each birth. As of 2014 for the first birth this is €828; for the second and subsequent birth this rises to €1159. In the case of multiple births (e.g. twins) an additional €166 is paid per child. A universal care benefit for a child under three years is paid at 35% of the average wage for the first child and 40% of the average wage for the second child and above. The average monthly wage for the fourth quarter of 2013 was €408. In the first quarter of 2014, the average care benefit for a child aged up to three years for the first child is €143 per month and €163 per month for the second child and subsequent children. These measures entailed an increase in period TFRs. The National Programme had defined a goal for the (period) total fertility rate by 2015 of 1.55-1.65 births per woman. In reality the TFR increased from 1.23 in 2004 and 1.50 in 2010 to 1.62 in 2012. This increase was mainly generated by a growth in second order births, as well as some increase in third and higher order births among relatively older women. These could have been births that were foregone in the 1990s and early 2000s when these women were younger.

[18] Detailed descriptions of country family policies will be available in the University of Oxford *CEEfamily* Working Papers (available at www.CEEfamilyinfo).

What cannot be determined now is whether there has been – and whether there will be – a longer lasting effect on the completed cohort fertility rate. This was 1.6 births per woman for the 1972 cohort; a value over 20 per cent below replacement.

The main emphasis of family policies in Belarus is on financial incentives. It appears as though inadequate attention is devoted to other important family policy issues, such as amelioration of the work/household responsibilities dilemma of women; gender equity at home and at work; institutional child-care; housing conditions and other. Altogether family policies in Belarus are of a relatively narrowly conceived pro-natalist nature.

4.3.2 Bulgaria

Bulgaria's population strategy was set out in the 2005 document National Strategy for Demographic Development in the Republic of Bulgaria for the Period 2006 – 2020. A large proportion of this document is devoted to designing strategies, priorities and directions for demographic policy and fertility in Bulgaria. These are: to encourage fertility through providing facilities necessary for raising children; to discourage reproductive-aged people from emigrating; to improve reproductive health in the population and to prevent sterility. To encourage families to have further children, the following measures are considered: further development of gender equality; financial support for raising children, especially for a second child; better opportunities for work-family reconciliation; the introduction of services that support raising the children in the family environment; improvements to the educational system; better infrastructure and living environments; family planning consultations (free of charge); and cultivating the two-child family model.

In general, fertility policies in Bulgaria aim to increase second births. This is visible in the updated single payments at birth by parity (2nd child receives 600 BGN/€300, compared to €125 for the 1st and €100 for 3rd child). The monthly payable childcare allowances are also higher for the second child, compared to allowances for first or third and higher birth order children (since 2014 only). Birth payments as well as childcare allowances are means-tested. Additionally, students are encouraged to combine studies with parenting through a relatively high birth allowance of €1,440 (in 2014). The average monthly salary was 807 BGN/€404 for the period January-September 2014.

Maternity leave is 410 days, during which mothers who have worked for 12 months receive 90 per cent of their gross salary. This leave can be transferred to the father after six months. At the end of the maternity leave period, mothers are entitled to maternal leave until their child reaches the age of two. The allowance payable during this leave is equal to the minimum monthly wage for the calendar year. The mother has the legal right to one additional year of parental leave (until child's third birthday) without allowance. Also, fathers are entitled to 15 days of paid

paternity leave following the birth of the baby (since 2009) which is not transferable, under the condition that the father lives in the same household.

The basic institutions of childcare consist of public crèches for children aged 10 months – 3 years, and kindergarten for children at ages 3 to 6, where entitlement fees are applicable. In 2011 fees were between 48 and 60 BGN (approx. 24 to 30 EUR) per month. Since 2010 pre-school education is obligatory for children above age of 5 and is free of charge.

In the view of the team of country collaborators family policies in Bulgaria are directed towards financial help for families with children in need. It is questionable whether the monetary measures fulfil the aim of increasing fertility in Bulgaria. Not enough is done to improve the institutional support for parents. For instance, in most cities there are fewer places in nurseries and kindergartens than are needed. Alternatives like private daily mothers or parent's collectives are not permitted, and even forbidden by law. There is also very little done to reconcile family and work. Atypical work is not supported.[19] When mothers return to work, as a rule, they have to work full time.

In sum, the rhetoric of family policies is comprehensive. In reality the focus is limited to financial support, including a long maternal and parental leave. Bulgarian family policy can therefore be labelled as narrowly focused pro-natalistic. Inadequate attention is devoted to numerous unresolved issues: insufficient infrastructure of childcare; limited attention to ameliorate the work-family dilemma; high unemployment and low incomes.

4.3.3 Croatia

Since 1995, Croatia has formally ratified three documents concerning demographic policy with a goal to encourage an increase in fertility. However, most of these proclaimed and officially promulgated measures were never implemented.

The first document was the *National Demographic Development Programme*. The Croatian Parliament published this document in 1996. According to Puljiz and Bouillet (2003) the proposed measures were very ambitious, with strong explicit pronatalism and with a proposal to return to original family values. Most of the measures were never implemented – primarily due to economic problems. The more recent document, the *National Population Policy*, was introduced in 2006. This document was formulated in the spirit of family-friendly policies with many lofty goals, such as facilitating housing and employment for young families, and licensing of trained and available babysitters. The majority of these goals proved to be unrealistic.

[19] Atypical work relates to part-time, fixed-term, reduced-hour posts, or any work that does not fit the standard or 'typical' model of full-time, regular, open-ended employment (Eurofound, 2009).

The usual family policy measures are in place: a maternity leave of 180 days; child benefits which are somewhat higher for third and fourth births and childcare facilities that are attended by over 40 per cent of children of preschool age. While these might be marginally helpful to parents, they are not having any effect on childbearing. Economic difficulties are believed to be among the challenges people are facing when deciding about having a birth, and these are limiting the government's resources for social policies. Croatia experienced an abrupt slowdown of its economy in 2008, which has still not recovered. A high unemployment rate, uneven regional development and a challenging investment climate are the main economic problems Croatia faces nowadays. According to Eurostat data, Croatia has the second largest unemployment rate and the third largest youth unemployment rate among the EU countries.

Gender equality is also advancing at a slow pace. Housework and child-care are considered mostly women's responsibilities. Therefore, women have difficulties in reconciling work and family obligations. A majority of women perform most of the housework regardless of their employment status.

Ilišin, Bouillet, Gvozdanović and Potočnik (2013) have conducted an extensive study focusing on young people's lives in Croatia. Respondents in this study were aged 14 to 27, most of them still in school. The number of unemployed (approximately one fourth) is almost equal to those possessing a job (approximately one third). For the most part, young people live with their parents because of insufficient financial resources. The main professional goal of young people is to find a secure job. As such, many are looking for employment abroad.

In sum, the Croatian government has published several family policy documents in recent years, but the majority of policy recommendations proposed have not been implemented. This inaction has been attributed to a lack of financial resources for families and institutions.

4.3.4 Czech Republic

In the Czech Republic, three periods of implementing family policies after 1989 can be distinguished. However, in reality there has been a relatively moderate evolution of family policies with the main feature being the long maternal plus parental leave.

1. Policy reorientations in the 1990s:

During this period the pro-natalist function of a number of family policies was abandoned (Kocourková 2002). Policies affecting families became mostly based on broader social welfare policies aimed at reducing income inequality, providing a minimum level of social security, and preventing poverty. Special attention has been devoted to parental leave policies, and, in general, the government has shown no interest in formulating explicit population policies.

Family benefits and cash transfers were mostly retained with an emphasis on a high level of redistribution, and relatively low levels of poverty and social exclusion. There was a low priority given to women's employment with some strengthening of the male breadwinner model and a "push" for mothers of small children to perform childrearing at home. Early childcare for children below age three collapsed in the 1990s as expensive-to-operate crèches owned by municipalities faced a declining demand and became a rising financial burden. This was complemented by another expansion of parental leave until a child's 4th birthday in 1995, which, however, did not align with the length of the job protection period which remained fixed at three years. Since then the Czech Republic has maintained one of the longest parental leave periods among developed countries. There was also a huge expansion in the availability of contraception, especially a rapid spread of the pill. Induced abortions were widely available, but a payment was introduced which led to a sharp decline in abortion rates. Housing was partly privatized and was in short supply, especially in the 1990s. In that period the cost of rental housing was prohibitively high in cities, new housing construction plummeted, and loans and mortgages were difficult to obtain.

2. 1998-2008: Gradually increased attention to families and family policies:

Actually no significant reorientations of family policies took place, but there were some shifts in emphasis, with families and children getting more attention in public debates, political party programs and on the government agenda. Parental leave became more flexible, allowing unlimited additional part-time income since 2004 and a choice between three parental allowance regimes differentiated by the duration of entitlement (2, 3 and 4 years) since 2008.

The establishment of the Department of Family Policy and Social Work at the Ministry of Labour and Social Affairs (MoLSA) demonstrates the Czech Republic's concern to support the EU agenda that aims to promote family policies and gender equality throughout Europe. Increasing attention was devoted to improving the material conditions of caring parents, which included a doubling in the birth and parental leave allowances in 2006-7.

3. 2009-2013: Cuts and reforms of family support:

This was a rather unstable period politically, with Centre-right coalition governments overseeing reforms and cuts in the public budget, partly necessitated by the looming economic recession. Some benefits became means-tested. For instance, the amount of birth allowance was lowered to CZK (Czech Crowns) 13,000 in 2008 and became means tested and provided only for the first child since 2010. On the positive side, parents gained yet more flexibility in parental leave. Since 2012 they can decide about its duration and leave payment period (19-48 months), with a fixed total sum of CZK 220,000 (8,000 EUR in 2014) distributed in monthly installments.

The coalition government in power since early 2014 envisions a gradual expansion of family policies in the future, including reversals of some of the earlier cuts, such as a reintroduction of the (means-tested) birth allowance for second births since 2015. Despite some ideas proposed by the Ministry of Social Affairs, public childcare remains marginal for children below age 3.

In sum, family policies emerging since the demise of state socialism have the following characteristics:

- The new policy system established in the 1990s favors long withdrawal of mothers from the labor market and supports to a large extent the *traditional gender division of roles between parents* of smaller children, with fathers acting as breadwinners.
- The provision of childcare in *crèches* for children below age three is almost non-existent in many places, whereas a large majority of children aged 4-6 are enrolled in public kindergartens.
- There are limited options for parents to reduce work hours and work part-time. Most companies do not support or even allow this option. The Czech Republic also failed to increase the share of flexible forms of work and a policy of equal opportunities for men and women has insufficient political and public support.

The current family policies in the Czech Republic combine an entitlement for a long parental leave with a low availability of early childcare, nurturing a *de facto* male breadwinner model among families with small children aged 0-3. This creates a paradoxical dichotomy of most women experiencing a complete withdrawal from the labour market for 3 years after childbirth followed by a return to full-time labour participation thereafter. This cycle is typically repeated again when another child is born and leads to the loss of skills and income among working mothers.

4.3.5 Estonia

A policy document *Smart Parents, Great Children, Strong Society: Strategy of Children and Families 2012-2020* was ratified in 2011. This document demonstrates that the Estonian government has a thorough understanding of modern comprehensive family policies, which is embodied in five strategic objectives. The document lists basic demographic challenges: the population is aging; the number of working-age population is decreasing; and the number of new births is small. One of the ways to cope with these challenges is to make Estonia a family-friendly country, where people want to have and raise children and grow old respectfully, thereby ensuring that the population of Estonia grows. Current child and family policy focuses primarily on alleviating the symptoms of various problems whilst little attention is paid to dealing with the causes of these problems. This is why the *Strategy* focuses on prevention and early intervention at all levels, which requires an agreement between political parties about the main principles that guarantee the well-being of children and families.

The main objective of the *Strategy* is to improve the well-being and quality of living of children and families, thereby promoting the birth of children.

The five strategic objectives of the *Strategy* are outlined below:

- The strategy is knowledge-based and uniform to support the sustainability of society;
- It supports positive parenting and offers the necessary support to raise children;
- The rights of children are guaranteed and a functional child protection system is created;
- Estonia has a system of combined benefits and services that provide adequate economic support for families; and
- Men and women have equal opportunities for the reconciliation of work, family and private life in order to promote a quality everyday life.

Among other goals, the strategy aims to increase the (period) total fertility rate from 1.64 in 2011 to 1.77 births per woman in 2020. It aims to narrow the gap between the desired and actual number of children born.

Estonia has a universal family benefits system. These include birth allowances, child allowances, maternity leave, paternity leave, parental leave, childcare allowances, a variety of targeted family benefits, a tax allowance, and childcare facilities. According to the *European Platform for Investing in Children*, the spending on social protection benefits for families amounted to 2% of GDP in 2011, slightly less than the EU average of 2.2%. There are a number of flaws in this system; namely the levels of benefits are not indexed regularly. In recent years, there has been increasing recognition that universal measures should be supplemented with a stronger package of means-tested measures to reduce child poverty. The fact that poverty among children remains high also should not be ignored.

In the extant system of policy measures some stand out as being particularly helpful and influential, namely the following.

Child care facilities: After reaching their lowest point in 1993, childcare enrolment rates started to recover and before the end of the 20th century exceeded the levels attained in the late 1980s. The gradual increase continued during most of the 2000s; in 2012, 20% of 1-year-olds (the group is covered by parental leave), 70% of 2-year-olds, 90% of 3–4-olds and more than 90% of 5–6-year-olds attended public childcare. Children typically attend childcare institutions on a full-time basis, i.e. 35–40 hours per week.

Parental leave: New provisions include benefits equalling 100 per cent of income earned during the calendar year preceding childbirth; the maximum amount is three times the average salary. For mothers, eligibility starts the first day after the end of maternity leave or from the birth of a

child (in case mother did not take pregnancy and maternity leave). In 2004, the duration of benefit payment was set at 11 months following childbirth. In 2006, it was extended to 14 months following childbirth, and in 2008 up to 18 months. As of 2008, the parents of more than one child can retain their level of benefits without returning to the labour market between births if the inter-birth interval does not exceed 30 months.

4.3.6 Hungary

Most Hungarian family policies originate from the pre-transition period. Nonetheless, frequent changes in regulations and benefit levels have occurred, because political parties alternating in government have possessed contrasting family policy philosophies. This has led to confusion and uncertainty among beneficiaries. As of 2013, Hungary has had a relatively generous and complex system of birth and child allowances, as well as a comprehensive system of maternity and parental leave. The total entitlement of weeks of paid leave for mothers was 160, which consisted of 24 weeks of maternal leave and 136 weeks of parental leave.

Selected specific universal benefits:

"Baby bond": a one-off payment of 42,500 HUF/€168 into a bank account kept until the 18th birthday of the child by the Hungarian State Treasury. The aim is to encourage families to make long-term savings for their children. If parents make a further payment into this account, the state may add a 20% additional deposit, up to a maximum of 12,000 forints (about €43).

GYES ("gyermekgondozasi segely") (Child home care allowance): 28,500 HUF/€93 per child per month, and it can be claimed until the third birthday of the child since 2014.

GYET ("gyermekgondozasi tamogatas") (Child raising support): extended paid leave that can be claimed by mothers (or fathers) who raise three or more children under the age of 18, until the youngest child is between three and eight years old. It amounts to 28,500 HUF/€93 per month.

Birth grant ("anyasági támogatás"): a one off payment following the birth of the child (64,125 HUF = €209 EUR) which amounts to 225% of the actual minimum old-age *pension.*

Family allowance ("családi pótlék"): Families with at least one child are entitled to a monthly family allowance until the child's school education finishes, but not later than the child's 20th birthday; monthly benefit of 12,200 HUF/€40 EUR.

Public childcare: For children under the age of 3, nursery is available, although coverage barely exceeds 10% and facilities tend to be overcrowded. Family day care, where a maximum of five children can be taken care of, is for children between 20 weeks and 14 years old.

Family tax allowance: it is subtracted from the tax base; in case of one or two children it amounts to a reduction of 10,000 HUF/€33 EUR per child in tax payment, in case of 3+ children, it is a reduction of 33,000 HUF/€107 per child.

Spéder and Kamarás (2008) observed that "population policy was basically *zigzagging* in the 15 years following the change of political regime in 1989/1990, and it often became the key issue of political struggles……a significant fluctuation characterized Hungarian family policy after 1990; the basic principles of support changed often and profoundly. …Therefore, family policy and levels of child-related supports were highly *unpredictable*." And continue to be such.

4.3.7 Latvia

In May 2004 a Ministry for Children and Family Affairs was established and the government adopted an action plan for the realization of the "State Family Policy". As a result, in 2005 childcare and birth allowances were substantially increased. This ministry was terminated in July, 2009 and the functions were re-allocated among the Ministry of Welfare, Ministry of Education and Sciences and the Ministry of Justice. The focus on demographic issues was strengthened when a Council on Demographic Affairs, chaired by the Prime Minister, was established in April 2011.

Family State Policy Guidelines for 2011 – 2017 were adopted by the Cabinet of Ministers in 2011. This document replaced the above mentioned action plan. The government aims to facilitate the formation of families, to fortify their stability and wellbeing, to increase fertility, as well as strengthen marriage as the best form of family and to improve the value of marriage.

In 2012 the Latvian Parliament adopted a National Development plan for 2014 – 2020. Besides many other tasks and objectives, this plan defined comprehensive tasks in order to support families with children and facilitate an increase of fertility.

Within the framework of the 2015 – 2017 budgetary planning, the following goals were adopted in November of 2014 in the Declaration of Intended Activities of the Cabinet of Ministers headed by the Prime Minister:

- to create a special support system for natural population growth and reducing the number of artificially terminated pregnancies;
- to promote the reproduction of the people of Latvia by providing the support and appropriate environment for the upbringing and education of children and to ensure that residents return to Latvia;
- substantially expand the state support for large families (medical services, state family allowances, discounts etc.) by introducing a specific "third child" policy;
- to reduce at-risk-of-poverty index in families with three and more children in 2017 to 30%;

- to create a housing support system for families, based not only on property rights, but to ensure access to rental apartments of the public sector, especially outside of the capital city.

During the economic crisis of 2009-2011 the period TFR declined to 1.34 births per woman. By 2013 the TFR had increased to 1.52 as a result of family related policies, adopted in recent years. The newly elected government has plans to achieve a positive rate of natural growth of population by 2020. There are some doubts whether this task can be achieved.

Latvia has a universal family benefits system where more support is provided to families with young children. In 2013 public financing for family policies in Latvia was 2 percent of GDP, and this is expected to increase to 2.25-2.5% of GDP by 2015. State social benefits for families with children were increased in 2013. Social benefits for childcare differ depending on whether recipients had made social insurance payments. The main benefits consist of:

A family state benefit of € 11.38 per month is granted for each child between the age of one and fifteen and between 15 and 19 if attending a general educational establishment or vocational school and is not married. Families receive twice this amount for the second child and three times the sum for subsequent children.

A child birth benefit of € 421.17 can be received from the eighth day of child's life or from the day when guardianship is established.

Child care benefit is granted to parents taking care of a child up to 2 years of age. For a child up to 1.5 years the benefit is € 171 per month; for a child from 1.5 to 2 years of age it is € 42.69 per month. A supplement is provided for twins or several children born in one pregnancy; for a child from 1.5 to 2 years of age it is € 171 euro for each child, and between 1.5 – 2 years of age € 42.69 each child per month.

A parental benefit is granted and paid to an insured person who is taking care of a child younger than 1 or 1.5 years provided this person is employed on the day the benefit is approved and is on leave for child care or due to care for a child and does not earn any income as self-employed person. The parental benefit is not granted for a child if maternity benefit or child care benefit is granted for the same period, so it starts after 56 (70) days after child has born. The average amount of the benefit in 2014 was € 501.50.

A *maternity leave* is paid to expectant mothers who are employed and receive a salary; are self-employed; or are spouses of a self-employed person and have voluntarily joined the social insurance. The length of maternity leave is 112 - 140 days, divided into two periods – before and after child birth.

In addition allowances for dependents have been increased during recent years. In 2013 a property tax relief for large families has been introduced and in 2012 tax relief for a large family's private vehicle has been introduced as well. Since 2010 the state started to finance free school meals for the 1st grade, since 2014 – for the 2nd and 3rd grade, and in many municipalities also for higher grades.

Early childhood education which includes safe and quality childcare service is provided by local municipalities free of charge for children from 1.5 year of age until compulsory school age (7), but availability of this service still does not meet the needs of all parents, especially in the Riga municipality. A variety of flexible childcare services have been introduced, for instance, private childcare institutions. More than 90 % of the total number of children aged 3–6 were enrolled in pre-school education institution in the last years. Childcare service has been provided for more than 23% of children under three years of age.

4.3.8 Lithuania

For the past 25 years, the design and implementation of family policies has been marked by a struggle of competing ideologies. The support for the male-breadwinner family model and corresponding financial measures have been supplemented by family policy instruments that reinforce gender equality, work-family balance and better employment opportunities. In many cases the ideological positions and implemented policies did not correspond to the traditional political right and left wing divide.

While there is no clear family policy strategy, the principal measure that has been in place since July 2011 is a parental (maternity/paternity) benefit which grants parents a choice between a one- and a two-year benefit payment period. The former provides a benefit covering 100 per cent of the compensatory wage, the latter benefit covers 70 per cent of the compensatory wage during the first year and 40 per cent during the second year.

Although a shortage of places in crèches and kindergartens is perceived, in 2012 over 30 percent of children under the age of three were attending crèches and over 80 percent of children aged 3-6 were enrolled in formal childcare.

Findings from surveys conducted in 1994-2010 show that not only has fertility decreased in Lithuania but citizens' desires to have children have declined. During the fifteen years since the mid-1990s the mean *desired* number of children among the 18-49 year-olds (both men and women) who already have and/or desire to have children has fallen from 2.09 in 1994-1995 to 1.99 in 2010. Among the 18-49 year-olds the mean number of children **intended** has fallen from 1.91 in 2001 to 1.75 in 2010. The mean number of intended children among men aged 20-29 years decreased from 1.97 in 2006 to 1.84 in 2009 and as low as to 1.67 in 2010, of women - correspondingly from 2.07 to 2.05 and even to 1.78. Bearing in mind that the actual number of

children is usually much smaller than the intended number, positive fertility changes are hardly to be expected in the future.

As parties have alternated in government and economic conditions have been unstable, family policy measures have been subject to frequent adjustments. The discontinuity and instability of family policies limited the chances to achieve a positive effect of the adopted family policy measures.

4.3.9 Poland

In the 1990s family policy regulations in Poland were constructed according to the following principles:

- Delegating responsibility for family's economic well-being to parents;
- Decentralisation of social policy (delegating responsibilities to local governments);
- Commercialization of social services.

Moreover, the fertility decline was initially perceived as a temporary reaction to the transformation process. Government family policy programs promulgated in 1997 and 1999 contained only a few family policy measures and these did not stop the downward trend of fertility. Neither did the reversal of one of the most liberal induced abortion legislation in 1993 (Kulczycki 1995)

Since the mid-2000s, however, low fertility has been consistently present in the public debate and in political discussions. Policy measures implemented by the government aim to respond to issues strongly voiced by family policy experts and the public. These primarily surround the deep shortages in child-care and its high costs. However, despite some visible improvements there is still a large gap between demand and supply of care services.

The changes after 2003 can be viewed as a *marginal* step towards more generous financial support and towards helping dual-earner families and thus promoting a more equal distribution of childcare responsibilities among parents. The biggest change in recent years occurred in 2013, when employed parents were granted 54 weeks of *family* as opposed to maternity or paternity leave.

Family allowances in Poland have become more stringent and less generous as time has progressed, with financial support now largely restricted to low-income households. As a result, the Polish family benefits system may be viewed primarily as a tool to prevent poverty rather than as a way to support families with their child-related spending.

While new measures are being implemented by the government to increase fertility, Poland still lacks stable family policy measures that match the aspirations of its citizens and the needs of young people. The family policy program prepared at the President's office and the population-related policy proposed by the Government Population Council haven't been discussed by the government.

Scholars have identified the following main obstacles to achieving fertility intentions:

- Difficulties to reconcile work and family duties, especially by parents of children until 12 years
  They result from: shortages in early childhood education and care services (for children aged 0-5), high costs of these services, their quality and organisation (non-adjusted to parents demands), organisation of teaching and non-teaching activities in primary schools (for children aged 6-12), non-flexible work patterns, especially in terms of time schedules and leaves;
- Increasing direct costs of children, affected by both quality shifts in parents' aspiration as well as rising costs of education;
- Income instability and low incomes, unemployment threats and difficulties faced by young people in obtaining employment as well as low financial transfers to families;
- Difficulties obtaining independent housing;
- Gender gaps in sharing household duties between men and women;
- Insufficient knowledge about reproductive health and its determinants and insufficient support for couples facing troubles to become parents by the public health care system.

Altogether, parents are confronted with high direct and indirect costs of children while the state's contribution towards parenthood is low and unstable.

4.3.10 Romania

Romania has been experiencing serious political instability due to numerous changes to the composition of the government and due to existing conflicts between political parties. During the past six years there were seven different governments. Due to the economic crisis conflicts between political parties were increasingly heated, which lead to greater instability.

In this political and economic environment only limited attention has been devoted to family policy issues. Moreover, under state socialist rule childbearing was enforced with drastic measures, namely the prohibition of contraceptives and induced abortions, which adds to the state's reluctance to deal with family policy issues. Furthermore, serious and profound discussions of family policies in the Romania media are lacking.

The majority of social benefits aim to alleviate poverty. In Romania the economic decline caused a reduction in government revenue and spending. Consequently, funds for social policy that are not oriented towards poverty reduction or economic development are scarce. Nonetheless, a range of birth and child allowances are in place, including two different ways of receiving parental leave and benefits for raising a child. Parents can decide whether they wish to obtain parental leave until the child is either 12 or 24 months old with a child raising allowance adjusted according to the length of the leave.

In 2012, 56.5% of Romanian mothers with children under six were employed. Formal childcare, however, was available in 2011 to merely 2% of children under the age of three and to 41% of children between three and the minimum compulsory school age.

Childbearing intentions are apparently low. According to the Gender and Generations 2006 survey, among respondents that already have more than one child, the percentage wanting to have another child is 2.6% for women and 4.6% for men.

Altogether, the existing family policy measures are not sufficiently effective to act as an inducement to childbearing, since they cover only a minor share of the costs. It is also questionable whether adequate attention is devoted to the various issues of a more comprehensive substance of family policies, such as gender issues, flexibility of working conditions and dealing with the work/care dilemma.

4.3.11 Russian Federation

In Russia, material incentives, especially monetary ones, have been and continue to be the main tool of pro-natalist endeavours since they were first adopted in the 1930s. The last four decades have been marked by waves of concern around low fertility and policy responses. In the 1970s, period fertility was moderately below replacement level, which triggered a bout of pro-natalist policy measures in 1981. Period fertility rates rose during the 1980s, but plummeted in the 1990s. Once again, concern for low fertility led to the implementation of pro-natalist measures in 2007.

In his May 2006 budget address to the Federal Assembly, President Vladimir Putin highlighted the need for policy measures to reduce mortality and increase immigration, and he emphasized the necessity to stimulate the birth rate. In December 2006, in accordance with the adopted document *The Concept of the Demographic Policy in Russia up to 2025* the following policy measures were ratified and came into effect on 1 January 2007:

- A substantial increase in pregnancy, birth, and child benefits progressively graded by child order with the option for regional administrations to authorize additional increases;

- Generously remunerated parental leave (beginning over 2 months prior to birth and continuing until 3 months after birth at 100 per cent of annual salary; up to 18 months of leave partially remunerated; up to 3 years of unpaid leave);
- "Maternal capital" granted to mothers of second and higher-order children[20]. Initially 250,000 rubles, this was indexed to inflation and grew to 387,640 rubles in 2012 (approximately US$12,000 at the then-current exchange rate).

The share of family support in GDP has roughly doubled, approaching 1 per cent. In April 2012, Vladimir Putin, in his last speech as Prime Minister, said: "The state, society, religious institutions, public education, and culture should jointly endeavour to generate a strong, happy family with many children." With this statement, Putin made clear his intention to increase fertility during his next term as president.

The policies adopted in 2006 and subsequent years did have an immediate effect. Period fertility rates grew. However, the definitive real effect on childbearing will only become evident in about 15 – 20 years when cohort fertility data becomes available for those birth cohorts that were in the midst of their childbearing years in the late 2000s, i.e. mainly women born during the late 1970s and the 1980s.

There are some signs and analyses indicating these policies apparently had only a limited effect, if any, on actual childbearing:

- An analysis of the 2006–13 period total fertility rates illustrates that the effects of the measures adopted in 2006 appear to be wearing off with annual fertility increases weakening over time;
- Intentions to have additional children did not change in the three waves of Russia's Generations and Gender Survey (2004, 2007, 2011);
- Simple projection methods show that the number of births per woman for the 1970s and 1980s birth cohorts is likely to remain stable rather than resulting in a desired increase.

Analyses of period and cohort fertility revealed that the PTFR growth resulted predominantly from the recuperation of births that were being postponed and some future births that might have been advanced. The tentative conclusion is that the 2007 policy measures, like their early 1980s predecessors, did not raise cohort fertility.

The official position of the Russian government and the Putin administration is that measures to stimulate the birth rate (developed since 2007) have been an unqualified success. However, even

[20] Maternal capital can be spent only for three specific purposes three years after the second child's birth or adoption: the acquisition of housing, the education of children, and to augment the mother's pension.

experts close to the policy have expressed caution. Leonid Rybakovsky, expressed doubt that current pronatalist measures can continue to deliver results. He has called not only for increasing the grant for the third child and for measures to lower the age at marriage and encourage the early birth of the first child.

Valery Elizarov (2011, 2013) believes that population growth in the foreseeable future is impossible. Indeed, he sees no prospect for a three-child family norm. At the same time, he insists that it is necessary to at least double the state's financial support for increased childbearing, diversifying policy beyond direct financial transfers to parents. This would move Russia from tightly focused, time-bound economic incentives for childbearing toward the type of a comprehensive pro-natalist policy.

Recent Russian family policies thus continue to be narrowly focused on material incentives and on persistent propaganda attempting to revive outdated traditional marriages, families with many children and asymmetric gender roles. International experience has demonstrated the need for more comprehensive policies generating a family-friendly societal environment permitting the pluralism of forms of conjugal life.

4.3.12 Serbia

Low fertility has been a concern for the Serbian government, the media, and the public. In 2008 the Government of Serbia adopted a *Pro-natalist Strategy*, an elaborate document stipulating the goal of reaching a "total fertility cohort rate at the level of 2.1 children per women." The document lists specific goals:

- Alleviation of economic costs of childrearing;
- Reconciliation of working life and parenting;
- Reduction in the psychological costs of parenting;
- Promotion of reproductive health of adolescents;
- Fight against infertility;
- Towards healthy motherhood;
- Population education;
- Activation of local self-government.

However, this document remained a declaration and few of the policy recommendations were adopted in practice. Similarly, in 2010 the Serbian government established a *Council for Population Policy* which never functioned in reality. Although the leading party is in a firm political position, the government is confronted with many challenges and a dire economic situation. Since 2008 the Serbian economy has been in permanent recession, with inflation on the rise as well as high unemployment and underemployment.

A range of family policy measures are in place: full compensation of the salary for the working mother/father during parental leave for a period of one year for the first and second child, and two years for the third and every following child; a parental allowance for the first, second, third and fourth child; child allowance for families in need for social protection; reimbursement for the cost of preschool establishments for children lacking parental care; abortion is available on request up to ten weeks' gestation, and beyond ten weeks with the approval of a medical commission for women aged 16 or over; free contraceptive counselling once per year and free pregnancy care four times per year for normal pregnancies. While measures help families to alleviate the costs of childrearing, they do not constitute a comprehensive family policy.

Several aspects of family policy are not dealt with adequately in Serbia. Although gender relations are improving, they are still laden with male predominance, especially regarding employment. Young women are significantly hindered in their access to the labour market and are the first to be dismissed when companies are not performing well. Given that there are no regulations concerning women's employment, private companies have been known to ask potential female employees to sign a declaration that they will not marry or have a child.

Attention to reproductive health has also been lacking in Serbia. Only one in five women (18.4%) at risk of unplanned pregnancy used modern contraception in 2014. These include: condoms (12.5%), oral contraceptives (3.3%) and intrauterine devices (2.2%) as dominant means of pregnancy prevention (Statistical Office of the Republic of Serbia and UNICEF 2014). The estimated total abortion rate was approximately 2.80 abortions per woman (Raševic and Sedlecky 2009). While induced abortions are widely practiced this estimate appears to be on the high side.

Finally, no policies have been implemented to improve social and economic conditions of young people. Their access to employment is very limited and the unemployment rate for those 24-35 was as high as 33.2% in 2012. Young families reside with parents even once they get married and are expecting a child, and as many as one in three households – even in urban settings – contain more than one family.

4.3.13 Slovakia

In Slovakia family policies are marked by two distinct characteristics: Recurrent changes in family policy measures by parties alternating in power, and a long maternal leave combined with a substantial parental leave. The focus is more on financial transfers than on indirect measures of parental support.

During 2000-2014 the political parties that were alternating in power held different attitudes to the various family policy measures. Changes to the parental leave system have caused ongoing political divides. Persistent changes to various cash transfers and family benefits have made the system extremely complex. Low levels of stability have meant that families find it difficult to plan for the future.

At the same time, throughout the years of Slovak independence since 1993, the principal family policy measure in place was a long maternal leave combined with a substantial parental leave. As of 2014, the typical duration of parental leave is up to 3 years of age of the child.

After frequent changes during the past decade, there was only one amount of a parental allowance for all in 2014: €204 per month. Parents can decide to return to work earlier but in doing so they forfeit the parental allowance, and might instead become eligible for a childcare allowance if the child is not in another subsidized institutional care (i.e. private nursery or private kindergarten, nanny). The refunded amount for documented costs is up to €230, however, private childcare institutions are much more expensive than that.[21] This policy effectively discourages women, who typically do take the parental leave, from gradually returning to the labour market and instead encourages them to remain out of the labour market for three years or more if they have more than one child.

There are additional circumstances shaping the status of family policies in Slovakia. There is a shortage of childcare facilities for young children up to three years of age and, as a rule, existing facilities are very expensive. Employers often discriminate against mothers of small children and against young women because of the expected three-year break associated with childbearing, and because of presumed frequent sick-leaves to take care of children. Furthermore, unemployment of mothers after parental leave is high. These contributing factors lead many women to stay at home when they do have children or discourage many from childbearing.

4.3.14 Slovenia

Since Slovenia's independence in 1990 several attempts to formulate family policies have taken place. Government authorities became increasingly concerned about population issues, particularly fertility. In 1993 parliament adopted the *Resolution on Foundations of the Family Policy in the Republic of Slovenia* which stipulated the following principles and objectives:

1. The principle of universality, aimed at the creation of conditions for improving the quality of life for all families and not just the deprived ones;
2. Equal legal treatment and recognition of different family forms as well as of various forms of satisfying their needs;
3. Respect for the autonomy of the family and the individuality of each family member;

[21] Average gross monthly wage was €838 1st-3rd quarter of 2014.

4. Promotion of equal opportunities for both sexes and creation of an environment that facilitates co-ordination between the professional and parental roles of men and women;
5. Protection of children's rights in the family and the society, emphasising the quality of children's lives;
6. A contribution from public sources to covering the costs of raising a child, aimed at improving the financial situation of families;
7. Additional protection of families in specific situations and conditions.

In addition the *National Committee on Demographic Policy* was established in 1994.

In 2006 the government adopted the *Programme for Children and Youth 2006-2016* (2006). This document elaborates a comprehensive set of policies in the area of child and youth rights and development.

There are three main components of family policy in Slovenia: An extensive and very well paid parental leave; a network of childcare facilities and highly subsidised programmes, and a relatively high child allowance for children in low-income families. The parental leave consists of 105 days of maternity leave, 260 days of parental and 90 days of paternity leave. Pre-school childcare almost completely meets the demand for children from age one to age six. The child allowance is received for the majority of children up to the age of 18 years and those up to the age of 26 years who are still in full-time education. There are also some other direct and indirect family benefits like the birth grant, textbook funds, scholarships, subsidized transport for pupils and students and subsidized school meals; some of which are universal rights and some are means-tested. Furthermore, there is a system of child tax allowances, which are progressive according to the number of dependent children.

Despite improvements in recent years, the traditional gender division of roles in Slovenian families persists, which leads to a 'double burden' for employed women (Stropnik and and Šircelj 2008).

Evidently Slovenia has a relatively well-developed comprehensive family policy aimed at enabling the reconciliation of professional and family obligations, providing equal opportunities for both sexes, and a horizontal redistribution of income in favour of families with children. Nonetheless, research has not revealed any impact of individual family policy measures on people's fertility behaviour in Slovenia, except for a short-term effect related to a considerable prolongation of parental leave. At the same time, it is questionable what the fertility trend would have been in the absence of individual measures and the entire family policy. Also, family policy has alleviated poverty in many families with children (Stropnik and and Šircelj 2008).

4.3.15 Ukraine

Since the mid-1990s a series of laws provide evidence that successive governments have been concerned with population issues and family policies. A *National Program for Family Planning up to 2000* was adopted in 1995. It was followed by a law on the *Ukrainian Family (Rodyna)* in 2001. In 2006, the State program on *Reproductive Health of the Nation* was adopted for the period up to 2015. A State Program of Family Support for the period up to 2010 was adopted in 2007. A key document which systematized and coordinated political and demographic undertakings *The strategy of demographic development of Ukraine for 2005-2015* (Resolution of the Cabinet of Ministers no. 879) was adopted in June of 2006.

This strategy contained, among others, the following main objectives:

- to improve the quality of life of families;
- to create a friendly social and psychological climate and positive public attitude for family values; supporting the creation of families with two children;
- to assist in the strengthening of the institution of marriage, and to prevent its destruction;
- to create appropriate economic preconditions for the realization of the needs of families with children;
- to raise the efficiency of social protection of families at the birth of a child, as well as families, requiring assistance or special attention from the state and society.

The birth allowance was the principal family policy measure in recent years. It was gradually increased from an insignificant amount in 2001-2002 to heights not seen in any other country. At the beginning of 2014 the birth allowance for a first birth was UAH 30,960 (US$3,259), for a second birth UAH 61,920 (US$ 6,441) and for a third birth UAH 123,840 (US$ 13,067). Actual payments were made in instalments; a sizable amount at birth followed by monthly payments. The birth allowance is complemented with the customary assortment of other benefits. One can obtain a sense of the size of the birth allowance by comparing it to the per capita gross domestic product at purchasing power parity (per capita GDP at PPP). The birth allowance for the third child was 40 percent higher than the per capita GDP at PPP in 2013 (World Bank 2014).

The increases in the birth allowance did have an effect on the period TFR, which grew from 1.21 births per woman in 2004 to 1.53 in 2012. The fastest growth in 2004-2012 was among third and higher order births. These almost doubled but from a very low base. It remains to be seen whether there will be an effect on cohort fertility. That will not be known with any certainty for about another ten years. The recuperation rates for the young cohorts born in 1975 and 1980 (Table 4) indicate that there might not be a further decline in cohort TFRs; however any increase compared to the 1970 birth cohort, when the CTFR(40) was 1.56 births per woman, is also unlikely.

Preschool childcare in public institutions has also been increasing steadily. In 2013, 62 percent of children attended crèches and kindergartens up from 41 percent in 2001. Coverage in rural areas grew rapidly, from 17 percent in 2001 to 42 percent in 2013, which was considerably lower than the 72 percent in towns.

An observation generally shared by Ukrainian professionals was formulated by Perelli-Harris (2008) states that "Ukraine has one of the most generous but least effective family policies in the world." An important circumstance for the low impact of family policies appears to be the emphasis on material incentives, insufficient attention to work and family initiatives, and broad social change supportive of children and parenting. Moreover, there is no question that the economic collapse and the grave conditions caused by internal strife and the Russian intervention are also being felt in the area of social and family policies.

4.4 Family policies: Findings

Bearing in mind the goals of this project – namely to outline the direction of future cohort fertility trends in the CEE countries, to provide an overview of family policies, and what might be the role of these family policies in shaping fertility trends – we now proceed to derive a set of findings based on the country family policy profiles.

A. *Fertility levels and trends are a matter of serious concern throughout the region*. Most often this concern is within a broader framework of concern for the family and children, or with the objective of alleviation of poverty. Some governments adopt official program documents outlining strategies how to deal with this issue. Sometimes institutions such as ministries, and committees, have been established to design and implement family policies. In some countries governments are pursuing the implementation of the enunciated policies. In others the proposed policies were not implemented and the intentions have remained unfulfilled due to political instability, ideological disagreements, lack of resources, lack of coordination between government departments, or competing government priorities.

B. *In the last 20 to 25 years the implementation and/or the modification of an assortment of family policy measures have taken place in the region*. To begin with, every country started out with a collection of measures that were maintained from the previous regimes. In a number of countries these lost much of their value during the transition due to inflation and partial or full abandonment. Numerous social, economic, political, cultural and even philosophical/ideological circumstances were instrumental in shaping the features of family policies in the CEE countries. An examination of the status of family policies around 2013-2014 in CEE countries in rather broad strokes points to six types of family policies:

1. *Comprehensive family policy model*. Governments have managed to create reasonably favourable conditions for women to ameliorate the difficulties associated with taking care of children and households, as well as being employed. Not only are financial and material benefits available for mothers and fathers, but also institutional childcare is adequate as are working conditions for mothers. Gender relationships are improving, although a lot still remains to be desired. *Estonia* and *Slovenia* qualify for this model. Interestingly, fertility is close to replacement in Estonia, but low in Slovenia. The reasons why this model has not yielded higher fertility in Slovenia remain unexplained.

2. *Pro-natalist policies*. These are countries in which the main objective of family policies is to raise fertility and the principal tools to reach this goal are financial. The countries which in one form or another have introduced large birth allowances, possibly in combination with increasing other benefits and with well remunerated parental leaves fit into this category: the *Russian Federation*, *Belarus*, *Ukraine* and possibly *Bulgaria* as well as *Latvia*.

3. *Temporary male bread-winner model*. Reasonably well-remunerated long parental leaves were common under the state-socialist regimes. These were retained and prolonged. Childcare for small children under age three has dissipated and is virtually non-existent. Employers tend to discriminate against mothers and potential mothers, and their working conditions make it difficult to balance employment and household responsibilities with scarce possibilities for part-time work. This situation is typical in the *Czech Republic* and *Slovakia*. This model might have developed unintentionally, but has become a reality.

4. *Frequently modified family policies*. Parties alternating in power have different views on what should constitute a family policy. One party (usually right wing) advances measures tainted by patriarchal attitudes with an emphasis on financial support to enable women to stay at home while the man provides for the family. On the left the response to low fertility tends to be associated with gender equality, work-life balance, convenient employment conditions for women, and adequate institutional childcare. As parties alternate in power governments change policy measures adopted by previous administrations thus creating an atmosphere of uncertainty. Such situations are typical in *Hungary* and *Lithuania*.

5. *Family policies of low priority for governments*. Relative neglect of family policies varies from one country to another. In Poland, fertility had been above replacement for decades prior to the 1990s and it was believed that the 1990s fertility decline

would be a temporary phenomenon. Moreover, the ideology of the Catholic Church promoting a morally and socially conservative agenda was influential and might have contributed to neglecting family policies. In *Romania*, an unstable political environment with frequently changing administrations, combined with a poorly performing economy are likely reasons that the government neglected family policies.

6. *Lack of resources available for family policies*. Governments in *Serbia* and *Croatia* expressed great concern about low fertility and the wellbeing of families and children. Official documents were drafted and committees formed, but policies were not implemented. Their economies were performing poorly in part as a consequence of the wars which followed the disintegration of former Yugoslavia. Apparently, sufficient resources were not available for family policies to be implemented.

C. For family policies to maintain or improve the well-being of families, particularly of families with children which, simultaneously, might provide a favourable environment for cohort fertility to increase requires a comprehensive package of financial incentives, work and family initiatives, and broad social change. Such a package has to be employed for an extended period of time with the support of the main political parties, i.e. a non-partisan approach is essential (cf. section 4.1). Only the comprehensive family policy model conforms to the characteristics defining an optimal set of family policies. The pro-natalist and the male breadwinner models comprise an incomplete, unbalanced set of optimal family policies. The remaining "models" often contain only a limited range of the family policy tools or lack the characteristics of optimal family policies altogether. In conclusion, the majority of CEE countries do not have adequate sets of family policies. The exceptions are Estonia and Slovenia.

D. Although conclusive findings regarding the effect of family policies on cohort fertility trends cannot be made now, but only with a certain lapse of time, preliminary findings are feasible.

1. The comprehensive family policy model is likely to provide a favourable environment for cohort fertility to increase or for its level to be maintained. This is confirmed by developments in Estonia, although cohort fertility trends in Slovenia were declining among the early 1970s cohorts.

2. In most of the countries with recent pronatalist policies -- Belarus, the Russian Federation, and Ukraine – period TFRs have increased more than in most other countries. In Bulgaria and Latvia even the period TFR trend stalled around 2010. If the pre-1990 experiences are an indication of what is transpiring, the period fertility increases might turn out to be temporary caused largely by the advancement of

childbearing from future years as always happened in the past. In this case a cohort fertility decline is likely to continue.

3. In countries with the male breadwinner models -- the Czech Republic and Slovakia – any notable effect on preventing a cohort fertility decline has not been apparent so far. However, the family policies might well have had other beneficial effects, such as a more just income distribution or poverty alleviation.

4. In almost all the remaining countries that for different reasons have weak family policies -- Hungary, Poland, Romania, Croatia and Serbia – even period TFRs have experienced only modest growth. Lithuania is the exception with a period TFR at 1.57 in 2012 which had been increasing since the mid-2000s.

In sum, these findings indicate that there is merely one country in which family policies may have created favourable conditions for cohort fertility to stabilize - Estonia. On the other extreme, there are at least five, possibly ten populations, if the Czech Republic, Slovakia, Slovenia, Bulgaria and Latvia are included, in which family policies have not prevented a continued cohort fertility decline. In four populations, if Lithuania is added to those with strong pro-natalist policies, some immediate effects of family policies on period fertility trends have been noted however when the respective cohort fertility data will become available, these increases may turn out to have been temporary.

5 Overall observations and conclusions

5.1 Main findings

Major societal changes have taken place over the past quarter century in Central and East European countries. This paper reports on the findings of scholars from 15 CEE countries, who have analysed fertility trends and family policies during this period.

This concluding section is brief because the detailed findings of the demographic analysis in section 2, as well the findings of the family policy analysis in section 4, have been listed in the previous sections.

This research yields two main findings based on the demographic and family policy analyses taking into account general societal conditions in 15 of the previously-socialist CEE countries.

1. Cohort fertility is likely to decline in the foreseeable future – i.e. among the 1970s birth cohorts and possibly beyond – in almost all Central and East European countries;

2. The majority of extant family policies in CEE countries suffer from a variety of shortcomings that impede them from helping to generate optimal family welfare and to provide conditions for cohort fertility to increase. There are only two countries in which family policies are undoubtedly creating favorable conditions for the advancement of family wellbeing and for a positive impact on cohort fertility trends: Estonia and Slovenia. In addition, in four or five countries, immediate effects of family policies on period fertility trends have been noted, however these may turn out to have been temporary with no positive effect on cohort fertility.

The reality that numerous economic, social and cultural factors contribute to a societal environment in which women and couples find it difficult to have more than one or two children provides added credibility to the above findings.

5.2 Why are these findings important?

Period fertility rates have been increasing in the late 2000s and in some countries up until the early 2010s. This has created the impression of a fertility recovery. The preliminary results of this research in fact reveal that no such widespread recovery of childbearing appears to be underway. Even though it cannot be proven conclusively at the present time, cohort fertility does not appear to be increasing. In addition, what exactly *will* happen with period fertility trends depends on trends in childbearing timing. The rise in period fertility rates might have been temporary if it turns out that the TPFR increases of the late 2000s and early 2010 were driven by childbearing advancement. In this case a stagnation or period fertility decline can be expected in the mid to late 2010s. However, as there is some indication that childbearing postponement is merely slowing down, period fertility stagnation or decline might not occur soon, but in a number of years. Also, periodic further increases in material incentives to childbearing, provided governments can afford to do so, might manage to maintain relatively high period fertility rates for a few years.

The likely future decline of cohort fertility (or its stagnation) will have long-lasting demographic consequences. Especially since the trend of decline in total population numbers is forecasted to continue alongside population ageing.

This is the first time that a relatively comprehensive analysis of the nature and performance of family policies in CEE countries after the collapse of state socialism has been performed and analysed. It is hoped that this study will provide governments with a realistic overview of existing policies, and what more can be done to tackle the abovementioned issues.

Recent research on differences between the number of children women desire – or consider ideal – again provides evidence that fertility could increase if appropriate conditions were generated. This would require improved general societal conditions for childbearing as well as effective comprehensive family policies.

Sobotka and Beaujouan (2014:407) have documented that "a two-child ideal has become nearly universal among women in Europe." Taking the data for eight CEE countries in their paper and for five additional ones[22] there is a difference of 0.49 children per woman between the completed cohort fertility rate (1.64) and the mean ideal family size (2.13). If conditions for childbearing were to improve, women and couples might have a realistic opportunity to come closer to their ideal family size.

[22] Ukraine, East Germany, Romania, Bulgaria, Belarus, Poland, Russia, and Slovenia are the eight countries included in Sobotka and Beaujouan (2014:407), and Czech Republic, Hungary, Latvia, Lithuania and Slovakia the five additional countries (Sobotka and Zeman 2014) for which the average completed cohort fertility rates of the 1974-75 birth cohorts and the mean ideal family size around 2010 were computed.

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Appendix 1 - Participating countries and personnel working on project *Prospects for a fertility increase in the formerly socialist countries of Central and Eastern Europe*

Country	***Collaborators***
Belarus	Ekaterina Antipova, Tatyana Pronko & Liudmila Fakeyeva
Bulgaria	Elena von der Lippe & Dora Kostova
Croatia	Ivan Cipin & Anđelko Akrap and Marin Strmota
Czech Republic	Tomáš Sobotka, Kryštof Zeman and Anna Šťastná
Estonia	Luule Sakkeus & Allan Puur, Martin Klesment, Liili Abuladze
Hungary	Julia Mikolai
Latvia	Peter Zvidrins & Liga Abolina
Lithuania	Vlada Stankuniene & Aiva Jasilioniene & Ausra Maslauskaite
Poland	Irena Kotowska & Krzysztof Tymicki, Anna Rybińska
Romania	Cornelia Muresan & Ionut Foldes
Russia	Anatoly Vishnevsky & Sergei Zakharov
Serbia	Mirjana Rasevic & Mirjana Bobic and Vasic Petar
Slovakia	Michaela Potančoková & Branislav Šprocha
Slovenia	Jože Sambt & Nada Stropnik
Ukraine	Iryna Kurylo & Svitlana Aksyonova and Boris Krimer
Project coordinators	Stuart Basten & Tomas Frejka