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**REPRODUCTIVE CAREERS OF WOMEN IN SLOVAKIA DURING
THE STATE SOCIALIST ERA OF THE 1970s
AND IN TRANSFORMING SOCIETY**

Dissertation

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Reproductive careers of women in Slovakia during the state socialist era of the 1970s and in transforming society

Abstract

The main goal of this study is to understand changes in fertility timing and ordering of reproductive life events over the women's life course. We investigate the process of family formation and transition to motherhood in Slovakia comparing birth cohorts of women who experienced childbearing during the state socialism of the 1970s and in transforming society. We employ the life course theory and combine qualitative methods with cross-sectional and cohort analysis of reproductive behaviour. Compared to the standardisation of reproductive careers during the state socialist era we observe individualisation of the life course and lowering degree of co-occurrence of life events in transition to adulthood. We find that sequential view of the life course, the perceived incompatibility of parenting with parallel life careers and newly articulated age norms contribute to the postponement of childbearing, which is perceived a rational strategy in response to the context of the market-oriented economy.

Keywords: life course, reproductive behaviour, cohort fertility, postponement of childbearing, qualitative methods, Slovakia

Abstrakt

Hlavným cieľom štúdie je preskúmať zmeny usporiadania a časovania reprodukčných udalostí v rámci reprodukčných dráh žien. Porovnáваме proces zakladania rodiny a prechodu k materstvu u kohort žien, ktoré sa stali matkami v období štátneho socializmu 70. rokov a v priebehu transformácie spoločnosti a ekonomiky. Na problematiku nahliadame teóriou životných dráh. Aplikujeme transverzálnu a kohortnú analýzu reprodukčného správania v kombinácii s hĺbkovou kvalitatívnou sondou. V porovnaní so štandardizáciou reprodukčných dráh žien v priebehu štátneho socializmu dochádza u mladších kohort k diverzifikácii a individualizácii reprodukčných dráh. Odkladanie rodičovstva je respondentkami vnímané ako racionálna stratégia v kontexte trhovo orientovanej ekonomiky a nekompatibilita rodičovstva s inými životnými dráhami, sekvenčné vnímanie životnej dráhy a vekové normy vplyvajú na posúvanie materstva do vyššieho veku.

Kľúčové slová: životné dráhy, reprodukčné správanie, kohortná plodnosť, odkladanie rodičovstva, kvalitatívne metódy, Slovensko

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1 INTRODUCTION

This study aims to investigate the process of transition to motherhood in Slovakia comparing two strikingly different contexts of reproduction: the state socialism of the 1970s and the transforming society. Couples make choices on family formation and childbearing within a specific context, which has changed dramatically after the political turnover in 1989. During the 1970s family formation was embedded within the limited and on obedience to the regime conditioned opportunities of involvement in public sphere, education and professional career accompanied by generous pronatalist population policies. Scarcities in resources lead to revitalisation of family networks (Možný 1991) and development of specific coping strategies. Since the early 1990s rapid changes in reproductive behaviour occurred in response to broad societal and economic transformation. Behavioural patterns relevant in the planned economy and relatively risk-free society of the state socialism lost their relevance in rapidly changing labour market. The transition to market economy has brought new risk and previously unknown phenomena such as unemployment as well as new opportunities. Multiple changes took place at all levels distinguished by van de Kaa (1988) – structural (for instance increased enrolment in tertiary education) technical (for instance spreading highly effective modern contraception) and ideational (for instance diffusion of individualistic values, westernization). Inevitably, reproductive behaviour of population had to respond to the changing context and adapt reproductive strategies to this context. At macro level, transition to new reproductive behaviour manifested in decline of fertility and marriage rates to historically lowest levels in response to rapid postponement of childbearing and marriage into more advanced age, increase in non-marital fertility and in a significant drop in induced abortion. Remarkable changes are observed in mortality, divorce and other demographic processes as well, however, these are not subject to this research study.

Changes in reproductive behaviour in Slovakia are similar to those experienced in other post-socialist countries. The debate on the fertility decline and postponement of childbearing in the Central and Eastern Europe has focused on a number of factors: economic constraints during the transformation period, and particularly during the 1990s; problems of young adults at the labour market, increasing importance of investments into person's own human capital, including higher education; increasing uncertainty and social anomie in the 1990s; and ideational and value changes (Frejka 2008, Kotowska et al. 2008, Potančoková et al. 2008, Philipov, Speder and Billari 2006, Sobotka 2004, Philipov and Dorbritz 2003, Rychtaříková and Akkerman 2003, Sobotka, Zeman and Kantorová 2003, Kantorová 2004, Philipov 2002, Lestaeghe and Surkyn 2002). Among the Czech demographers, some regard the behavioural change a pragmatic reaction of population in response to the newly emerged problems and economic hardship (Rychtaříková 1996, 1999, 2000), while others emphasise value change and response to the

newly emerged opportunities of self-realisation (Rabušic 2000 and 2001, Sobotka et al. 2003, Sobotka 2004). The interplay of the ideational and structural factors has led to the postponement of childbearing. How economic, ideational and institutional influences interact and result in producing behavioural patterns still remains an open question. Since multiple elements of the context were changing simultaneously, it is difficult to disentangle the impact of individual factors. Furthermore, the impact of some factors varied over the phases of the transformation of economies from the planned towards market-oriented. High unemployment rates, loss of social security and underdeveloped housing market impacted on fertility decision more heavily in the mid-1990 than at the turn of the millennia. People's cognitive abilities resulted in adaptation of previous behavioural strategies and development of new ones in response to the changed economic, social and institutional context.

In this study we describe demographic behaviour of women in Slovakia in period and cohort perspective and move from explanations at macro level to individual reproductive decisions (micro level) making use of qualitative data. Although qualitative methods are not a tool widely employed in demographic research, we believe that the turn to qualitative methods can contribute to our understanding of coping strategies and individual reproductive choices. These are manifested in behavioural pattern and demographic indicators at macro level. Qualitative research is process-oriented and we believe that it will help us to understand how economic and institutional factors interact in producing a specific pattern of reproductive behaviour within a context social actors are located in. We seek an in-depth understanding of the processes leading to transition to motherhood. Moreover, qualitative approaches seek to grasp the whole picture of the phenomena under study and we can benefit from this holism and contextualism when approaching a complex phenomenon of the postponement of motherhood, which is a reproductive strategy increasingly adopted by women in Slovakia born since the 1970s.

Lives of people changed dramatically after the political turnover. This is reflected in the ordering and timing of reproductive life events within women's reproductive careers. Changes at individual level are reflected in cohort patterns – “cohort biographies”. Cohort data show a significant difference between women born in the late 1940 and 1950s, who were in prime childbearing age during the 1970s, and women born in the late 1970s, who are in fact a daughter generation. Thus, we decided to investigate process of family formation and transition to motherhood in more detail comparing these two broadly defined birth cohorts: women, who experienced family formation and childbearing in the 1970s and their daughters who were starting their families and bearing children within the context of transforming society. The setting of the capital Bratislava was chosen for the qualitative case-study from the following reasons: the transformation of reproductive behaviour has been the most rapid in the capital and there's evidence that the trends in the capital were trendsetting and it is likely that processes leading to postponement of childbearing are similar in other urban regions.

And last but not least, an author of this dissertation is herself a woman born in the late 1970s who behaves similarly to her cohort peers and can be addressed a postponer. The author has often reflected and speculated over the differences between her life course and the life course of her mother, who is a typical representative of the late 1950s birth cohort. Therefore, a personal interest and discussions with my mother were influential on the decision to investigate changing life course of women in Slovakia and compare two strikingly different cohort experiences.

1.1 The research objectives and research questions

The main goal of this study is to understand changes in fertility timing and ordering of reproductive life events over the women's life course. We compare reproductive careers of two broadly defined birth cohorts of Slovak women. Reproductive decisions of these women were taken within two different contexts of reproduction: state socialism of the 1970s and the transforming society of the 1990s and early 21st century.

A particular focus of this study is on timing of childbearing. The process of postponement of childbearing was one of the reasons of the very low period fertility rates recorded in Slovakia at the turn of millennia. Postponement of life transitions related to family formation is one of the main features of demographic developments in Slovakia since the 1990s. The transition to parenthood is only one of the life transitions which are being shifted towards more advanced ages. Postponement of family formation is linked to more fundamental changes in the life course of subsequent birth cohorts.

Demographic data provide us with macro views on the reproductive lives of women. Demographic statistics are “all those graphics, tables and forecast, which are a part of the vast majority of newspaper articles ... All these easily accessible and ever-present statistics tell us whether each of us behaves (still) normally – just like most others do or do not” (Hašková and Zamykalová 2006: 14). They are important since they reflect and construct norms and what is perceived normal by the social actors. Demographic statistics reveal when it is normal to have children for different birth cohort of women and in various historical periods. Since we explore reproductive life course of two birth cohorts of women who experienced childbearing during two different historical periods, we make use of period and cohort perspective in the analysis of quantitative data.

This study deals with three major research questions.

- (1) *How reproductive careers of women looked like during the state socialism of the 1970s and in transforming society at the turn of the millennia?*

Here the focus is on the structure of the reproductive careers of the two birth cohorts of women. We investigate ordering of the reproductive life events and compare timing and ordering of reproductive life events across birth cohorts and historical contexts. Timing and sequencing of reproductive life events is approached at macro level using demographic data. In the second step, the reproductive strategies of women are investigated on the individual level. Life trajectories of the respondents in the qualitative case study were reconstructed and they provide more detailed and complex information on occurrence and timing of the life events.

Besides patterns of reproductive careers of women, we also look at motivations influencing timing of motherhood.

- (2) *What is the relationship between reproductive and other life careers and which events influence timing of motherhood?*

We identify elements that enter women's (and their partner's) decision-making on timing of childbearing. Timing of motherhood is interlinked with occurrence and timing of other important life events from parallel life domains: completing education, entry

into labour market, leaving parental home, partnership and marriage. Decisions on when to start a family are embedded within the institutional context of reproduction which changes over time.

Again, we compare the context of the state socialism and nowadays and we particularly focus on the social context. We are particularly interested in normative and interpretive rules that influence reproductive strategies of Slovak women. Interpretive rules attribute meaning to the events, objects or transition. Concepts of motherhood and femininity, both based on the gender roles and rules prevalent within the society, are an example of interpretive rules. Normative, or behaviour-guiding, rules tell the social actors how to behave in particular situations in order to be recognised and not being sanctioned.

We were also interested in perceptions of women on the timing of their motherhood as well as on how women of the generation of the mothers perceive reproductive experience of their daughters and vice versa. The birth cohorts under study correspond to parental generation and generation of daughters. The sample of women in the qualitative case study consists of mother-daughter dyads (direct family tie between the respondents) and representatives of the generation of the mothers and the daughters (either only mother or the daughter was interviewed and not the dyad partner). The interviewees who started a family in the 1970s were asked to evaluate behaviour of their daughters and vice versa. This objective stems from the last research question:

(3) *How do the interviewees of both generations perceive and think of postponement and timing of motherhood?*

What are advantages and disadvantages of childbearing at entry into motherhood at early and later age? Views of the older respondents on postponement of parenthood are contrasted to those of the younger women.

Research questions influence the theoretical approach to the study and subsequently the methodology. Since we are interested in patterns of the life course in transition to first motherhood and circumstances influencing timing of this transition, we make use of the life course approach (Chapter 2) and employ a mixed-method research design to investigate life course changes at macro and micro level (Chapter 3).

1.2 Dissertation outline

The body of the text is divided into 7 major chapters. We start with a theoretical framework of the research study in *chapter 2*. After discussing elements and concepts of the life course theory and cognitive approach we conclude with a conceptual frame of the research study.

Theoretical considerations lead us to the selection of appropriate research method and techniques to answer the research questions of the study. In *chapter 3* we describe the methodological approach of the study and the data. A particular focus is on the description of the qualitative case study – the method, sample and sampling strategy and methods of analysis of the qualitative data acquired during the fieldwork.

For a better understanding of the context in reproduction we briefly introduce its main elements and compare the era of state socialism of the 1970s and changes after the political turnover in *chapter 4*.

Chapters 5 to 7 present the research findings. We start at macro level presenting period and cohort trends in reproductive behaviour of women in Slovakia (*chapter 5*). Since we chose the capital Bratislava as a fieldwork site, because it is the setting with the most pronounced changes in timing of childbearing within Slovakia, we describe its main characteristics and trends in comparison to those of Slovakia in *chapter 6*.

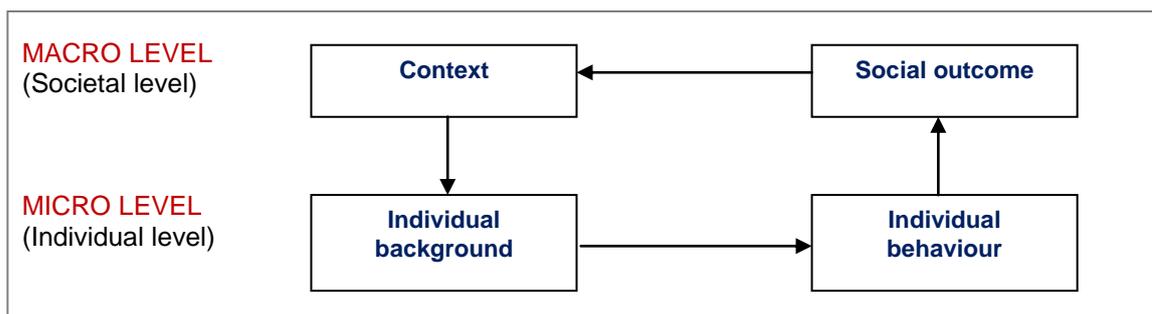
Chapter 7 presents the findings of the qualitative case study. It is structured according to the elements in reproductive career of women and a particular focus lays on explanation of the motivation to transition to motherhood and the postponement of childbearing. The discussion in *chapter 8* contains concluding remarks and summary of the main findings.

2 THEORETICAL FRAMEWORK

The approach to the study is based on the micro - macro linkage, which enables for the study of an interplay between the changing context of reproduction and individual reproductive behaviour. In this study, the context of reproduction is understood as multidimensional – social, cultural, economic, legal, political, historical – setting in which reproductive behaviour of individual actors is located (Willekens 1992, de Bruijn 1999). Behavioural change is studied through changes in occurrence, ordering and timing of reproductive life events. The focus is on the timing of motherhood among birth cohorts of Slovak women who experienced childbearing and family formation under different historical, social, cultural, economic and political context. The behaviour is observed at the macro level using aggregate data on fertility and on micro level focusing on decisions and motivations to transition to motherhood.

According to the methodological individualism (Coleman 1990), changes in reproductive behaviour at the micro level emerge as social outcomes at the macro level (Figure 2.1). Thus, to comprehend changes at the macro level it is important to understand behaviour of individuals at the micro level. In this study, social outcomes are analysed employing the cohort and cross-sectional approaches on fertility. The individual reproductive careers of women are approached making use of in-depth biographical interviewing.

Figure 2.1 Relationship between the micro and the macro levels in social theory



Source: Coleman 1990, cited according to de Bruijn (1999: 18)

The cohort perspective is applied throughout the study in order to understand the changes in reproductive behaviour of women across historical time and changing context of reproduction. Birth cohorts of women differ in the socialisation process and in opportunity structure shaped by the historical context. The historical context relevant for the study of individual reproductive lives of women during state socialism and in the transforming society is further discussed in the Chapter 4.

We make link between the life course theory and cognitive approach in order to describe reproductive experience of women and to explain mechanisms of change in reproductive strategies of women. Links between the life course theory and cognitive approach were already made by de Bruijn (1999) who has proposed an *institutional-cognitive approach* as a conceptual framework for understanding fertility behaviour. In line with the methodological individualism, a process-context linkage is central to the institutional-cognitive approach. Theoretical background of this study makes use of de Bruijn's (1999) integrated conceptual framework for fertility.

The following sections discuss the state of art in life course research within fertility studies, the main elements of the life course theory and cognitive approach. The final section presents the conceptual framework of the study, which is based on de Bruijn's integrated framework for fertility.

2.1 The life course theory

2.1.1 The life course approach in demographic research

The interest of demographers in employing the life course perspective and life course theory was pronounced in the works of Birg (1987), van Wissen and Dykstra (1999), Willekens (1992, 1999), Liefbroer (1999, 2007) and in general mostly among the Dutch demographers. Dykstra and van Wissen (1999) find the life course approach a promising explanatory framework for population studies and argue that it offers a fruitful tool complementing demography's methodological strengths. Willekens (1999) emphasises the interlinkages with the social structure providing "an opportunity to link demographic events to other aspect of life that are important to people and that affect their demographic behaviour" (p. 24). Hence, the life course approach links events at the micro to changes the macro level.

The need to understand life transitions relevant for the reproductive life course (leaving parental home, transition to cohabitation and marriage, entry into parenthood etc.) has lead to the turn to event-history methods. These are applied to the survey data and numerous works were published in this field of research. In the event-history studies, the emphasis is mostly on timing of life course events, identification of the typical life course trajectories which are linked to the groups of individual actors according to their structural characteristics. The body of research provides important insights into changes and trends in the timing of various life events relevant for reproductive behaviour and the studies provide explanations of the observed behaviour (the lived life course). However, the use of event-histories does not bring insights into deeper understanding of the life course processes and mechanisms underlying the timing and motivations to the life transitions. Emergence of the life course patterns is an outcome of the interacting process (Willekens 1999: 27). While events and structure of the life course can be observed quite easily, the causal mechanisms and underlying processes that generate the structures are often difficult to detect (ibid). Life stories provide rich data which bring insights into causality since they link the context, process and the emergence of events. Throughout this study the distinction between *the lived life course* (life history, structure of the life course) and *the perceived life course* (life story) is made. Life stories contain, besides information on the structure of the life course, rich data on the perceived life course and link the individual behaviour to the social norms and context of reproduction relevant to the social actor.

Researching life stories has a long tradition in social research. The use of life stories is associated with the Chicago school sociologists. The works of Thomas and Znaniecki (1919 – 1920) were among the most influential. In Europe the use of (auto)biographies has a tradition within German and English sociology (Kohli 1978, Plummer 1995, 2001). The works of Elder (Elder 1975, 1977, 1985, Giele and Elder 1998, Elder et al. 2003) are still influential in the life course research and in family sociology.

Use of autobiographies in demographic research is linked to the use of qualitative methods within this field. Although qualitative methods are seldom employed in demography, whether in combination with quantitative methods or on their own, several studies in European fertility research emerged during the recent years (Georgiadis 2007, Mynarska 2007, Mynarska and Bernardi 2007, Bernardi, Klearner, and von der Lippe 2006, Bernardi, Keim and von der Lippe 2007, Perelli-Harris 2005, Bernardi 2003). In the study of women's reproductive life course Matsuo (2003) and Banerjee (2006) applied biographical interviewing and the life course approach. Both studies draw links between the lived (life history) and the perceived life course (life story) and the focus is on the entry to motherhood.

2.1.2 Elements of the life course paradigm

The life course refers to “a sequence of socially defined events and roles that individual enacts over time” (Giele and Elder 1998: 22). The core of the life course research is grounded in “the systematic study of the dynamic interplay of time, structural context and human agency in the construction of the life course and in the process of social change” (O’Rand 1996: 68). Giele and Elder (1998) identify four elements of the life course paradigm:

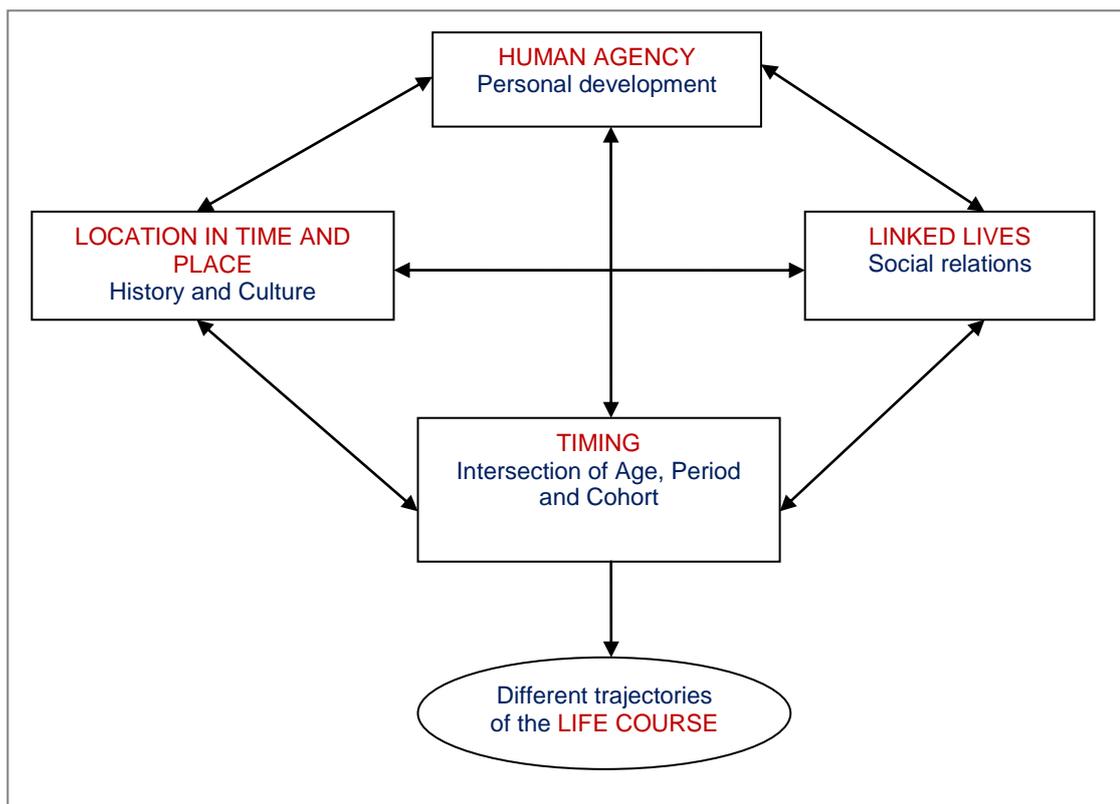
- location in time and place
- linked lives
- the human agency and
- timing

Location in time and place

Location of lives in time and place according to Giele and Elder (1998) refers to the cultural background. The life course is embedded in cultural context and shaped by historical events that individual experience over their lifetime (Elder et al. 2003: 12). The cultural background includes rules prevalent in a particular historical period and provides a basis for individual behaviour relevant of the individuals belonging to the birth cohorts experiencing life events over that historical time period.

The location in time and place can be also understood in broader terms as the context, in case of this study as the context of reproduction. The context is defined as multidimensional setting providing rules, regulations and guidelines for individual behaviour. The social context is related to social institutions, stratification system and gender system of the society (McNicoll 1994). De Bruijn (1999: 21) understands the social context (in its broadest sense) as “a structure of institutions which embody information about opportunities and restrictions, consequences and expectations, rights and duties, incentives and sanctions, models, guidelines, and definitions of the world”. The social context determines the information people acknowledge in their social environment and assessment of the possible restrictions is usually part of this information (de

Figure 2.2 Four key elements of the life course paradigm according to Giele and Elder (1998)



Source: Giele and Elder (1998: 11)

Bruijn 1999: 22). Hence people make decisions and choices within the social and cultural context consisting of the social norms, practices, rules and sanctions on behaviour.

Other elements of the multidimensional context are legal regulations, opportunity structure stemming from the political system, the labour market, educational system and other aspects of the socio-economic setting. Kohli and Meyer (1986) argue that social and historical context should not be seen as a mere set of opportunities and constraints, but rather as the mechanism shaping status passages in the life course and linkages between them. Hence, the context has a structuring effect on the organisation of the individual life course.

The elements of the multidimensional context are interdependent. Changes in any element result in a dynamically changing setting for individual behaviour. Individuals are not a mere objects determined by the context, but they adopt and innovate their behavioural strategies through their own agency. Transformation processes in Slovakia and other post-communist countries are a demonstration of a rapidly changing context of reproduction according to which the social actors had to develop new or adjust the old reproductive strategies. Behavioural change was consequently reflected in changes at macro-level.

Human agency

Human agency is central to the life course paradigm. The concept refers to individual goal-orientated behaviour (Giele and Elder 1998:10). Individuals organise their lives around personal goals and perform behavioural strategies which meet their goals and needs. Individual

behaviour is determined by top-level goals or ultimate goals (D'Andrade 1992: 30). The goals are organised into the motivation structure (Maslow 1970). De Bruijn (1999) distinguishes between lower instrumental goals, higher instrumental goals and ultimate goals. Ultimate goals are shared among the social actors: For example an intention to start a family and have children is a widespread, almost universal, personal goal in Slovakia (Potančoková et al. 2008). Culture largely determines which goals and motivations are distinguished ultimate and legitimate (intentional childlessness is not a legitimate goal and a person who would declare such goal-orientation may face social stigmatisation; Hašková and Zamykalová 2006).

De Bruijn (1999) distinguishes between the meaning-giving and behaviour-guiding rules. *The meaning-giving rules* are elsewhere referred to as interpretive or constitutive rules. The meaning-giving rules, which are integral part of the social environment of the social institutions, provide individual actors with interpretive frames according to which they ascribe meanings and interpret the world around them, classify actions, objects, situation relationships and events. To pick up on the example¹, childlessness is evaluated negatively by most respondents as it is related to the negative personality traits as being selfish, too much career-oriented, disable to sacrifice own comfort and living an empty life, which are typical characteristics attributed to the image of voluntarily childless women in Slovakia. Being too much career-oriented is contradicting (masculine) to the socially constructed identity of woman. Motherhood plays a central to the feminine identity (Potančoková 2009a, Šalingová 2003) and parenthood is highly expected element of the adult biography (Potančoková 2009a, Bartošová 2009). Childlessness and parenting are dichotomous categories as the social meanings attributed to them are contrasting. With respect to goal-motivation, decision-making on becoming a parent can be approached through orientation towards motherhood and towards the alternative life activities (Matsuo 2003).

The behaviour-guiding rules, also addressed as directive, prescriptive or regulative rules, are inherent to the institutional perspective on the social reality. They are also referred to as social norms, conventions or rules for behaviour. Individual actors internalise these rules as moral codes. The behaviour-guiding rules “provide prescriptive guidance for behaviour in combination with a variety of possible sanctions. External reinforcements range from coercive power of the state, institutions or groups, to the sanctioning power of public opinion and persuasion of involved others” (de Bruijn 1999: 125). To give an example, normative rules were strongly influential on the institutionalisation of childbearing into marriage in Slovakia over the 1970s and stigmatisation of single mothers involved the sanctioning power of the public opinion and persuasion of the others. Internalisation of these normative rules has led to development of reproductive strategies how to avoid single motherhood.

The meaning-giving rules are directly connected to the behaviour-guiding rules: being a mother is crucial to the identity of women in Slovakia and being a good mother involves a set of rules on how to perform a mothering practice in accordance to the image of a good mother (Potančoková 2009a).

¹ This illustration is based on the qualitative data conducted in this study.

Linked lives

Interaction of individuals within social groups, with their networking partners, is expressed by the *linked lives*. Social networks can be conceptualised as societal meso level, moderating the effect of the macro level factors (social institutions etc.) on the individual social actors. Giele and Elder (1998) emphasise particular influence of the network partners who share similar experiences on the life course decisions and trajectories of individuals. Bernardi (2003) finds significant influence of the peer groups on decision-making on having child(ren) in Italy. A recent study of Liefbroer and Elzinga (2007) supports the intergenerational transmission of the family life course trajectories between the parents and their children: children are more likely to have the same sequence of the life transition as their parents according to the US dataset they analysed.

In this study the linked lives are inherently present by mother-daughter relationship between most of the interviewed women. Throughout the life course, people are confronted with different others and the important others can be influential on their life decisions and trajectories. Among the important others parents, partners (in unmarried relationships and in marriage), and close friends within the peer groups occupy a dominant place. Mother can be influential on the daughter's decisions in her reproductive career. Interviewing, both, the mother and the daughter, controls for their relationship and influence on daughters. However, it is not a topic of this study to identify and analyse mechanisms of the intergenerational transmission of the reproductive behaviour. It is quite likely, that transmission of reproductive strategies and experiences of the mother's generation lost most of its importance to their daughters due to massive changes in context of reproduction. This discontinuity of values and norm of behaviour would point towards the social anomie hypothesis.

Timing

The timing covers the chronologically ordered events of an individual's life. The timing of life events corresponds to the intersection of the age (biological or social age), historical period (context) and cohort (stage in the life course). The timing of life events is understood as both passive and active adaptation for reaching individual goals (Giele and Elder 1998), hence as a result of an adaptive strategy.

In the life course approach the operationalisation of time is important. Five dimensions of time can be distinguished:

- biological (individual) time
- social time
- developmental time
- historical time
- institutional time

Biological, social and developmental time refer to the micro level, while historical and social time run at the macro level. Biological time covers chronological age to which social meanings and normative timetables are attributed. Thus, social time can be regarded an underlying dimension of the biological time. Social time interlinks the individual and macro aspects of time since it links social institutions to the chronological time at the individual level.

Developmental time refers to the developmental process of the individual at personal and intra-personal level and a given stage in the life course. This dimension of time is often referred to as the number of events experienced in actual chronological time (Dykstra and van Wissen 1999). Age, developmental and historical time are interlinked in the concept of birth cohort as different birth cohorts experience historical events at different stage of their life course.

Historical time refers to the occurrence and effect of the historical events. In the interviews with conversation partners used in this study particularly the happenings of the 1968, the so called “normalisation” during the 1970s and political turnover in 1989 were mentioned as important turning points affecting lives of the interviewees. Institutional time may also be regarded as a dimension of historical time as it related to the development of the social context, which is one of the dimensions of the multidimensional context. Institutional time refers to the evolution of social institutions over time. Single institutions develop at their own rate; and a change in one institution may provoke a response in another institutional realm (de Bruijn 1999: 145).

The essence of the life course approach lies in the intersection between the institutional, historical and biographical time. Social time, with respect to individual life course, relates to age norms and meanings related to particular events and life transitions: sexual debut, entry into marriage, leaving parental home, entry into parenthood. The age norms identify the normative timetables and patterning of the life course: ideal time as well as age limits when events should be experienced, a proper behaviour for a particular life phase. Biological time, age, on its own is not a determinant of individual behaviour and cannot explain behavioural patterns.

2.1.3 Reproductive careers of women: life course concepts and definitions

The life course is typically viewed as a sequence of status passages, which mark turning points in people’s lives and which in succession create a life trajectory (Heinz 1991, cited by Dykstra and van Wissen 1999). The individual life course can be visualised in form of the life *trajectory* consisting of *events* and life *stages* splitting into *careers* according to life *domains*. Events result in life *transitions* between the *states* and statuses and they are the basic elements of information entering the analyses of the life course. Examples of events that constitute a transition from a state of origin and a state of destination are leaving parental home, entry into first marriage, first childbirth etc. Not all life transitions result in a change of person’s social status. Entry into marriage and becoming a parent are, however, important life course transitions having a significant effect on social status. The concept of the trajectory points to the fact that status passages mark socially significant points of people’s lives (Elder 1985).

Significant life transitions that mark phases in life tend to be normatively defined. Moreover, there is a socially defined order in the succession of phases (Dykstra and van Wissen 1999: 6). Normative ordering of the life course has been in the research focus of some family sociologists already (White 1998, Marini 1984, Modell 1980, Rindfuss and Bumpass 1978).

A period during which an individual occupies a specific state is called an *episode*. An individual can experience more episodes than there are defined states because an individual can occupy the same state on multiple occasions. Typical example is remarriage: duration of each episode (first, second etc. marriage) is determined by the date of each marriage and divorce or death of partner. (Matsuo 2003: 37)

A *sequence of states* constitutes a *career*. A career always corresponds to a particular life *domain*: partnership career, educational career, reproductive career. Life domains and consequently the life careers are interdependent (Willekens 1992). As a result, decisions and events in one of the life careers influence other life domains. Reproductive career of women is to a large extent influenced by other life careers. Education, professional and partnership careers largely influence reproductive decisions. The dependency of the life careers stems from the need to allocate the same sources if they share them. Being enrolled in education and childrearing are both time consuming which influences both decision on the further educational enrolment as well as on family formation. Postponement of transition to parenthood is also linked to allocation of financial resources.

Although career dependency usually refers to a single person, life careers of other individuals may significantly influence individual life course decisions (de Bruijn 1999: 157). Interpersonal career dependencies of the partners' careers are a common example. A couple may postpone transition to parenthood because a male partner is still enrolled in education or because of a partner's new job. Furthermore, life events of other family members may significantly influence the occurrence and timing of a person's life events. Illness or death of a parent may lead to postponement of marriage or childbearing or lead to a more substantial reconsideration of the life prospects.

A career can be split into shorter sequences – *pathways* that consist of a sequence of states and events resulting in a particular event. In this study the focus is on the pathway of events resulting in first birth. This pathway may contain also transition to first marriage, leaving parental home, entry to the labour market etc. All the mentioned transition may vary in timing, age and stage of the mother in her life course.

Reproductive career of a woman can be defined as the “arrangement of reproductive life events along her life course beginning from menarche and ending at either menopause or sterilisation” (Runyan 1984, cited according to Banerjee 2003). Runyan's definition of the reproductive career addresses mostly the structure of the reproductive career, sequencing and ordering of the events. Linking to de Bruijn's definition of the life course as to “the development related to the sequences of experiences and events in the various life careers and the concurrent development of the individual's mental representation” (de Bruijn 1999: 252), the definition of woman's reproductive career in this study will include also mental representations, perceptions and schemes related to the events and experiences. This leads to the distinction between the lived and the perceived life course (see the following section).

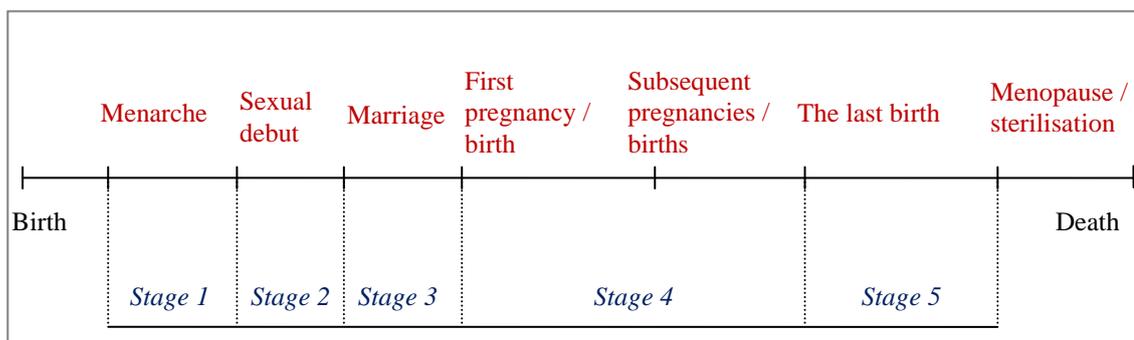
Forrest (1988, cited according to de Bruijn 1999: 159-161) defines a woman's reproductive career in term of onset, continuation and termination and distinguishes five different stages, each of which is characterised by specific childbearing motivation, knowledge, contraceptive need, style of decision making and autonomy. The five stages proposed by Forrest are:

1. *Menarche to first sexual intercourse*: Onset of the ability to bear children, awareness of adolescents of the reproductive process, sexuality and risks related to pregnancy.
2. *Sexual debut to marriage*: Premarital sex, concern to avoid pregnancy, knowledge and access to effective, reversible and safe means in preventing pregnancy or birth.

Acceptance and practice of premarital sexual intercourse is largely dependent of the social context and culture.

3. *Marriage and first birth*: Institutionalisation of childbearing into marriage, meanings of marriage and first birth, postponement of marriage and childbearing. Marriage is an important event in the reproductive career if institutionalisation of childbearing is high.
4. *First birth to desired family size*: opinions on the desired family size and rationales for a declared number of children and timing of subsequent pregnancies. A proper timing of pregnancies and spacing of births creates a need for reversible, effective and safe contraception. Communication between the partners on additional number of children plays an important role.
5. *Family completion to menopause (or sterilisation)*: acceptance of sterilisation as well as abortion to avoid births.

Figure 2.3 Schema of the reproductive career of a woman according to Forrest



This study relates to stages 2 and 3 of the Forrest's schema. The study discusses transition to first birth only, since different motivations and factors are relevant for timing of first, second and subsequent children. This result stems from the analysis of qualitative data and it is also found in the existing literature (Butalao 1981). In qualitative case-study we deal with institutionalisation of childbearing and marriage, acceptance of premarital sexual intercourse and extra-marital childbearing. Contraceptive use and contraceptive needs enter the analysis at several points.

2.1.4 The lived and the perceived life course

Life course trajectories and transitions can be explored at both macro (aggregate) level and at micro (individual) level. The life course can be approached as a life history consisting of sequences of the experienced life events and through understanding and interpretations of the events and experiences. Also, life course events can be "described in objective terms (e.g. age at event) and subjective terms (meaning given to event that is the interpretation of the event in a broader context)" (Matsuo 2003: 35). The objective information is the occurrence of the experienced life events. Structure of the life course can be approached using statistical data. The study of life stories, however, involves a change in perspective from the researcher to the conversation partner who provides the information. The life course is then described and interpreted through subjectivity of the person who experienced the phenomena under study. Investigation of the subjective views of the social actors brings important insights because their subjective views are influential on their motivation and behaviour although they may not

correspond to the ‘objective truth’. Social actors may not be aware of some aspect of the reality and interpret it differently to the research.

The life history approach to life course focuses on occurrence of sequences of events and timing of these events. Survey data on individual life histories correspond to this approach. Typical ordering of life events can also be studied employing the aggregate vital statistics data. However, such analysis does not allow for quantification on how particular life course patterns are represented within the population. Aggregate the data found in vital statistics do not provide direct information of the proportion of individuals who have experienced sequences of life transitions, but limit to the single transition only. The quantitative part of this study suffers from this data limitation².

Insight into sequences of life events and into how various (reproductive) strategies are represented in the population or among different birth cohorts are surely very important in understanding demographic processes. Predominant pattern in ordering of sequences of events may point to causal links, but it cannot provide in-depth insight into the underlying causal mechanisms (Matsuo 2003, Willekens 1992). Matsuo (2003) further argues that the life history approach should go in hand with the life story approach in order to provide sufficient explanations on causality. The life story approach looks at interpretations of the events and meanings attached to them (ibid).

A mixed-method research design is optimal for addressing both the macro and micro dimension of the life course research. Although with limited data, this study aims to describe both the structure of the reproductive careers of different birth cohorts of women in Slovakia and the causal mechanisms underlying the contrasting childbearing experience of women who experienced family formation during state socialism and during the broad societal transformation after the political turnover in 1989.

2.1.5 Cohorts and generations

The concept of cohort is central to the life course research. It links changes in individual lives to changes at societal level over time. The basic definition of the cohort in demography describes the cohort as a group of individuals who experienced the same demographic event during the identical period of time. *Birth cohort* is, hence, a group of individuals born during the same calendar year. *Parity cohort* is a group of women who gave birth to the child of the respective birth order during the same calendar period. From this perspective, the population is stratified by cohorts and demographic changes are a result of the cohort dynamics. Cohorts tend to be viewed homogeneous, which they are not since the society is structured into social strata and composed by subpopulations that often have only limited direct interactions. Stratification of women according to the attained educational status, which largely correspond to the social strata, is an example of the intra-cohort variability.

The terms *generation* and *birth cohort* are often used as synonyms by both sociologists and demographers. Generation is usually defined as a mere aggregate of the birth cohorts,

² Surveys, such as Population Policies Acceptance, Family and Fertility Survey and Gender and Generations Survey, covering demographic behaviour have not been carried out in Slovakia. Hence, statistical aggregate level data are the second best option.

irrespective of even hypothetical genealogical meaning. Multilingual demographic dictionary defines generation in polysemous manner as “a group of persons born within a specified period of time generally taken as a calendar year“ and it also may be used to „denote the descendants of a group of persons who are themselves a generation“ (Multilingual demographic dictionary 1982). In the first case the term generation can be replaced by birth cohort. The term generation often refers to the succession of people moving through the age strata. Kertzer (1983) and Ryder (1965) criticise this practice and point to the confusion within sociological research stemming from the identical use of the cohort and generation concepts.

Besides the synonym to birth cohort, the term *generation* can carry at least three more meanings: (1) to characterise the people living in a particular historical period; (2) to point to genealogical relationships and (3) to identify the people’s life stage (Kertzer 1983). Moreover, in many cases the use of the concept covers more meanings at one occasion. In case individual’s stage in life is meant by term generation, it is easily replaceable by referring to age groups. The term birth cohort should be applied instead of generation in case it refers to the individuals who experienced events during the same historical period. Ryder (1965) argued for restricting the meaning of generation to its kinship descent meaning since the term cohort exists to refer to the succession of individuals through the social system³. The term generation would indicate the kinship bond between (groups of) individuals.

In this study terms birth cohort and generation are used throughout the text as proposed by Ryder (1965) and Kertzer (1983) for clarity of concepts. We do not use the terms birth cohort and generation as synonyms and the term generation is restricted to its genealogical meaning. In the quantitative analysis we use only the term birth cohort and the term generation is not used. In the qualitative case-study we employ the term generation to emphasise the mother-daughter relationship between the respondents. We investigate and compare reproductive careers of birth cohorts born over the 1970s to their parental cohort. The parental cohort comprises women who experienced family formation and childbearing over the 1970s during state socialism and under conditions of generous population policy. Parental cohort is in fact a parity cohort of women experiencing first birth between years 1970 and 1980 and birth cohorts 1945 – 1958 largely correspond to this parity cohort. Parental cohort is labelled as the ‘generation of the mothers’ when it is contrasted to ‘generation of the daughters’ in the qualitative case-study.

2.1.6 Cohorts and social change

The concept of cohort represents a link between the life course patterns and the context of reproduction. Successive birth cohorts are differentiated by the changing context, experience of historical events and socialisation within family, educational system and peer groups. In the life course studies, succession of birth cohorts is one of the mechanisms and explanations of social change. Change in historical, socio-cultural and legal aspects of the context is manifested in the patterns of life course across successive cohorts. At periods of rapid change each cohort encounters a unique set of constraints and opportunities stemming from the changing context which influence the timing of crucial life decisions and result in markedly different reproductive pathways. Moreover, “factors which lead us to expect cohort variations in the life course

³ “For the sake of conceptual clarity, “generation” should be used solely in its original and unambiguous meaning as the temporal unit of kinship structure.” (Ryder 1965: 853)

outcomes of historical change also imply cohort variations in the process mechanisms which link these outcomes to specific models of change” (Elder 1975: 184).

Members of the same birth cohort undergo socialisation process in the same social and historical context which leads to shared awareness of behavioural rules and attitudes. Socialisation process in the formative period of life impacts the life course experiences and values (Ryder 1965, Inglehart 1990). People internalise social norms, attitudes and values over the socialisation period in the process of social learning. Socialisation hypothesis links cohort experience to the social learning concepts. Alwin and McCammon (2003) find that particularly events experienced in youth are salient.

However, researchers find “much less stability as they move away from studying those more cognitively central beliefs and dispositions toward those attitudes and opinions that lie on the surface of cognitive structure and individuals often change their beliefs and attitudes in response to major social movements and events” (Alwin and McCammon 2003). This finding is consistent with Elder (1975: 169), who poses that as successive birth cohorts encounter the same historical event at different points in their life course; the impact of the event is thus contingent on the career stage of the cohort at the point of historical change. Therefore, birth cohorts are most sharply differentiated in the course of rapid change, and represent a vehicle of social change to the extent that successive birth cohorts differ in life patterns.

The political turnover in 1989 and the following transformation of the political system, economy and the labour market represent such abrupt change. Historical events in 1968 and 1989 were a result of social movements and social transformations that followed these events impacted also family and reproductive careers of people. The turn towards more familiaristic values and towards family life was one of the responses to the normalisation process (Možný 1991) and has led to idealisation of the family (Einhorn 1994). The social transformation after 1989 and its consequences for the reproductive behaviour have been a subject to numerous sociological and demographic studies.

Members of a birth cohort tend to vary on exposure to particular change events (Elder 1975). Historical events impact lives on people of varying cohorts as well as members of the same cohort at different stages. This difference leads to life course variations within successive birth cohorts. An example of different response across cohorts and within cohort is spreading postponement of childbearing among women born during the 1970s. Analysis in the Chapter 5.2 shows that there are more women delaying motherhood in each subsequent birth cohort. Women born in 1970 were 19 or 20 years old at the time the change occurred and particularly those who have had finished their education may have already entered marriage or motherhood. Hence, these women appear in the statistics as those who followed the previous reproductive regime of the early childbearing. In contrast, women enrolled in education or aiming for higher education were more likely to adopt the postponement strategy (Kantorová 2004) and they appear as the trendsetters for the further changes in reproductive behaviour in the statistics.

The reaction of some birth cohorts to their historical experiences often becomes normative and once rationalised by the wider approval it influences the lives of later cohorts (Alwin and McCammon 2003: 27). This may be another mechanism underlying the rapidly spreading

postponement of childbearing across cohorts. In response to the transformation of the society, people had to come up with new reproductive strategies since the old ones (early childbearing and start of family life) lost their importance in the changed context and its opportunity structure. The next chapter discusses the cognitive processes more into detail.

2.2 Cognitive theory and the life course

Despite the life course approach provides excellent tool to reveal patterns of change, it cannot take place of the behavioural theory, as by itself it does not provide any substantive assumptions with regard to individual behaviour formation, causal interpretation or the mechanisms that relate processes and events to one another (de Bruijn 1999: 151). Elder (1994) also emphasised the importance of linking life course studies to theories on personal development and social psychology in order to investigate linkages between the societal and individual level. Cognitive theories serve well this objective since they bring interactional perspective to the relation of individual behaviour and social institutions. Moreover, cognitive theories bring insight into mechanisms of the changes observed as individual behavioural outcomes and further as social outcomes observed at aggregate level.

Cognitive science explores the way individuals learn and process information. In cognitive perspective, culture (including behavioural rule and moral code) is learned through other people, it is a result of social interaction and is shared (Kennedy 2004: 246). Acquisition of the knowledge of social rules follows, according to social learning theorists, four main sources of information: personal experience, observational experience, verbalisation by others and emotional arousal (Bandura 1986; cited by de Bruijn 1999).

The approach to the concept of culture is dynamic since it is both socially and individually constructed. In the cognitive perspective, the focus is on the relation between the human agency of individual actors and the context of social institutions. In the first section the link is made between the cognitive processes and human agency in order to understand the dynamic relation between individual actors and the social context of reproduction. Another relation that has to be addressed is how cognition and social institutions relate to each other.

2.2.1 Cognition and human agency

Context and individual actors relate to each other interactively since individuals, as social agents, are not only the ones who implement social rules, they are also perceived as carriers, the formulators and the transformers of rules, rule systems and social institutions (de Bruijn 1999: 127). In taking decisions cognitive scientists emphasise the important role of interpretation and understanding of the world. Information is internally organised into knowledge structures called schemes or mental (semantic) maps (D'Andrade 1995, Strauss 1992a). People pick up from a variety of cognitive schemes they combine into their own during the socialisation and social learning process. Some schemes fail to be relevant with the changed context and have to be adapted through processes of assimilation and accommodation of the new information (de Bruijn 1999: 88). However, individual actors not only change their behaviour according to the context, but also change the context itself – newly adapted, emerged or reshaped cognitive schemes are consequently translated into institutional change (D'Andrade 1995).

People learn cultural scripts or schemes which form shared cognitive models of reality⁴ (D'Andrade 1995, D'Andrade and Strauss 1992) that correspond to meaning-giving and behaviour guiding rules. People internalise these scripts as their individual mental schemes throughout their lives and it is not unusual if these internalised pieces of information are contradictory or inconsistent. According to D'Andrade (1995) humans have an almost unlimited ability to chunk together bits of information into schematised models. Culture then serves not as a blueprint for behaviour that individual actors purely repeat, but acts like a toolkit of strategies which people choose among behavioural options depending on momentary external circumstances (DiMaggio 1997). Cognitive models are being constantly modified and developed as a result of people's response to the changing context and individual experiences. No individuals have the same set of cognitive schemes since people differ in their experiences and interpretation of the events they experience. Models invoked during experiences that are associated with positive feedback, hence those that seem to work, are more likely to be used in the future (Kennedy 2004).

2.2.2 Cognition, institutions and social change

De Bruijn (1999) distinguishes between deliberate decision making and a routine, institutionalised behaviour when it comes to formation of behaviour. Deliberate decision making is energy consuming and requires processing of often excessive amount of information. Individuals are not cognitively able to operationalise all the possible information and this leads to the bounded rationality. Deliberate decision making, hence, comes into play mostly when people deal with new situations. In well-defined situation routine and institutionalised behaviour dominates the decision-making process. Automatic cognition is a characteristic of the institutionalised action: schematic, automatic cognition simplifies action, people remember schematically embedded information more quickly and accurately (Di Maggio 1997). "Institutionalised structures and behaviours, those that are both highly schematic and widely shared, are taken for granted, reproduced in everyday action and treated as legitimate (Di Maggio 1997). Reproductive strategy of stepping into marriage in case of premarital conception which was widespread over the 1970s is an example of such automatic cognition and a highly institutionalised behaviour. Culture with its toolkit of meaning-giving and behaviour-guiding rules provides answers on how to behave in typical life situations. "Before people engage in actively identifying a choice situation and gathering and evaluating information, they first pass through a stage in which they determine whether or not to follow a prevailing habit, routine or standard rule" (de Bruijn 1999: 111).

People shift from automatic to deliberate cognition when the existing schemes fail to respond adequately to the new stimuli. For example, a normative solution to the premarital conception, which used to be the entry into marriage before the birth of the child, was modified with the changing context after 1990. To respond better to new situations in daily life individuals modify their strategies. People interpret the world differently as they process new information and modify their behavioural strategies accordingly. In the new circumstances, meanings attributed to marriage may change and more advantages can be attributed to extra-marital childbearing and as a result people implement this strategy, or they simply imitate the models they see in media or their surroundings. As more people behave according to the newly emerged fashion these

⁴ Shared cognitive models are referred to as cultural models (D'Andrade 1995, D'Andrade and Strauss 1992)

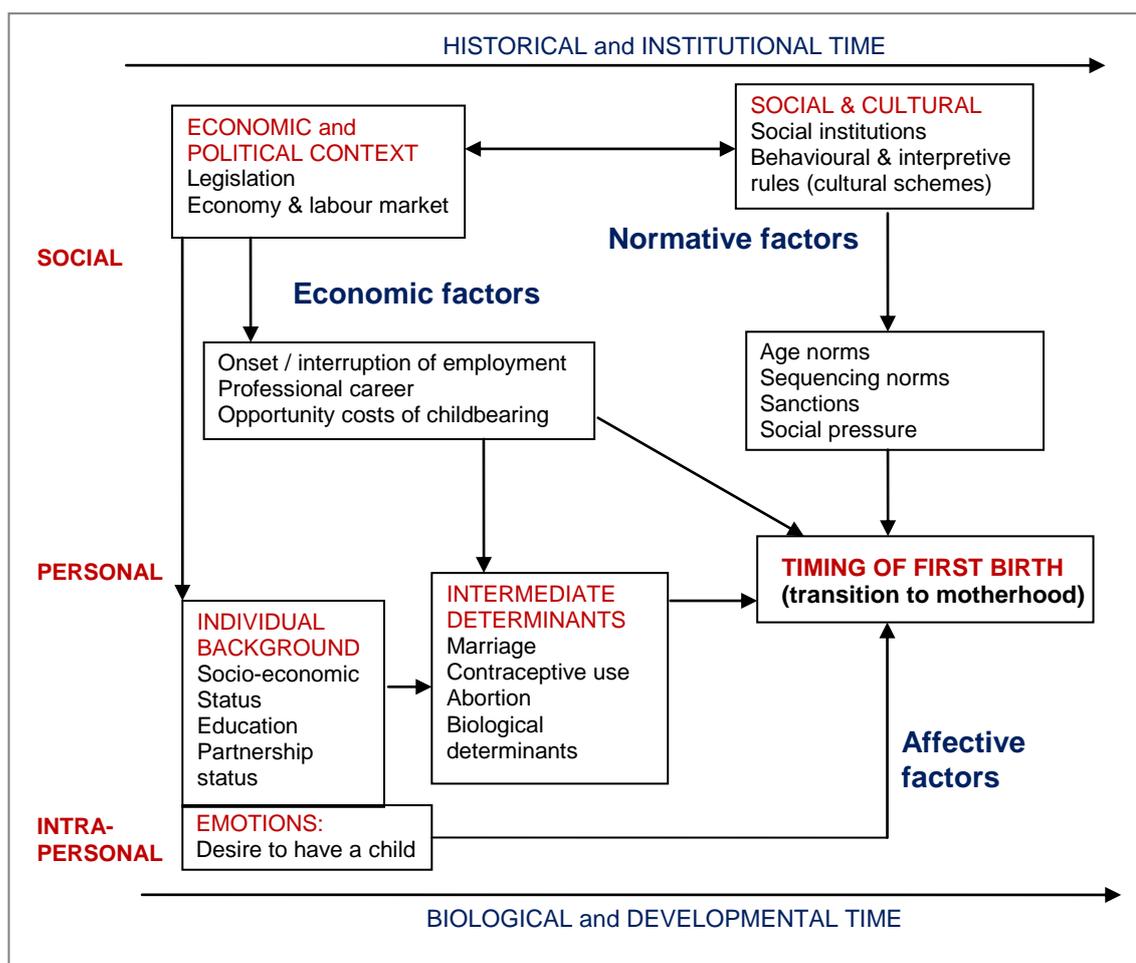
rules can become normative and serve as scripts for the cohorts who implement them automatically when experiencing the same situation. Change at the macro level then occurs as more members of subsequent birth cohorts share the newly emerged cultural scheme. Moreover, what used to be a subject to deliberate decision-making for members of some cohorts can be replaced by automatic cognition across subsequent birth cohorts as the individual mental schemes become cultural models shared by various social groups.

2.3 Summary: Conceptual frame of the study

The conceptual frame of the study is illustrated in Figure 2.4. The scheme shows mechanisms leading to timing of transition to motherhood within the multidimensional context of reproduction. It summarises how the timing of first motherhood relates to the elements of the context of reproduction at macro level and to the person's individual characteristics, decision-making styles and motivations to childbearing at the micro level.

The conceptual model builds on Coleman's distinction between the macro and micro levels (Coleman 1990). Context and social outcomes of individual decision-making are found at macro level. Macro processes such as individualization, emancipation and globalization, which are

Figure 2.4: Conceptual frame of the study



Source: Adapted by de Bruijn (1999: 175); simplified.

discussed as factors of low fertility levels and fertility postponement, are relevant components of social change because they shape the opportunity structures at the micro level. Transformation of economy from the planned towards market oriented, changing labour market, political context and social institutions are the main elements of the context of reproduction at macro level. Political regime was an important factor of individual opportunity structure during the so-called normalization period, which influenced individual life course of individuals, for example their educational and professional careers. Since life careers are synchronic, reproductive careers depends on developments in other life domains. Political context is of less importance to multiple aspects of individual life course and its influence on individual behaviour comes more indirectly through legal regulations. Social norms, rules and expectations also impact individual fertility decisions, as they enter decision-making process. Their influence depends on internalization of these norms, individual decision making style as well as personality of the social actor.

At this point we move to the micro level, where we find individual characteristics of the social actor such as educational attainment and the stage in educational career, socio-economic status in terms of social stratification, position at the labour-market, partnership status etc. These characteristics are the outcome of the existing opportunity structure as well as they influence future decisions and opportunities.

Individual mental schemes, their formation in the process of social learning and the style of decision-making correspond to the intra-personal level. Individual mental schemes refer to the shared cognitive schemes (cultural schemes, rules, norms) which correspond to the social and cultural context of reproduction at the macro level. Here we find another dynamic aspect of the presented conceptual frame. On the one hand, social actors build their personal mental schemes with respect to the existing shared cognitive schemes; on the other hand they question and adopt them. Consequently, social norms, shared rules for behaviour as well as meaning-giving rules change at the macro level as an outcome of changing individual attitudes and behaviour. In this work the emphasis is largely on normative aspects in timing of transition to motherhood and on social norms and meanings attributed to social institutions.

At intra-personal personal level we also find emotions, which are important to individual decision decision-making on becoming a parent. Emotional need for having a child, strong desire, although influenced by the gender rules and concept of femininity being integral part of the social and cultural context of reproduction, influence a decision to have a child. For some individuals and at some moments the affective factors may be of greater importance than the economic and normative factors and they can strongly influence timing of childbearing.

The last element in the conceptual framework is the intermediate determinants of fertility. First, biological factors are inevitable for the realisation of personal reproductive goals. Although infertile women and couples can become parents through adoption, in this study we focus on the cases when social and biological motherhood overlap. Second, reproduction and timing of pregnancies depends on women's control over their reproductive potential. Information, accessibility and choice of family planning methods influence occurrence and timing of pregnancies. Regulations on induced abortion enter the process as well. And institutionalisation of childbearing into marriage also plays a role.

Outcomes of individual decision-making on timing of transition to motherhood are observed at macro level and reflected in demographic indicators of fertility (fertility tempo and quantum). Individual agency is influenced by context of reproduction, as already mentioned in case of changing social norms, rules and meanings.

The conceptual framework takes into account dimensions of time at both macro and micro level and adds dynamics into the model. Macro-level changes are studied through historical time (changing historical, political and economic context) and institutional time (changing meanings social and cultural context). Historical time is also connected to the subsequent birth cohorts of women. It takes into account historical events that play a role in shaping individual life course. Institutional time grasps changing meanings of social institutions at macro-level. Institutional changes are revealed through changing social norms and expectations, among them social and cultural meanings of chronological age. These interlink macro and micro level. The dimension of time at micro level (personal and intra-personal) is represented by biological and developmental time, which relate to individual ageing and personal development.

The life course perspective is employed in investigation of the changes in individual reproductive behaviour. The life course approach links individual behaviour to the historical contexts. Historical events impact differently on individuals depending on their stage in life course. We demonstrate in the analysis of cohort fertility patterns that parity was a crucial factor shaping individual and subsequently cohort reproductive careers of women who were in childbearing age during the years of abrupt changes in context of reproduction after the political turnover in 1989.

3 METHODOLOGY: A MIXED-METHOD RESEARCH DESIGN

The research study has a mixed-method design as it combines qualitative and quantitative methods. Mixed-methodologies incorporate multiple approaches in all stages of the study and integration of qualitative and quantitative approaches follows the logic of triangulation (Flick, 2006: 33). Mixed-method approaches often combine qualitative and quantitative methods in a pragmatic way and bridge the paradigmatic gap⁵ underlying qualitative and quantitative methodology. Mixed-methodology approaches are also addressed “a third methodological movement” (Tashakkori and Teddlie 2003). Quantitative methods are seen as the first, qualitative methods as the second movement (Flick 2006: 33). In fact, qualitative and quantitative methods ought to be seen as “part of a continuum of research with specific techniques selected based on the research objective” (Sale et al. 2002).

Sale et al. (2002) propose mixed-method research design for complementary purposes since qualitative and quantitative approaches do not study the same phenomena. The emphasis of qualitative research is on process and meanings. In contrast, quantitative research studies focus on analysis of structural and causal relationship between studied variables. In case of this research study, quantitative analysis focuses on structural explanations and description of reproductive careers of women making use of cohort and period data on fertility. Research questions on differences and similarities in fertility quantum and timing among the cohorts and different educational groups of women is addressed by analysis of statistical data. In other words, macro-level quantitative data tell us how prevalent the phenomenon is among different population groups. Prevalent and marginal sequences of life course events and their timing are described by statistical data. Analysis of the vital statistics and census data provides general information on reproductive behaviour of different birth cohorts of women.

Qualitative case study in the next step focuses on a more detailed explanations of the observed behaviour. The case-study intends to shed a light on mechanisms leading to early or postponed entry into motherhood. The focus is on identifying the meanings that women of the two birth cohorts attribute to family formation and childbearing and how these women think about timing of life course events related to family formation within the specific context of reproduction. Combining statistical data and rich in-depth qualitative data is helpful in studying life course events in a holistic manner. The aim is to obtain more reliable and valid results for explanation of the phenomena under study.

Over the last two decades demographers increasingly employed qualitative research methods to improve the understanding of demographic phenomena (Randall and Koppenhaver 2004). According to their review of the use of qualitative data within the present demographic research,

⁵ For the positivism-interpretivism debate see for instance Sale et al (2002), Silverman (2001), Bozon (2006).

these were employed in 119 cases and mixed-method designs applied to 33 % of these studies. Most studies are problem-oriented rather than focused on a more theoretical understanding of the studied phenomena and they are usually based on purposively-collected qualitative data. Demographers most frequently apply qualitative or mixed-method approaches to address the following research topics: types of behaviour or population groups which are seen to be problematic (such as adolescent sexual activity and fertility) or to investigate illegal behaviour or on the edge of legality (illegal migrants, migration of minors)⁶ (ibid).

In fertility studies, most qualitative or mixed-method research studies focus on developing countries also due to a lack of “hard” statistical data and their poor quality. Accessibility of good-quality data is probably one of the reasons for sporadically used qualitative methods in European fertility research. However, qualitative studies in fertility within European context are on the rise since recent years (Mynarska 2007, Bernardi and Mynarska 2007, Georgiadis 2007, Bernardi, Klaerner, von der Lippe 2006, Perelli-Harris 2005, Bernardi 2003). Most frequented purpose of qualitative methods in demography is to improve the quality of survey data. It became “a common way of enriching the initial stock of hypotheses” (Bozon 2006). The role of the qualitative approach in understanding demographic trends is increasingly emphasised (Knodel 1997, Randal and Koppenhaver 2004).

This chapter discusses choice of research methods and techniques employed to address our research questions. We describe sources and accuracy of the quantitative data (Chapter 3.2), describe the fieldwork during which qualitative data were conducted (3.3.1), sampling strategy and the sample (3.3.2), interviewing techniques (3.3.3) and the analysing techniques we approach the qualitative data with (3.3.4).

3.1 Research design of the study

Qualitative and quantitative research can be undertaken sequentially or in parallel in a mixed-method research study. Miles and Huberman (1994: 41) propose several strategies for combination of methods. In this research study quantitative and qualitative phases of research were undertaken sequentially. The choice of research methods and techniques in the research study was determined by the needs of investigation and data availability. First, statistical data on period and cohort fertility of women in Slovakia were analysed. Research questions were enriched during this phase and sampling requirements were formulated making use of the finding from the analysis of fertility (Chapters 5 and 6). Collection of qualitative data and their analysis were the next steps.

Most popular qualitative techniques employed by demographers are focus groups and semi-structured interviews (Randall and Koppenhaver 2004). Choice had to be made between heavily and lightly structured interviewing techniques. In general, semi-structured designs produce more structured and often thinner data and they give more control over the interview to the researcher. In contrast, more freedom is given to the interviewee to choose relevant topics and associate them if less structured interview design is used. This research study employs in-depth biographical interviewing with women of two generational cohorts and of largely contrasting

⁶ For a more exhausting survey of qualitative research studies in demography see Bernardi and Hutter (2007).

reproductive careers in terms of timing of motherhood. In-depth interviews produce rich data and the technique is suitable for addressing sensitive matters such as sexual and reproductive behaviour. Also, in-depth interviews tend to produce more pregnant data. Interviewing technique is described in detail in Chapter 3.3.3.

We had to face limitations in case of statistical data on reproductive events. Survey data on reproductive histories of women are not available in Slovakia. Hence, it was not possible to quantify precisely how prevalent are different types of reproductive trajectories among successive female birth cohorts. This would have been possible investigating micro-level data using event-history modelling. However, only macro-level aggregate data on births from vital statistics and census 2001 were at hand. These data suffer several limitations: we know family size and timing of births, but not of other reproductive events. It is impossible to quantify prevalence of typical and marginal reproductive trajectories among cohorts of women, for example what proportion of women in a particular birth cohort experienced a trajectory 1st conception – entry into marriage – first birth and so on. Aggregate period data are not sufficiently detailed to investigate reproductive behaviour of cohorts in this manner.

3.2 Sources and accuracy of the quantitative data

Reproductive behaviour of women in Slovakia is approached in cross-sectional and cohort perspective. Two sets of data are involved: the vital statistics and census data. Data for birth cohorts of women are employed in fertility analysis, however, these data are not available for the analysis of family planning (abortion and contraceptive use). Cross-sectional data (from the vital statistics) are available for all processes under study.

3.2.1 Data on fertility

All period indicators of fertility were computed from the vital statistics of the Slovak Statistical Office. When employing the cohort perspective it is necessary to combine the census 2001 data and the data obtained from the database on cohort fertility of the Observatoire Démographique Européen (ODE) at INED⁷. The reasons are several. On the one hand, the census data do not provide information necessary to compute age-specific cohort fertility rates, which are estimated from the vital statistics data in the ODE cohort fertility database. On the other hand, the advantage of the census data is that information on other characteristics of women such as educational attainment and marital status is available, which is not the case in the ODE dataset. However, the two datasets are of a different nature. First, birth cohorts of women differ in each dataset. In the census, only the fraction of the original birth cohort is represented as a result of migration and mortality. Hence, only the survivors report on their fertility in census. We can speak of the “selected cohort”. The selection error is increasing towards the older birth cohorts in which the dropouts are larger. The ODE dataset is based on the yearly birth records and the birth cohorts of women to whom the births are related are less affected by migration and mortality. The second major difference is that the ODE data are prospective, while the census data are retrospective.

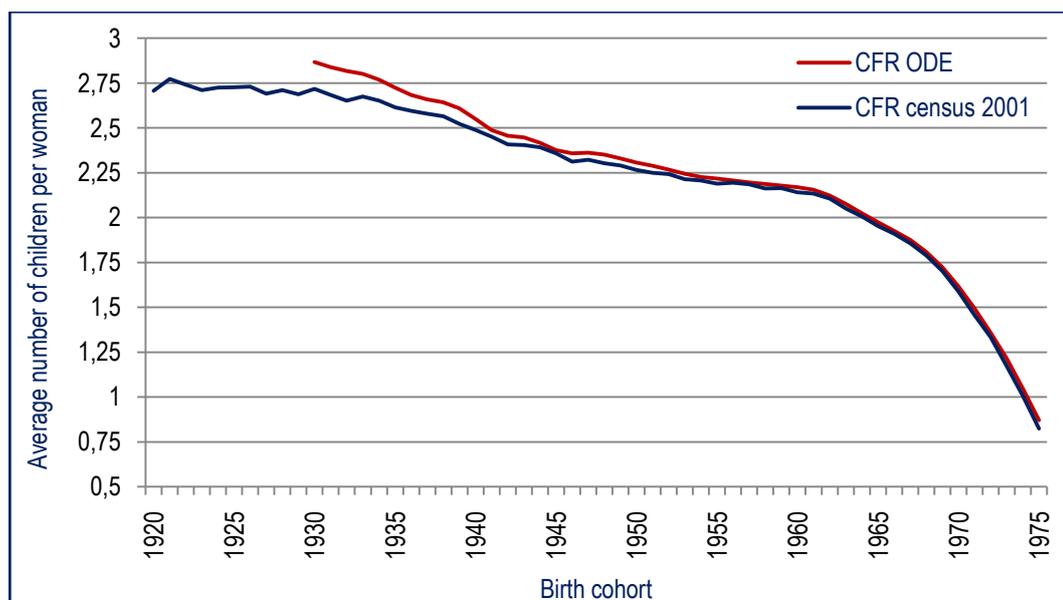
⁷ We are thankful to Jean-Paul Sardon from the ODE at INED who made this data available for the purpose of this study.

With regard to retrospective nature of the census data, it is necessary to bear in mind some errors that stem from the recollection bias. Although women are asked to report the number of live-births they have ever given, in case the child died or due to other reasons these women may not report the accurate number. They may simply report the number of children they currently have. These are the obvious problems of the retrospective self-reported data. The ODE data are not subjected to these errors since they are prospective and based on birth reports collected at childbirth.

Third, the computation of completed fertility rates follows different formula. Completed fertility rate in the ODE data is computed as a sum of the age-specific fertility rates (in age reached during the year)⁸. In the census data computation based on distribution of women by number of children ever born is applied to compute the indicator. There is no information on the year of birth of the children and hence it is impossible to construct age-specific fertility rates. As a result, fertility patterns for birth cohorts of women can be investigated only using the ODE data only.

Figures 3.1 and 3.2 display the differences in completed fertility rates (CFR). It is indeed visible that the census 2001 rates are considerably lower for the cohorts born before 1940. In the youngest birth cohorts curves almost overlap. Looking at the birth-order specific completed fertility rates it is clear that the differences are most pronounced in the fourth and higher births. This may be a result of the selection effect in the older cohorts if women with higher number of children are more likely to drop out of the cohort (due to either higher mortality or emigration). Also, it is possible due to a recollection bias as described above. These women may simply not remember the exact number of life-born children if some of them died in between for example, however, reasons may be several.

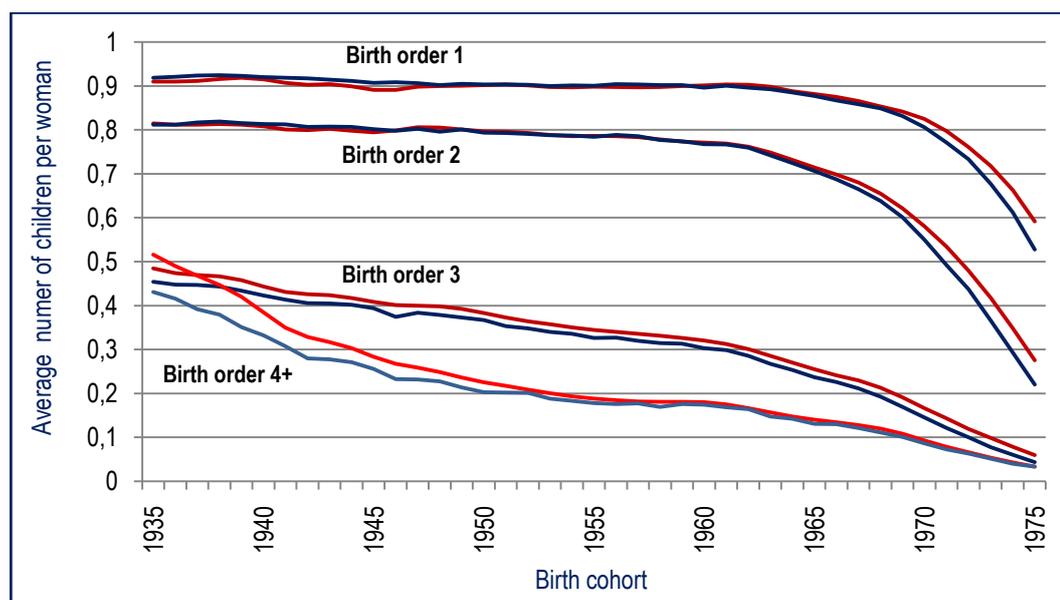
Figure 3.1: Comparison of completed fertility rates (CFR), census 2001 and ODE data



Source: ODE, census 2001

⁸ For the detailed information on data and method of computation of the indicators in the ODE dataset see Frejka and Sardon (2004, p. 403–413).

Figure 3.2: Comparison of the birth-order specific completed fertility rates, census 2001 (blue lines) and ODE (red lines)



Source: ODE, census 2001

Note: Completed fertility rates by birth order were computed from the parity distribution of women at census as follows: $CFR_1 = 1 - \frac{F_0}{F}$; $CFR_2 = CFR_1 - \frac{F_1}{F}$ etc.

In younger birth cohorts birth order-specific completed fertility rates reconstructed from the census data are lower than the ODE rates. It may be due to the fact that in the ODE data fertility rates are reconstructed based on the complete number of live-born children of the year 2001 and and, hence, the observation period is longer than at census 2001⁹. Cohorts of women born around 1975 are in the recent years in their prime childbearing age and even slightly longer observation period may result in remarkable difference in completed fertility rates.

To conclude, the ODE data are used throughout the study when possible because they provide more accurate results. Cohort fertility rates computed from the census 2001 are made use of in the analyses of the fertility according to the education attainment and marital status, where the ODE data cannot be employed.

3.1.2 Data on abortion and contraceptive use

Vital statistics data are used in the analysis of abortion. Only cross-sectional indicators were computed. The focus is on induced abortion and structure of brought-to-term pregnancies. Attention is not paid to the spontaneous abortion trends since it depends mostly on biological factors and it is not a matter of decision-making. For the analysis of contraceptive use data from the United Nations Population Division and FOCUS 1997 survey on the reproductive behaviour of women (aged 18 – 44) in Slovakia were included.

Age-specific induced abortion rates are analysed also according to the marital status of woman at abortion. Here, however, we had to face restrictions due to not optimal availability of the age distributions of women according to the marital status. First, the age distributions were

⁹ The census 2001 was conducted in May 2001

available were only in 5-year age groups and not by single ages. Second, before the year 1981 data on age distributions are not available¹⁰.

Data on contraceptive use were obtained from the Institute of Healthcare Statistics and Information and from the very limited number of surveys. Unfortunately, there is no up to date information on contraceptive praxis after the 1996 survey (FOCUS 1997). Again, two different types of data are made use of: data based on the reports of gynaecologists on women of reproductive age using prescribed contraceptive methods (intra-uterine and hormonal contraceptives), and survey data on sexually active women of reproductive age which cover all methods including traditional.

Data from the Institute of Healthcare Statistics and Information provide information on use of prescribed contraceptives and other methods of family planning are not included. Moreover, the data are related to women of reproductive age, not to sexually active women, or to women at risk¹¹. Survey data suggest that prescribed contraceptives were not among the most prevalent methods of birth control before the 1990s. Thus, the statistical data provide only limited insights into contraceptive behaviour of women.

3.1.3 Data on demographic situation of the capital Bratislava

The fieldwork of the qualitative case study was carried out in the capital Bratislava. The capital differs in population structure and demographic trends from other regions as well as trend at national level. Therefore, separate chapter on demographic developments in the capital since 1970 was elaborated. We compare trends in Bratislava and at the national level.

Vital statistics data and data from censuses 1980, 1991 and 2001 are employed throughout the analysis. Due to data scarcity merely cross-sectional perspective is applied in this chapter. Furthermore, there were several difficulties with the reconstruction of time series and computation of fertility indicators. First, time series of indicators were constructed since the 1971 to the extent available data allowed. Since 1971 the administrative division of Bratislava has remained unchanged and the data series are comparable. In 1971 seven municipalities (Čunovo, Devínska Nová Ves, Jarovce, Podunajské Biskupice, Rusovce, Vrakuňa and Záhorská Bystrica) became part of Bratislava (Horváth 1990). Before 1971 it is difficult to reconstruct more detailed data necessary for the analysis. Due to this reason it is also not possible to use results of the 1970 census published by the Slovak Statistical Office.

After 1992 it is possible to perform a more detailed analysis of reproductive behaviour using individual data on birth and abortion records provided by the Statistical Office of the Slovak Republic (individual data on abortion are available only since 1996).

¹⁰ Although the age distribution of population by sex and marital status has been computed by the State Statistical Office since 1961, the data prior to 1981 are not available at the Statistical Office of the Slovak Republic.

¹¹ Women at risk are sexually active women, who are not pregnant or aiming for conception.

3.3 Qualitative case-study

3.3.1 The fieldwork

Qualitative case-study started with preparation of the fieldwork. During the fieldwork qualitative material was conducted. The fieldwork required participant observation, contacting of interviewees and sampling for cases (Chapter 3.3.2), conducting interviews (Chapter 3.3.3) and verbatim transcription of the qualitative material.

The capital Bratislava was chosen as a fieldwork site. Reasons for choosing this particular context were several. The aim of the study was to compare reproductive careers of two contrasting birth cohorts of women and locating these women into similar, urban, context would increase the stability of results. The fieldwork was conducted to understand how women experience family formation and childbearing within a specific socio-economic, historical, political and cultural context and how these women think about timing of life course events related to family formation. Women who were born in the 1970s and maternal generation of these women were subject to the research. More detailed definition and rationale for selecting these birth cohorts are explained in section 3.3.2.

Statistical data show that postponement of childbearing is most pronounced in Bratislava. Total fertility rate decreased to lowest levels observed in Slovakia at the end of the 1990s (Chapter 6) and the mean age at childbearing has risen to almost 30 years in 2007 (Šprocha 2008). The dynamics of the change was most rapid in the capital. This setting provides a suitable environment for the study of mechanisms leading to postponement of childbearing.

The fieldwork was carried out October 2005 to January 2006. Searching for interviewees is a difficult task in an urban context. Moreover, reproductive matters are seen as sensitive and private. Finding a suitable place to contact the interviewees was crucial. Mother centres¹² were chosen as a site for daily fieldwork and a place of first contact with the possible interviewees. During the fieldwork, 29 in-depth biographical interviews were conducted (11 with women of 'the mothers' generational cohort and 18 with 'the daughters' generational cohort, for a detailed description of the sample see Appendix 1). First two interviews were conducted during the pilot in January and April 2005. Besides the biographical interviews, informal conversations were recorded or taken notes on during the participant observation in mother centres. This additional material consists of 10 problem-centred interview and informal conversations in the fieldnotes, which were also made use of during the analysis.

Mother centres do not provide a day care for children like kindergartens. They are open to parents on maternity or on parental leave who come and spend time in the centre with their child(ren). The centre provides program and facilities for both the parents and their children. In

¹² Mother centres are based on voluntary work of mothers or parents of small children in pre-school age. The centres are located usually in residential areas often in buildings of former kindergartens. It is a rather new institution: the first mother centre was opened in Bratislava in 2003. At the time of fieldwork 5 mother centres existed in Bratislava. Three of them were regularly visited for the fieldwork. The other two centres were not open daily, but only twice or three times a week and during limited hours. The visited mother centres were located in three different residential areas of Bratislava: Karlova ves (MC Klbko), Ružinov (MC Hojdana) and Rača (MC Ráčik). However, also mothers from other parts of Bratislava (the city centre, Petržalka and Dúbravka) were visiting the centres. The location of centres did not cause any limitation on sampling of women with respect to location.

a vast majority of cases mothers with children were present and not fathers or grandparents. Mothers often regularly attend to the centre and discuss issues related to mothering and childcare with other mothers. They share experiences, give advice or simply chat. Thus, this environment was ideal not only for contacting the interviewees but also for a participant observation. Notes and transcriptions of informal conversations among the mothers and between the researcher and women were taken during the participant observations. Informal conversations reveal themes relevant to the mothers. These themes were not proposed by the researcher but were brought up by the mothers themselves. The researcher was bringing up the topic of age at childbearing in order to elicit discussion on the topic and to provoke women's perception on timing of motherhood.

Informal conversations in mother centres were helpful in identifying interviewees of specific characteristics (purposively sampled cases). Additionally, a call for participation in the research study was placed at the website www.babetko.sk, which is a domain primarily for parents of young children. The website offers information and a setting for sharing experiences with parenting and childcare. The website was established along with the mother centre Bábetko which is located in Petržalka, the largest residential area of Bratislava. The mother centre, however, was open only twice a week during the limited hours.

The presence of the researcher and the purpose of the study were revealed to the parents in mother centres. Women were informed about the purpose of the research study and often had questions on the research or on the researcher. The wording of the announcement posted on the website is in the Appendix 2. Contact letters with the same content were distributed in the visited mother centres as well. However, personal contact proved to work much better in contacting the respondents.

The author conducted all interviews personally and did not know any of the interviewees prior to contacting them. All interviewees were assured anonymity and confidentiality of the information they provide. They were given nicknames which we use when citing quotes from the interviews in presentation of the case-study results.

3.3.2 Sampling strategy and sample structure

This chapter deals with detailed methodology of data collection and analysis of the biographical interviews. First, a description of the respondents and characteristics of the sample are presented, as well as logic of the requirements on the interviewees to be included into the sample. Then the sampling strategy is discussed and, finally, the sample characteristics are summed up in a comprehensive manner.

3.3.2.1 Sampling requirements: selection of cases

The sampling procedure and selection of cases is crucial with respect to reliability of any research study. Selection of what cases to sample for, which settings to include and criteria for selection of cases reduce complexity of the studied phenomena. Consequently, sampling decisions limit on generalisations drawn from the conducted material. Qualitative studies seek for in-depth understanding of the phenomena under study and usually work with small samples of cases nested in their context (Flick, 2006; Miles and Huberman, 1994; Silverman 2001). Small sample is the price for obtaining rich analytic material. Samples are not meant to be

representative of large population groups as it is the case in statistically representative surveys. Despite the small sample size, qualitative results “may be generalised to other settings or contexts or they may involve theoretical generalisations” (Brannen, 2005: 175, cited according to Georgiadis 2007). Qualitative findings of this study can be used to critically question existing theories on postponement and fertility decline in post-socialist Slovakia.

Sample design largely depends on the research questions: selection of the cases should help to address the research questions and research hypothesis at best. The sampling criteria were derived from the research questions (Chapter 1.2) and using information from the findings presented in chapters 5 and 6.

The issue of sampling comprises two decisions: *case sampling* (which persons to interview) and *sampling of groups of cases* (which groups these persons should come from) (Flick, 2006).

Sampling groups were the two generational cohorts of the mothers and the daughters. ‘The mothers’ generational cohort is in fact a *parity cohort*¹³ of women who entered motherhood during the 1970s (parity cohort 1). Generational cohort of ‘the daughters’ comprised daughters some of the interviewees of the previous parity cohort and other women born during the late 1960s and in the 1970s. Changes in reproductive behaviour were the most pronounced in the 1970s cohorts, however, the analysis in Chapter 5 shows that already women born in the mid-1960s started transforming their reproductive behaviour. Thus, we decided to include also women who we postponing until later age and this meant including also interviewees born before year 1970. Mothers of these women were not interviewed since they do not fit the parity cohort criterion.

The logic for selection of these two generational cohorts was a specific context of reproduction during the two historical periods. Speaking of the socialist period, the era of the 1970s was specific by both – the state’s pronatalist population policy and the so called normalisation period. Cohorts of women born over the 1970s are those whose reproductive behaviour changed most remarkably compared to the reproductive behavioural patterns of the state socialist era. Women who were bearing children in the 1970s and their daughters having children in the 1990s and early 21st century remarkably differ in timing of motherhood and sequencing of life events. Choosing two contrasting generational cohorts allows for comparisons of the contrasting reproductive strategies in terms of timing of motherhood and reproductive histories.

The sample of the generational cohort of the mothers is selective with respect to childlessness and gender of children: only women who gave birth to at least one daughter were included; no childless woman entered the sample. The research questions focus on the timing of motherhood and the purpose was not to gather a sample consisting of all possible reproductive strategies. Excluding childless women of the older generational cohort does not negatively impact on the reliability of the study. Also, the timing of childbearing and reproductive decisions are not dependent on the gender of the child in Slovakia.

¹³ Parity cohort is a cohort of women who have reached a specific parity during the same interval of time (Wunsch 2006: 143–144).

Generational cohort of the daughters experienced transition to motherhood in the late 1990s and early years of the 21st century. Sampling has started with women who were entering motherhood at about the mean age of women at first birth, which was 24 to 25,7 years in Slovakia and 26,8 to 28,5 years in Bratislava during the period 2000–2005. Outlying cases were added in the next steps: those who had children at earlier or later age than most of their cohort counterparts. The focus was on the timing of transition to motherhood and the sample includes women who experienced the transition in very different age, ranging from 18 to 35 years.

With respect to *sampling for cases*, the aim was to interview mother-daughter dyads and not only representatives of the two generations. Interviewing mother-daughter dyads brings more information about the family background and possible transmission of attitudes and behaviour between the cohorts. However, during the fieldwork several problems arose and often one of the interviewees refused to give an interview¹⁴, despite the fact that women were contacted with the requirement of interviewing the conversation partner as well. It often happened that both women initially agreed and later one of them decided not to participate in the study. Finally, seven dyads of direct mothers and daughters were gathered (14 interviews)¹⁵.

The fieldwork would greatly prolong if all interviewees were mother-daughter dyads. Furthermore, the sub-sample of women of the older generational cohort approached the theoretical saturation¹⁶ after fewer interviews compared to the sub-sample of younger interviewees. The reason was greater similarity of biographies of women of the older generational cohort, while biographies of younger interviewees were more variable and it was necessary to include larger number of cases into the sub-sample of ‘the daughters’.

Another initial requirement was that all interviewees experienced motherhood, since the prime interest were strategies in transition to motherhood and its timing. During the fieldwork, however, several hypotheses emerged which led to the idea of including childless women of the younger generational cohort. The experience of being a mother, hence the retrospective character of the data, may have provoked ex-post rationalisations on their motivations in transition to motherhood. We expected that the change of the perspective (from retrospective to prospective; from perspective of a mother to the perspective of a childless woman) would bring new insights into the topic of timing of motherhood. Childless women were selected as “deviant cases” to test validity of hypotheses formulated from the accounts of women with children. Indeed, the additional two interviews with childless women have brought an interesting material to complement the analyses and hypotheses related to the timing and motivations to motherhood. Adding deviant cases to the sample also contributes to broader generalisation of the results. Gradual sampling performed in parallel with first analytical steps enabled us to include deviant cases and to test emerging generalisations.

¹⁴ The most frequent reason for a refusal was a fear to speak about problematic life experiences. Divorced women of the older generational or those who were single mothers refused to participate in the project. In one case the interviewee was uninterested because of the previous negative experience with participation in the survey.

¹⁵ In one case interviewee’s mother was replaced with the mother-in-law who had, according to the interviewee, more influence on her fertility decisions.

¹⁶ Nine interviews were sufficient to reach the theoretical saturation. Additional interviews did not bring any remarkably different insights compared to the previously gathered interviews. If women who were single mothers were included, this material could have proved insightful. However, all women who experienced single motherhood and were contacted refused to participate in the study.

Finally, the last requirement was that interviewees lived in the capital Bratislava during the process of family formation. Also women who were not born in Bratislava were interviewed. These women have moved into Bratislava before starting a family, usually when they started university studies. The fieldwork experience revealed that these women had more difficulties to set up their lives in Bratislava, to find housing for example, and hence the strategy of the postponement was more prevalent among them. Omitting these women from the sample would lead to less valid results. Also women who lived in the surroundings of Bratislava were included, since these women worked in Bratislava and lived “urban” lives.

3.3.2.2 Sampling strategy

The above described criteria show that sampling started with a priori set rules for the sample structure, which were modified during the fieldwork due to the newly emerged requirements and problems. The following lines explain the sampling procedure in detail and compare it to the commonly employed sampling procedures used in quantitative research studies.

Compared to statistical sampling, which is based on the criteria of representativeness, qualitative sampling follows the principle of *purposive sampling* (Miles and Huberman, 1994). Qualitative sampling does not follow random selection of the cases. There are several reasons for this. First, qualitative samples are smaller and random selection of interviewees may lead to biased sample structure. Random sampling, which would include very different cases, can reduce the sample to uninterpretable range of cases. Hence qualitative sampling follows a different logic of sample construction and leads to a sample representative in a different manner than quantitative ones. (Miles and Huberman, 1994)

The logic of purposive sampling is to choose a case because it illustrates some features of process under study (Silverman, 2001: 250), in our case timing of transition to motherhood. It is the initial definition of the topic that pre-defines specific and usually limited structure of cases. Sampling for a specific type of an interviewee in each next step can effectively reduce biases within the sample. In practice, when a sample consists of several cases already, it is important to control for its structure. If a specific group of cases prevails, the next step is to include a case that could bring new insights: if religious women dominate and it is known that non-religious women differ in their reproductive behaviour in the next step non-religious women will be sampled on purpose. Women of different religious identity are not included because of quotas to obtain a representative sample, but because such cases may bring important insights.

Usually, the researcher is making use of a theory that guides the sampling procedure. In case of this study, the knowledge of spreading postponement among successive birth cohorts and sub-groups of women within these cohorts was important guideline for sampling. Also, the statistical data showed that pre-marital pregnancies were prevalent in the 1970s while extra-marital childbearing was a marginal phenomenon. Thus, sampling for women who experienced premarital conception was important for the analysis of institutionalisation of childbearing into marriage.

The above described procedure respects rules of purposive *gradual theoretical sampling* as defined by Flick (2006, p. 126): “...*You select individuals, groups and so on according to their (expected) level of new insights for the developing theory in relation to the state of theory*

elaborated so far. Sampling decisions aim at material that promises the greatest insights, viewed in the light of the material already used, and the knowledge drawn from it. The main question for selecting data is: 'What groups or subgroups does one turn to next in the data collection? And for what theoretical purpose?' ... The theory developing from the empirical material is the point of reference."

At the beginning we sampled for a coherent group of interviewees with respect to their characteristics according to the sampling requirements. First cases were chosen on purpose to be similar and different cases were added at each next step. The sampling started with ever-married women having 2 children who experienced transition to motherhood at typical age for the generational cohort of 'the mothers'. Among 'the daughters' generational cohort, sampling started with women having one child, married (either direct marriage or premarital cohabitation), being currently on parental leave. In the next steps single mothers, super-postponers, childless women and other outlying cases were included. Including women with different characteristics who experienced different timing of childbearing has led to a more exhausting theory on mechanisms of postponement. The procedure of theoretical and gradual sampling respects the specific design of qualitative research, when the phases of sampling for next cases and initial analysis are done in parallel and not as following and strictly separated steps (Flick 2006, p.102).

The sample size was not restricted in advance. When to stop including more cases? The sample is complete when it reaches theoretical saturation, as defined by Glaser and Strauss (1967): "Saturation means that no additional data are being found whereby the sociologist can develop properties of the category" (p. 61). That means that no new information relevant for the research questions and hypotheses developed during the analysis emerges anymore. However, it is very difficult to find out when the sample is really exhaustively saturated and a decision is up to the experience of the researcher.

3.3.2.3 *Sample description*

The sample, which was constructed following the principles of gradual theoretical sampling, corresponds to the multiple-case type according to Miles and Huberman (Miles and Huberman 1994: 29). Middle class urban women of Slovak ethnicity were subject to the research. The sample includes a range of similar and contrasting cases in terms of partnership status and partnership histories, fertility intentions, religious identity and personal backgrounds of the interviewees (attained education, number of siblings etc.) The sample consists of women with at least secondary education with a school-leaving certificate¹⁷. Interviewees worked in administration, education, health care, IT and arts and in managerial positions. They differ in orientation towards family and professional career, in terms of Hakim's preference theory (Hakim 2003)¹⁸.

The advantage of this type of sample is that comparing a range of similar and contrasting cases can strengthen validity and stability of the research findings (ibid). The problem with multiple-

¹⁷ According to the census 2001, 78 % of women aged 25 to 49 who had a permanent residence in Bratislava had attained at least secondary education with a school-leaving certificate.

¹⁸ The principle of categorizing interviewees on the work – family orientation continuum is described in Potančoková 2009a.

case sample is that more cases have to be sampled for, which leads to relatively large samples and consequently to a thinner data. Analysing 29 in-depth biographical interviews and 10 additional semi-structured interviews does not enable for such in-depth explanations as if the focus was on a more homogeneous groups, for example on university educated partnered women only or only women giving out-of-wedlock birth.

In-depth biographical interviews are the core for the analysis. Twenty-nine biographical narrative interviews enter the analysis: 11 with women of the generational cohort of the mothers and 18 with women of the generational cohort of the daughters. Highly educated women are over-represented in both subsamples. The analytical results, hence, apply only to urban, middle class women with at least secondary education and of Slovak ethnicity. Generalisation to other social or ethnic groups such as lower class women is not possible. Women vary in other characteristics such as religious identity, family intentions and reproductive experiences (more detailed characteristics of the interviewees are plotted in Appendix 1).

Table 3.1: Structure of the sample according to selected characteristics of interviewees, all interviews

Characteristic		Mothers (N=12)	Daughters (N=27)
Educational attainment	University	33%	74%
	Secondary SLS	66%	26%
Religious identity	Practicing RC	33%	59%
	Non-practicing	9%	22%
	None	58%	37%
Number of children	0	17%	66%
	2	50%	15%
	3+	33%	15%
Intended number of children	1, 1-2	9%	22%
	2	42%	37%
	2-3, 3+	49%	41%
Number of siblings	0	18%	0%
	1	36%	56%
	2+	46%	33%
Premarital conception	yes	33%	32%
Extra-marital birth	yes	0%	20%
Cohabitation	yes	9%	56%

Notes: SLS stands for the school-leaving certificate (maturita), RC for Roman Catholic.

* Only population at risk included (without childless women).

The sample is quite large compared to typical sizes of qualitative studies using biographical accounts. The price was a few problems with analysing such an amount of data in detail and a time-consuming process of the analysis. Also, it was necessary to develop a strategy for including different types of material into analysis.

Ten semi-structured interviews focused on childbearing and family formation were conducted in mother centres. These interviews were conducted in biographical manner, but with more questioning, although they include also longer narrative passages. They differ from the 29 in-depth biographical interviews in the setting – they were conducted in presence of other persons

and not in private setting without other disturbing factors. These interviews were shorter in duration and did not cover all topics. However, they bring important insight into several themes.

Informal conversations recorded in the fieldnotes were also analysed. These were usual short passages focused on a particular theme (transition to motherhood, timing of pregnancies). Informal conversations were conducted with women in mother centres. These interviews did not follow the biographical guideline. However, they also contribute with some insights or simply confirm the hypotheses developed in the analysis of the in-depth interviews.

Specific cases were snowballed using information and contacts from the previous interviewees. One of the problems that emerged was to include single mothers. Again, logic of purposive sampling was used and single mothers with differing characteristics were chosen in order not to over-sample a particular type of cases. Despite all attempts no woman of the older generational cohort who was a single mother agreed to participate in the study (all contacted women refused to give an interview). The refusal from these women, however, is of an analytical value as well: it supports findings on stigmatisation of single mothers.

Most interviewees were contacted in mother centres. Choosing mother centres implies some limitations on the sample. A particular problem was to contact mothers who do not stay at parental leave at all or only for a limited duration, often because they return to their job soon after the delivery. These women were sampled using contacts from the previous interviewees.

Sampling though the announcement at the website meant that only women using internet and visiting the website could have been contacted. It is very likely also the reason of over-representation of university educated women in the sample. These women may have better access to internet and information and may be more interested in participating in voluntary work in the mother centres.

3.3.3 Interviewing techniques

3.3.3.1 Biographical interviewing

The focus of the research study is on life course events. Therefore, in-depth biographical interviews were employed to conduct qualitative data on family formation. Face to face interviews are a suitable tool for investigating personal or even intimate matters and the logic of biographical interviewing corresponds to the aim of acquiring information on reproductive careers of women. Biographical narrative interviews are widely used in biographical research, mainly among German sociologists (Rosenthal 1993 and 2003, Breckner 1998, Kiczková et al. 2006). Narratives are a convenient technique for eliciting life stories. They “allow the researcher to approach the interviewee’s experiential yet structured world in a comprehensive way” (Flick 2006: 172). Hermanns (1995: 183, cited according to Flick 2006: 172) gives the following definition of a narrative:

“First the initial situation is outlined (‘how everything started’), then the events relevant to the narrative are selected from the whole host of experiences and presented as a coherent progression of events (‘how things developed’), and finally the situation at the end of the development is presented (‘what came’).”

A narrative is not restricted to pure listing of events and to factual information, but evaluative passages and interpretations of the events and their meanings are presented as well.

Principles of narrative biographical interviewing were employed: (1) a uniform *generative narrative question* was asked at the beginning of the interview to elicit (2) the *biographical retrospective narration*; afterwards (3) *additional questions on narrative* were asked, followed by (4) *external questions*. At end of the interview the interviewee was asked to fill in (5) *a questionnaire and make a sketch of her life trajectory – a biogram*. The interviewing design respects the phases of an ideal biographical narrative interview as defined by Wengraf (2001) and Flick (2006). The interview design was lightly structured and additional questions were asked exclusively after the narrative phase unfolded. A list of themes and illustrative questions was elaborated before entering the field and this list was modified and enriched in more questions based on the research experience (Appendix 3). The list did not serve as a blueprint for the interviewing. It was helpful to the interviewer especially during the phase at which additional questions were asked. Next we describe the phases of the interview in more detail.

1. *Generative narrative question*

“refers to the topic of the study and is intended to stimulate the interviewee’s main narrative” (Flick 2006: 173). The question should provoke narration (not argumentation) and for this purpose it must be formulated openly, broadly and at the same time sufficiently precisely on the experiential domain to be taken up by the interviewee as a central theme. The question should not limit the stream of narration and remembering or the time horizons of the narration. In the pilot, the following question was formulated:

“I would like you to tell me about the part of your life, which is connected to your family, how did you start your family and how the children came about. You can start at the moment, when you started to think about having a family or about having children.”

This phrasing turned out to have a limiting effect and the suggested starting point of the narration was then skipped in the next interviews. The following phrasing of the generative narrative question proved to work better:

“I would like you to tell me about your life and about how have you started your family and had children. You can start with any experience you consider important in your life.”

Due to broader formulation the interviewees chose different events of their life to start narrating from. Some started from their birth or early memories, other from the moment they met their partner, got married or got pregnant. The question left enough space for the interviewee to incorporate and interlink different biographical domains to the family life. The interviewees often spoke first of their family of origin, education or professional life which they associated to the topic of childbearing.

2. *Autonomous retrospective narration*

followed the generative question. The stream of narration must not be interrupted or violated by the interviewer, whose role is to actively listen and support the interviewee in unfolding the story. The narration has a character of a biographical self-representation

(Kiczková et al. 2006) which takes form of a monologue. Interventions or questioning can influence the thematic focus and structuring of the storytelling. Both must be avoided at this phase. However, extensive narration is not an everyday competence and also abilities of people to narrate vary greatly. For most women it was the first time they were asked to present their life experiences in a comprehensive manner.

Duration of the narration, structuring of the narrative and level of detail depends to a large extent on the abilities of the interviewee to narrate freely. In practice, the autonomous narration was often limited to listing of life events and women demanded being asked questions. This is a common problem with narrative interviews: role expectations are violated because the interviewer does not ask questions in a usual sense and the interviewee has to be more active. In most cases more specific questions provoking narration on specific experiences of interviewee's life helped. However, in some cases the interviewee kept replying only brief answers to the narrative questions and the interview split into short sequences of answers to the interviewer's questions. In these cases the interview did not resemble a narrative but rather a problem-centred interview due to more extensive questioning.

The problems to elicit an autonomous narration are not uncommon and other researchers face them as well (see for example Kiczková et al. 2006). The reasons are multiple and very individual. Women are often surprised someone is interested in their life and emphasise that their lives are ordinary and not worth to speak about since nothing special or unusual happened to them. They also often feel uncomfortable speaking without any thematic guidance or questioning. Low level of self-confidence or painful memories may inhibit narration.

3. Additional narrative questions

Additional questions take on the themes and experiences presented in autonomous narration. The aim is to further elaborate these passages. Interviewees often spontaneously turned from description of their experiences to extensive argumentations related to motivations of their behaviour. Another apparent feature of the interviews was that women often told stories and experiences of their friends, relatives and other people they knew to support their argumentations and extend the description of their own experiences. For example, one interviewee included an extensive passage about a colleague who was a single mother to explain in detail why she has decided to step into marriage after an unintended pregnancy rather than becoming a single mother.

4. External questions

External questions cover themes important to the research study which the interviewee did not include into the autonomous narration (or during the next phase of the interview). These questions were asked at the very end of the interview. External questions were largely argumentative and asked on attitudes towards specific issues or behaviour such as induced abortion, contraceptive use, childlessness or cohabitation. Argumentative passages, naturally, occur in the previous passages of the interview; however, they were included spontaneously by the interviewee while the argumentative external questions provoke an argumentation on specific topics on purpose. Argumentation provoked by these questions often revealed important insights into the life of an interviewee. Often only at this phase of interview women admitted they experienced an induced abortion or that they considered it an option in their

decision-making on their pregnancy. External questions were fruitful when they were asked on issues that could be perceived as morally and ethically sensitive or controversial.

5. *Questionnaire and a life trajectory sketch (a biogram)*

Interviewees were asked to fill in a brief questionnaire containing factual information (see Appendix 4) at the end of the interviewing sitting and to draw a biogram – a life line on which they placed important life events in chronological order. Each event contained information on its timing. This part of the interview was tape-recorded as well. The biogram was very important for several purposes. First, spontaneous narration of the life story often did not follow chronological ordering of the events. Other researchers who used biographical interviewing have similar experience and they point out:

“Women narrate differently (compared to men). They tend not to speak linearly, but in plentiful lines. It is not exceptional that they snowball their accounts, include flashbacks, repetitions and side lines of the story. ... Indeed, in all interviews we found a great emphasis on the relationships and often a very detailed description of relations to concrete persons.” (Kiczková et al. 2006: 43)

Hence, the life trajectory sketch was an important point of orientation during the analysis. Sketches of life trajectories were formalised into biograms (Figures 3.3 and 3.4 on page 51).

Interview protocols, which are widely used when problem-centred interviewing technique is employed, were added to each interview. Interview protocols (postscripts) were taken immediately after the interview and they summarise interviewer’s impressions of communication with the interviewee, interviewing setting, behaviour of the interviewee, external influences (presence of persons, phone calls etc.), on note on how the interviewee was contacted and other information on the context of the interview. This information was helpful for the later interpretation and analysis.

Interview setting was up to the choice of an interviewee. Most women chose their homes. Only two interviews took place in cafés and three were undertaken at interviewee’s workplace without presence of other persons. Visiting homes had an advantage of providing additional information about the interviewee or observing the interviewee’s interactions with other family members. Some interviewees prepared for the sitting and showed photographs or they thought in advance about what to include into their life story.

It was helpful if more than one interviewing sitting was agreed on. The interview does not have a pre-defined structure and the interviewer had to ask additional narrative and external questions promptly. It happens that some parts in the interview remain unclear and the researcher realises this ex-post during the analysis. If there is a possibility of another sitting it gives an advantage of listening to the interview again and preparing additional questions for the next sitting. However, this was possible only in a few cases and majority of the interviews were undertaken in a single interviewing sitting.

3.3.3.2 *Additional material: Focused interviews and informal conversations*

Triangulation, i.e. combination, of several methods is very common in qualitative research and it tends to contribute to higher quality and validity of research findings. Although biographical narrative interviews were the main method used in this study, additional material was gathered during the fieldwork. *Informal conversations* with women in mother centres were noted down in the fieldnotes. These informal conversations were focused on topics of mothering, family formation, timing of motherhood or fertility intentions. These conversations were used in the analysis as complementary material to the interviews. They were analysed in the same way as the interviews.

Ten focused (semi-structured) interviews were conducted in the mother centres: one with a woman of the generational cohort of the mothers and the remaining 9 interviews with women of the younger generational cohort (see Appendix 1). These interviews were conducted in biographical manner, however, not using the generative narrative question and not respecting all standards of biographical interviewing as described in the previous section. Although these interviews contain narrative passages, these are shorter and less detailed compared to the biographical in-depth interviews. These interviews usually do not cover all ranges of topics as the in-depth biographical interviews do. They were focused on personal experiences with family formation, timing of life transitions and mothering. The interviews contain only limited information on other life domains and on the family of origin. The interviews were not undertaken in privacy, but in presence of other women and children and were frequently interrupted by external influences. Despite these problems, focused interviews contain important information on process of family formation and timing of motherhood. They were analysed to cross-check and enrich the research findings formulated from the in-depth interviews.

All interviewees authorised verbally the use of interviews for the purpose of this research study. They were assured that all standards on anonymity and confidentiality of the information will be applied. The interviewees were given nicknames and real names or information which would reveal the identity of the persons is not displayed.

All interviews were recorded and transcribed verbatim. The shortest interview lasted 1 hour 10 minutes, the longest over 3 hours. Interview transcripts extend to over 700 pages of text (on average 24 pages of transcript per 1 interview, however, longest transcripts exceed 35 pages). The transcripts were analysed using procedures specified in the chapter 3.2.4.

3.3.3.3 *Biographies as a tool for life course research*

Biographies are oral or written accounts on the lived life of a person. They reveal how individuals partake in social contexts and make sense of these through making sense of their own lives and experiences (Breckner 1998). Biography interrelates the past and the presence since it is being told from the present perspective¹⁹ and it also exceeds to the future by including

¹⁹ When analysing a biography the researcher cannot abstract from the fact that the interviewee tells the life story from the present situation because some interpretations of the events experienced in the past may be rooted in the interviewee's present situation and hence they may differ from the interpretation attached to the events in the past or at the time they have been experienced. However, by situating

horizons of the future orientation and expectations (ibid). Biographies are not simply listings of the events experienced throughout the life²⁰. They are already interpretations of experiences they uncover. While telling the story of their life people do not simply describe what happened but they reveal the meaning of the experience they have been through.

On the personal level biographies represent the experiential world of individuals. At the same time, they necessarily exceed the personal because they are told by the people who are “historically formed actors whose biographies are necessary to render fully intelligible their historical action in context” (Wengraf 2001: 8). In other words, biographies refer to the personal as well as to the social: They interfere between the experiential world of the individual and the social reality²¹ (Breckner 1998). If we accept the notion of socially constructed individual, the life story reveals both personal mental schemes and behaviours which are rooted in culturally shared models of behaviour and thought (which can be conceptualised as cultural models, norms and practices, cultural stories etc.). To avoid social determinism the notion of human agency is assumed, which means that individuals while constructed by the society and its culture at the same time actively construct the society as an outcome of their action within it. As a result, biographies link the micro (individual) and macro level (society) (Wengraf 2001).

Naturally, people misreport, make up and come up with socially acceptable explanations. They do it in the interviews as well as in the surveys. In this sense, subjectivity is embedded in all kinds of research which is based on self-reports of individuals. More than the objective validity of the life story – if events really happened the way they were told – we should focus on how it reflects the social reality. Subjective meanings and interpretations in life stories are also socially constructed – they reflect social reality through personal experience as they are intersubjective constructs. “The (social) actors may have all sorts of beliefs and attitudes which may be rightly thought of as their individual beliefs and attitudes, even if others share them. ... Hence they are not subjective meanings, the property of one or some individuals, but rather intersubjective meanings which are constitutive of the social matrix in which individuals find themselves and act” (Taylor 1987:57-8). When analysing life stories, intersubjective meanings reveal the social and cultural contexts people live their lives in and, also, how they construct these contexts through their actions within them.

Biographies are a powerful tool to investigate the life course of individuals. Open research design and narrative nature of biographies brings rich in-depth data on phenomena under study. Biographies reveal meanings of experiences of individuals and information on how people interpret social reality in which they act. This reality is consequently constructed by their actions. Understanding of the personal world of the interviewees in the first step leads to understanding of the social and cultural contexts people live their lives in.

interviewee into the past happenings by interviewing technique it is possible to reveal previous interpretations. Sometimes interviewees even confront their previous and present interpretations.

²⁰ Biographies are not necessarily complete accounts of the life experiences – it depends fully on the interviewee how much he or she reveals during the interview. The interviewee may decide not to report or even misreport about some events from various reasons – they do not occur important anymore, they may be too sensitive or even painful etc.

²¹ The notion of the “biography as social construct” was formulated especially by German sociologist Fritz Schuetze, Fisher-Rosenthal and Rosenthal and Martin Kohli.

3.3.4 Method of analysis and interpretation of the interviews

In contrast to statistical methods, techniques of qualitative analysis do not follow strictly formulated procedures. Consequently, the process of qualitative analysis may seem intuitive and less scientific to the researchers working with quantitative data only. However, a large variety of handbooks, which describe various analysing techniques employed in qualitative research, emerged particularly during the past decade (Miles and Huberman 1994, Flick 2002, Silverman 2001). The next pages provide information on the analytical procedure employed in the analysis of textual data gathered during the fieldwork.

The first analytical notes were taken during the transcription of the interviews or at first reading of the transcripts. The first ideas were based on a holistic perception of the interviews. A one page resume was elaborated after reading each interview. Resume summarises events experienced by the interviewee in a chronological order and includes information on the family of origin, siblings and the partner. Interviewee's biogram was added to each resume. Biogram helps to locate the events in terms of individual as well as historical time. Resume and biograms were particularly helpful for the orientation in the material. Figures 3.3 and 3.4 are two examples of biograms.

Figure 3.3: Biogram of Erika, born 1950

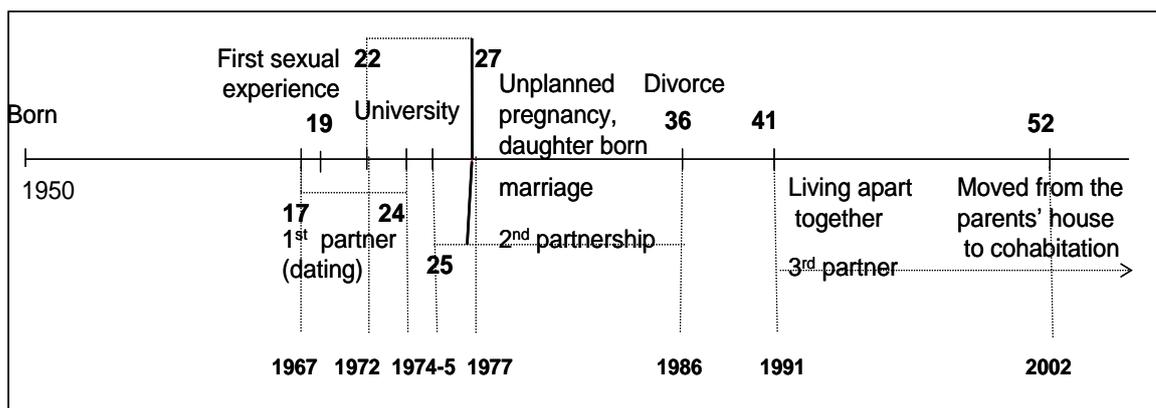
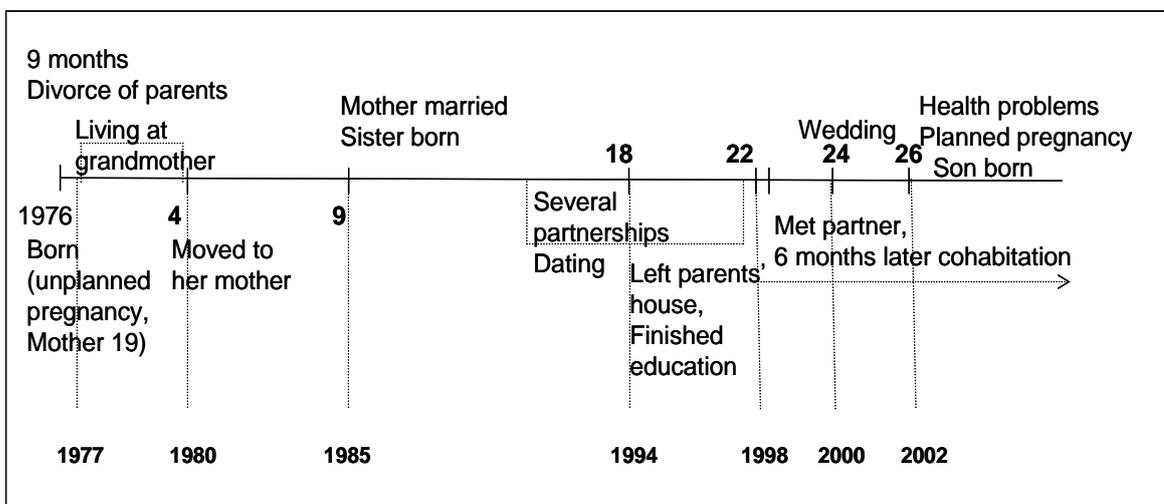


Figure 3.4: Biogram of Paula, born 1976



In the second step, thematic fields were identified in each interview. Interview was split into sequences of text and each sequence was labelled with a code. Codes are “tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study. (...) They can take the form of a straightforward category label or a more complex one (e.g. a metaphor).” (Miles and Huberman 1994: 56). Some codes are descriptive; other codes include already an interpretation of the text and a linkage to more abstract categories. Codes are used to retrieve and organise information at the later stages of the analysis. Codes were generated inductively²². Listings of codes that occur in an interview were added to the resume. This facilitated orientation in the material in the later steps of the analysis.

Empirically grounded themes were identified across interviews using categorising of codes. Themes emerged from the codes attributed to the junks of text. Themes are broader “families” of codes. The following themes were identified with respect to childbearing and motherhood:

- a/ timing of childbearing and postponement
- b/ partnership, cohabitation and marriage
- c/ marriage and childbearing
- d/ harmonisation of childcare and employment
- e/ contraceptive use and attitudes towards induced abortion
- f/ fertility intentions

In this research study themes A, B and C are analysed in detail (Chapter 7). Themes A, C and D²³ are covered by all semi-structured interviews and informal conversations. Other themes are not covered in the additional material. Biographical in-depth interviews cover all themes.

The third step of the analysis was within case analysis. The aim was to understand life of each interviewee within a context of the interview. At this phase individual webs of meaning (mental maps or semantic networks) were drawn. Personal semantic networks are “the idiosyncratic webs of meaning carried by each person, linking individually salient verbal symbols to memories of significant life experiences and conscious self-understandings” (Strauss 1992b: 211). They uncover semantic categories of the interviewee’s understanding and knowledge (the meaning) and interrelations between these categories. Semantic networks display “the person’s representation of concepts about a particular domain” (Miles and Huberman 1994: 134). The networks are complex and idiosyncratic. They point to causal relationships and mechanism leading to personal outcomes. Semantic networks brought insights into linkages and relationships between the codes and life domains. Personal semantic networks were created following principles suggested by Strauss (1992b):

1. Continuity. If an interviewee changes the topic of conversation in absence of any intervention or interruption, the idea A and B are linked for her.
2. Significant terms. If a person talks about A and B using significant terms, then A and B are linked.

²² Inductive procedure means that the researcher did not use a list of codes prepared beforehand. The analysis is then more open and context-sensitive compared to using structured prefabricated list of codes.

²³ Theme D was analysed in a separate journal article (Potančoková 2008a)

3. Shared voice. If a person talks about A and B in the same voice (expression, mode) then A and B are linked.

Two examples of personal semantic networks are displayed in Figures 3.5 and 3.6 (next page). The examples were chosen to represent women from both generational cohorts.

Within case analysis brings detailed insights into interviewee’s attitudes and motivations for action. Individual mental schemes reveal shared understandings of the world and how individuals make sense of social reality they live in. However, within case analysis is bounded to the logic of a single interview. Semantic networks have to be further condensed and generalised using methods of cross-case analysis.

A thematic analysis across interviews was performed in the next step. It involved more detailed analysis of the codes. During the analytical procedure all segments of text indexed with codes that fall into the respective thematic category were analysed in detail. The analytical procedure followed principles of open coding (Straus and Corbin 1998). Argumentative and narrative passages were contrasted. Shared rules of behaviour, shared motivations and understandings were identified from the accounts. Linguistic elements helped to identify shared meanings: interviewees changed voice from personal (author voice, singular) to general statements usually made in plural. General statements, argumentative passages in plural, modal verbs (ought to, must, should, have to), phrases “naturally”, “of course” point towards shared understandings of social world or normative aspects of the discussed behaviour.

Figure 3.5: Semantic network of Paula

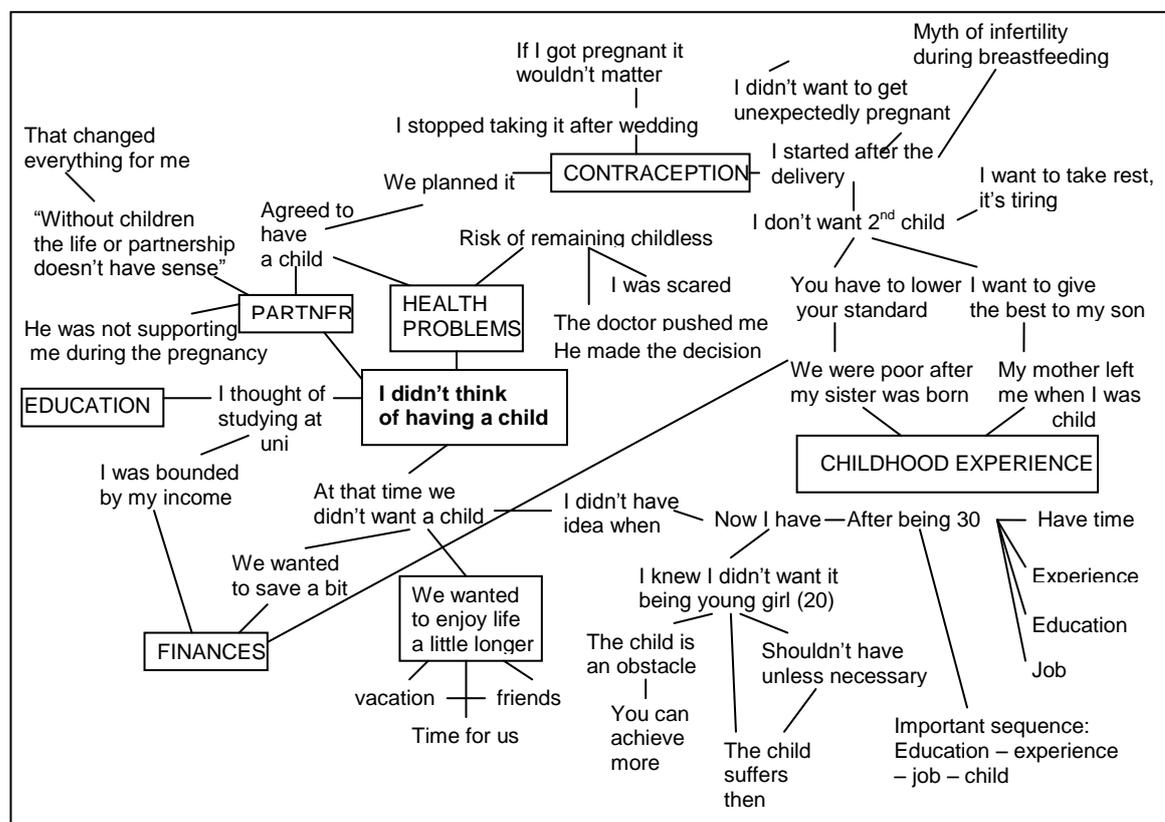
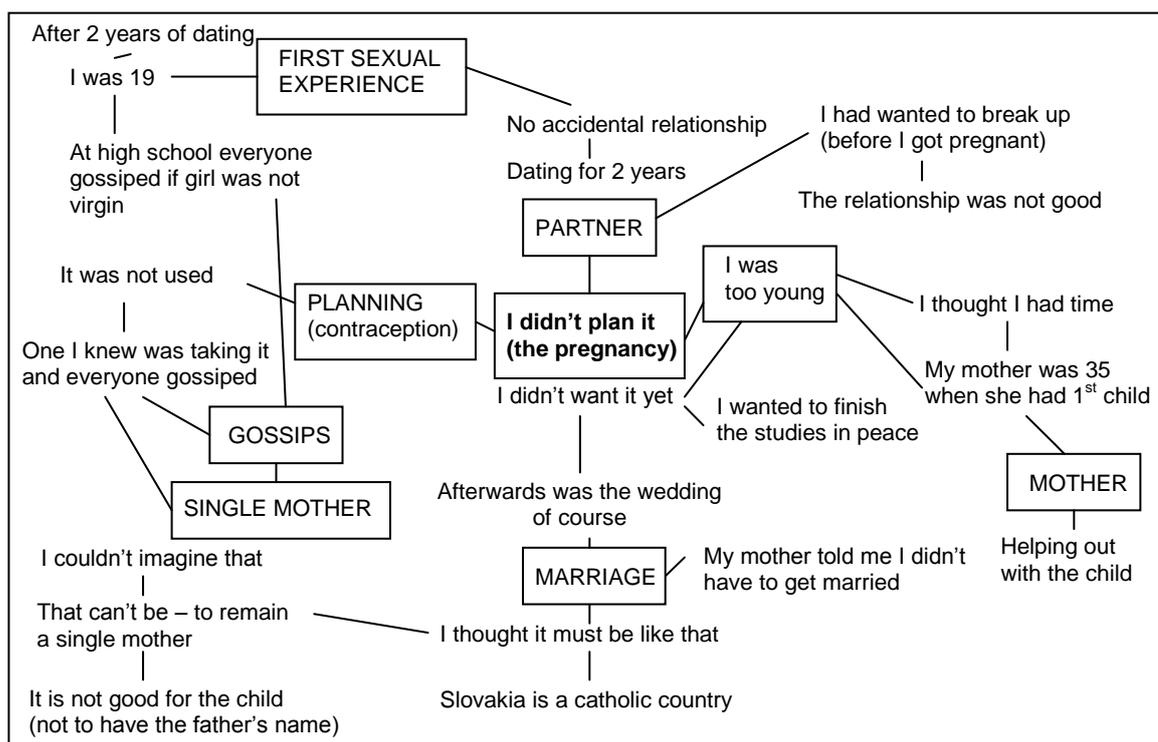


Figure 3.6: Semantic network of Erika



Categories within a theme were contrasted across interviews. Constant comparisons were necessary to identify patterns in data. Cases and codes were tabulated in a matrix to enhance the analysing process. In the matrix, cases were organised in rows and questions asked on the text were in columns. Codes and quotations were filled in to the cells. This approach helped the synthesis of results and constant cross-checking of the cases. For example, when analysing timing of motherhood, first, cases who experienced transition to motherhood in age and phase of the life course perceived as optimal. Analysis of this interviews produced rich material in form of analytic notes, webs of categories and meanings. This group of cases was then compared to those who experienced transition to motherhood out of sequence, in an early age or at a later age. Searching for inconsistencies also brought important insights into the analysis and helped formulating further questions on the material under analysis. Contrasting and outlying cases helped to strengthen understanding of the phenomena under study. During the analysis the researcher asked questions on the material, built and verified hypotheses. To follow up on the example above: what happens if a woman has passed an age deadly on transition to motherhood, but her situation does not meet preconditions for the transition? Do we find any sanctions if woman becomes a mother in early age? Cross-case analysis revealed regularities in behaviour and shared meanings.

At a final stage of the analysis, the results of cross-case analysis were connected to the theoretical framework of the study discussed in Chapter 2. Linking the results to the theory brought richer theoretical explanations of the mechanisms of postponement of transition to motherhood.

How reliable are the results of qualitative analysis? Similar research studies hint towards reliability of the research findings. Mynarska (2007) conducted a similar research in Warszawa, Poland, using problem-centred interviews and the findings on timing of motherhood largely correspond to those presented in this research study. Bartošová (2009) conducted another similar research study on postponement in the Czech Republic. Although her study was focused on motherhood after age 30, the results reveal similar mechanisms leading to the postponement of childbearing to the findings of this study. Both studies made use of biographical interviewing at the beginning of the interview and both used methods of grounded theory to analyse interviews.

All material was analysed in Slovak language and only the extracted passages from the interviews, which illustrate the research findings, were translated into English. Illustrative statements from the interviews contain information on the interviewee: a nickname, generation (G1 stands for the generation of the mothers, G2 stands for the generation of the daughters), partnership status at interview (marr = married, re-marr = re-married, cohab = cohabiting, div = divorced) and age at first birth (1B AGE). Other characteristics can be easily looked up in the Appendix 1.

3.4 Complementary survey data

Qualitative findings and analysis of fertility patters are complemented with survey data which provide more detailed information on attitudes and some aspects of sexual and reproductive behaviour. Survey data bring qualitative findings into broader context. It was possible to contrast and complement findings based on the limited qualitative sample with the results representative of Slovak population.

Surveys from the 1970s are cited from the published research papers. It is also the case with some more recent surveys. When possible we used original data sets of European Value Survey and ISSP 2002 which provide insights into attitudes towards cohabitation, marriage and childbearing. Further we shortly describe national datasets for the Slovak Republic we worked with and used in Chapters 5 and 7.

FOCUS 1997 survey on “Reproductive behaviour of women in Slovakia”

Statistical data on sexual behaviour and contraceptive use were particularly scarce and it was necessary to enrich them with more detailed survey findings. Since international survey programmes such as Population and Policy Acceptance Survey, Family and Fertility Survey or Gender and Generations survey did not take place in Slovakia, detailed data on reproductive behaviour of population are very scarce. The only survey focused on reproductive behaviour of the population was published in 1997. The survey has been carried out by FOCUS agency on demand of the Society for the Family Planning. The fieldwork was carried out in December 1996. Survey results are representative of the female population in reproductive age and according to age, educational attainment, ethnicity and place of residence. 1015 women of reproductive age (15 – 44 years) were asked to fill in a standardised questionnaire covering issues of sexual and reproductive behaviour and knowledge and use of methods of family planning. The survey addressed several issues which were not covered by other surveys: ideal age for motherhood, age at sexual debut, resolution of the unplanned pregnancy. The survey

asked separately on attitudes and performed behaviour. Most other sociological surveys that took place in Slovakia usually ask about attitudes only.

European Value Survey 1999

International Social Survey Programme 2002: Family and changing gender roles

Both, the EVS and ISSP contain data on attitudes of the population towards family, marriage and in case of ISSP also towards the living arrangements alternative to marriage. Data from these surveys were employed to complement qualitative findings and place into broader context. Comparison of the qualitative results to the survey findings shows how well grounded are the qualitative findings. We worked with the national datasets which are accessible online at <http://zacat.gesis.org/> after registration. We used weighted national samples of the ISSP Survey.

European Value Survey was carried out in years 1991 and 1999 in Slovakia. The standard questionnaire explores attitudes of the population towards various issues, family and marriage being one of them. ISSP 2002 on Family and changing gender roles offers more data on attitudes towards marriage, parenthood and living arrangements. In particular questions on acceptance of non-marital living arrangements, which were not asked in such detail in EVS, proved very insightful. Both survey asked on numerous demographic characteristics of the respondents. It is possible to generate more complicated cross-tabulations.

All national samples are representative for adult population (inhabitants aged 18+). EVS 1999 was coordinated by the Sociological Institute of the Slovak Academy of Sciences. The fieldwork took place in June and July 1999 and gather data for 1331 respondents. The sample is representative by age and sex. ISSP 2002 (N = 1133 respondents) is representative for population aged 18+ according to sex, age, attained education and place of residence. Data for both the EVS and ISSP were conducted using standardised questionnaire.

We analysed questions asking on institutionalisation of marriage and childbearing, value of marriage, attitudes towards cohabitation and single motherhood. Exact phrasings of the questions of the surveys are displayed in footnotes when data are presented.

4 THE CONTEXT OF REPRODUCTION: LOCATION IN TIME

Reproductive behaviour is set into a specific multi-level context: historical, political, legal, economic, social and cultural (Willekens 1992, de Bruijn 1999). Elements of this multi-dimensional context are closely interwoven and difficult to disentangle. Political and legal contexts overlap to a large extent, since political regime and ideology to a large extent sets conditions to the legal and economic context for example. In demography, focus is most often on the economic, legal and political context since its elements are easier to quantify by various indicators. Cultural and social context, consisting of social norms and practices is less often approached. Usually used indicators are quantified attitude towards various social phenomena, measured by agreement and disagreement of respondent to the statements, which should reflect change in values. In the following lines mostly to legal, political and some aspect of the social context of reproduction are referred to.

With respect to the legal context, mostly population policy measures in force during the 1970s and since the 1990s will be described, including the housing policies and other legal norms which were influencing reproduction, such as compulsory labour-force participation of women introduced by the new constitution in 1948. Legalisation of induced abortion in 1957, which influenced fertility levels in the following decades, is discussed in Chapter 5.4. Situation in the 1970s was particular also due to the “normalisation” which took place after suppressing democratisation and liberalisation processes within the communist party in 1968, which are also addressed as the “Prague Spring”. During the 1970s the regime strengthened its control over the population and individuals employing the secret police. Individuals and families of the individuals not loyal to the regime were persecuted and their opportunities (including educational and professional aspirations) were limited. Restriction of personal freedom has led to withdrawal of large part of population from public sphere, which strengthened orientation towards the family as often the only sphere of personal realisation (Potančoková et al. 2008). Along with the newly introduced pronatalist policy measures and improving housing situation the result was apparent in form of the period fertility upswing. Population increase carried a symbolic value since it was perceived positively by the political authorities not only as a source of the labour force necessary for the socialist industry but also as a demonstration of the superiority of the socialist regimes over the capitalist countries²⁴.

4.1 Pronatalist population policy of the 1970s

In this section a description of the population policy measures is presented and discussed with respect to fertility trends. The 1970s are a specific period even within state socialism, not only with respect to reproduction and population development. Implementation of pronatalist

²⁴ See Melegh (2002) on the socialist discourses on population growth.

population policy measures, which was a reaction to the decreasing fertility since the mid-1960, set specific conditions for the context of reproduction.

According to Kučera (1968) population policy is a system of either direct or indirect means setting conditions in order to influence population development, which would correspond to the concept of economic and social development of the country. The means of influencing population development cover material, psychological and moral measures. The goal of such population policy should be population growth, improvement of living conditions of particularly young families, namely of the accessibility of appropriate housing for families with children (ibid). Although most means of population policy of the 1970s belong to material stimuli (various allowances, housing policy etc.), the state also tried to create a family-friendly conditions in terms of emphasising importance of motherhood and value of family and children. After the era of emphasising role and value of women as workers in the socialist industry, the 1970s meant a turn to evaluation of the not substitutable role of women as mothers for the society. Women's reproductive outcomes were reflected in different retirement age since 1962. Koubek (1981) refers also to moral and ideological reward of reproductive and educational role of women.

Tradition of population policy measures such as maternity leave dates already to the era of the first Czechoslovak Republic and several population and family policy measures were introduced in the 1920s. Hence already during the 1960s a variety of population policy relevant measures existed and these were improved and enlarged by additional measures in order to correspond to the goal of improving living standard of families, housing conditions and population growth. Housing policy became a substantial part of the pronatalist and profamilist measures introduced sequentially at the turn of the 1960 and 1970s.

For the population policy of the socialist era a trend of prolongation of maternity leave was significant. In 1968 duration of the paid maternity leave was prolonged to 26 weeks (for single mothers to 35 weeks) and amount of 90% of average daily net salary was being paid to the woman, who was insured at least for 270 days prior to birth. Additional unpaid maternity leave was prolonged from 1 to 2 years of the child's age. In addition, woman's original position had to be guaranteed by the employer.

Further, since July 1970 maternal allowance was novelised. Parental leave was extending the time a woman could spend taking full all-day care of her child(ren) aged up to 1 year. Parental leave was fixed to mother only (only later at the beginning of the 1990s father became eligible for the parental leave and allowance as well) and maternity allowance in fixed amount provided by the state was being paid to the woman. In 1970 the amount was raised to 500 Kčs²⁵ for all mothers taking care of at least 2 children while the oldest child could not be older than the age of compulsory education and the youngest child could not be older than 1 year. Mother had to be enrolled in the labour force prior to childbirth. The measure was clearly reflecting the pronatalist aim of the state. Also student mothers were eligible for the allowance. If woman was taking care of two children within age of 1 year she was eligible for higher allowance of 800 Kčs. Since 1971 the mother was eligible for maternal allowance within 2 years of the child.

²⁵ Average monthly net income was about 800 Kčs at the beginning of the 1970s.

The newly introduced pronatalist measure was a one-shot childbirth allowance in amount of 2000 Kčs, implemented in 1971. Extra conditions were set for women who gave multiple birth (3 and more children born at one childbirth), for whom the amount was tripled.

Parents were also eligible for a tax benefit on one child and child allowance, which was progressive until 1968. In 1973 child allowance was substantially increased for second and higher order children. In 1979 the allowance was further increased, this time for all children irrespective of their birth order. A child allowance was paid monthly to parents until the end of educational enrolment of the child and it was conditioned on full labour force participation of the parent (all working days, including holiday and sick leave). In 1969 child allowances contributed 10–15 % to the family income (Šrámek 1970) and their contribution presumably increased after the changes at the beginning of the 1970s. Obviously, their value was decreasing towards the end of the 1970s. Survey of reproduction in 1977 proved lowering of the living standard particularly among families with two and more children (Srb 1979a). The situation was more pronounced for the families in Slovakia compared to the Czech Republic and in rural areas compared to the cities.

The scope of family and population-relevant measures was broader, including monetary benefits for parents who were university students, indirect population policy measures such as state support of kindergartens and nurseries, free of charge healthcare and education or reduction on housing fees for families with children, which was again progressive depending on number of children (5 % for families with a single child, 15 % for 2 children, 30 % for 3 children and 50 % for 4 and more children).

However, the most important out of all population policy measures were loans for newlyweds within age of 30, which were introduced in 1973. Through the loans housing and pronatalist population policies were interconnected. Newlyweds could obtain a housing or furnishing. The loans were of a fixed amount and with a low interest rate. The pronatalist aim was reflected in deducting 2000 Kčs after a birth of the first child and 4000 Kčs after birth of the second child, including the prolongation of the maturity of loan. The aim of the policy was to facilitate housing situation of the young families, who often lived in a shared household with parents and improvement of the living standard of families with children. The policy was successful due to increasing housing development and number of new apartment houses in the cities where the concentration of inhabitants was increasing due to ongoing urbanisation.

In the 1970s, a favourable fertility trend was interpreted as a clear success of the pronatalist population policy. In the mid-1970s scholars were presenting a strong believe that the policy managed to reverse the trend even in spite of the “free” access to induced abortion (Srb, Konečná 1976). Pro-population aim was influencing also access of women to induced abortion. After legalisation of induced abortion on demand of woman due to broadly defined socio-economic reasons in 1957 number of induced abortions was steadily increasing, which lead to implementation of the abortion committees in 1962. The abortion committees were deciding on woman’s application and access to induced abortion was more difficult for childless women and women aged 17–36 years old (Koubek 1981). In 1973 further changes in abortion law facilitated access to induced abortion for women above age 40 and objective quantified conditions were set

for judgement of the housing and financial shortage²⁶. Regulations related to induced abortion clearly prove aim of improvement of fertility trends.

On the one hand, the set of pro-population policy measures was costly and expenses for the direct and indirect allowances increased in 32 % (Srb, Konečná 1976). On the other hand, scholars found it difficult to agree on effectiveness of the pro-population measures. The main problem stems from an unease quantification of the effectiveness, which are dependent on criteria set for an evaluation. Srb, Konečná (1976) present one approach: they calculate the contribution of the extra-children born during the 1970–1974 for the society and they oppose the computation to the cost of the pro-population measures and conclude that although the costs are high the future benefit of the society from the population growth will be higher. If the total fertility rate is chosen as an indicator of the effectiveness of the population policy the effect is doubtful especially in case of Slovak population. Total period fertility rate was, unlike in the Czech Republic, above the replacement level and the fertility upswing was caused by advancement of childbearing due to improved conditions for starting a family and obtaining housing. Moreover, there is no evidence of upswing in the completed fertility of the respective cohorts of women. Kučera (1984) argues that the total period fertility upswing of the 1970s was caused by additional births of higher birth orders of older cohorts of women and a simultaneous advancement of childbearing among the younger cohorts (born over the 1950s). Among the younger cohorts the main impact was on timing of the life course transitions related to starting a family. Increase in fertility of women above age 30 was according to Koubek (1990) influenced rather by restrictions in abortions access to induced abortion (which was widely used as contraception ex post and was substituting low quality and supply of the effective contraceptives) than by the population policy measures.

To conclude, if the effect of the pronatalist population policy of the 1970s was measured by the completed fertility of cohorts of women in prime childbearing ages during the era, the policy would be evaluated as unsuccessful since the decrease did not stop and continues in milder pace. However, it is difficult to judge whether the decrease of the total fertility rates as well as completed fertility rates would have stopped without implementation of the population policy measures.

4.2 Population policies after 1990: An overview

After the political turnover in 1989 major changes took place also in the sphere of population policies. While during the state socialist era the population policies had mostly character of various direct financial allowances and loans, the new trends in focus, in line with the EU directions, on removal of obstacles in harmonisation of work and family and on greater emphasis on indirect measures (Bleha and Vaňo 2007).

Since January 1st 1992 loans for the newlyweds were not accessible anymore. Since the cancellation of the loans was know beforehand, population reacted with an increased number and intensity of first marriages in 1991. As a result, young families started facing more

²⁶ The financial shortage was considered if the family income per capita would drop below 620 Kčs after birth of the child.

problems in obtaining own housing since mortgages became more available only at the end of the 1990s, after the economic situation in the country stabilised.

None of the existing direct allowances was cancelled, however, monetary effect of the allowances weakened due to inflation. The valorisation of the allowances did not respond to the full extent of the inflation. For example, the child allowance became only a symbolic amount paid (of about 16 euro recently) by the state per each child in family. Also the value of the parental allowance (paid after the maternity leave within the age of 3 years of the child) dropped in comparison to the 1970s and in 2004 the amount was equal to 25 % of the average salary. (Potančoková et al 2008) At the beginning of the 1990s it started being available not only to the mother, but to a parent so also fathers are eligible for parental leave. The change widened the possibilities of the childcare and removed the fixation of the “mother’s duties” attributed during the state socialism to women solely and was an important step towards the construction of the new fatherhood – emerging ideal of the father involved in family matters, household chores and childcare and playing a more active role in the family life in general. The trends of the new fatherhood have appeared in the western countries since the 1970s (Šalingová 2003). Although fathers at parental leave are still rather unusual phenomenon in Slovakia as well as in the Czech Republic (Maříková 2009 and 2006, Nešporová 2005) we can speak about the new trends in parenting which were enhanced by the removal of the legislative obstacles.

The first changes in system of the family and population policy were done in 1998, when the tax benefit for (employed) parents was introduced. The benefit is progressive with respect to the number of children. The change was done with respect to more emphasis on indirect population and family policy measures as declared by the government.

A second change occurred since January 2006, when a contribution (of 11 000 Sk, i.e. cca 330 euro) to the one-shot allowance at birth of the first child has been introduced into practice. Altogether, state contributes to parents cca 450 euro at the birth of first child (just for children surviving longer than 28 days) but only about 130 euro at birth of children of higher parity. The declared distinction should reflect the higher expenses parents have when the first child is born. The government propagated the contribution as a population policy measure; however, the experts argue that the one-shot allowance cannot be a factor motivating to parenthood. Moreover, the change occurred at the onset of the expected and already slightly pronounced recuperation of the fertility rates due to ending postponement of childbearing and particularly fertility rates of first born children have been increasing already prior to the increased childbirth allowance. Hence, it will be almost impossible to calculate the real effect of the introduced measure on the fertility rates.

Up to date, the governments did not succeed in building a complex system of population and family measures (Potančoková et al. 2008, Bleha and Vaňo 2007). A complex of population policy measures based on facilitating work and family life reconciliation, gender equality and improvement of the housing conditions of the young families²⁷ can positively affect the fertility trends (Bleha and Vaňo 2007).

²⁷ They particularly name a possible re-introduction of the communal and other kinds of housing than the one based on ownership of the apartment, which is difficult to obtain particularly for young and low-income families.

4.3 Housing policies and conditions during the 1970s and in 1990s

The interconnection between the housing and pro-population policy stemmed from conditioning of reproduction on own housing and its quality, expressed as appropriate size of the housing. Shortage of housing resulted in situation when living at one of the parents was not unusual during the early phases of the family cycle. According to the survey on reproduction in 1977 (Srb 1979a) only 40 % of families included in the survey were living in own apartment at the time of wedding and 11 years after stepping into marriage still 6 % of the families were not living in a separate household. The problem was particular in the cities.

Housing situation was influencing also fertility decisions, namely the planned family size. Dvořák, Srb and Aleš (1983) proved the interconnection between size of housing and planned number of children in a family. According to their study based on survey data, in 1980 families living in apartments with 3 or 4 rooms planned larger families, on average having 2,43 children.

Unfavourable housing conditions were found already at census 1961 and the situation was not much better at the end of the decade. Inadequate housing conditions were quantified as a difference between the number of households implied by the dwelling and housekeeping definition and discrepancies in size, number and location of housing compared to the number, size and location of households (Douša 1970, Veselá 1980). The housing policy became one of the priorities of the communist party at the end of the 1960s, as expressed by various declarations and concepts of such policy. In 1968 the plan was set to build 460 thousand new apartments to improve the quality of housing and supply the demand for housing mainly in the cities, which were facing immigration due to the ongoing industrialisation. However, Kučera (1968) expresses his scepticism about achieving the planned growth in housing development and states that “a shortage of apartments will continue to influence the population development for a long time in the future” (Kučera 1968: 186).

Although the original plan of the housing development was not perfectly fulfilled, the deficit of apartments considerably decreased during the years 1970–76 (Srb, V. 1977, Volko 1980). Although the tempo of housing construction doubled during the 1970s, Koubek (1981) was criticising the low tempo. At census 1980 the shortage of housing was quantified as 10 % of apartments. Along with intensifying housing construction, the quality of housing increased since the new apartments were of a higher standard which was reflect particularly in per capita size of apartments and lower number of persons per apartment (Dvořák, Srb and Aleš 1983). Average number of persons per one room decreased to 1.35 (in 21%) in between censuses 1970 and 1980. The proportion of apartments ranked as first and second rank of quality increased from 28 to 35 % during the 1970s (ibid). Another feature of the housing development was concentration of inhabitants of the cities into apartment houses.

Koubek (1990) interprets the fertility upswing as a result of simultaneous influence of population and housing policies. The pro-population aspect of the housing policy was demonstrated also in criteria of obtaining the housing, according to which families with children were given priority.

Obtaining own housing became problematic for the young families and remained problematic for unmarried young adults also during the 1990s. The loans for newlyweds, which helped to improve the housing situation of young families with children, were available only until 1992. The housing market was developing slowly also due to economic decline until the 1998 (high inflation and unemployment, decrease in real wages) and mortgages were introduced only at the end of the 1990s; however, they became more widespread and available only several years later. Since January 2006 the government has introduced after negotiations with the bank sector a new product, mortgages with lower interest rate (about 2,5 lower) for persons or couples with income up to 130 % of the average gross salary in the country (each of the couple has to fulfil the condition) and up to amount of loan of 1,5 million Sk. The advantages for the lower-income persons and families should facilitate access to own housing, which is problematic also due to steadily rising costs of housing in all larger Slovak cities. The rationale is to improve conditions people regard unfavourable for starting and the government's initiative can be seen as introduction of indirect pro-family policy.

4.4 Harmonisation of work and family

The new constitution of the 1948 brought a mandatory labour-force participation of women, which resulted in predominant full-time employment of women. Along with ever increasing proportion of women having higher education and qualification, the need for harmonisation of work and family (particularly work and childcare) emerged. Since the 1960s the number and capacity of kindergartens, nurseries for children below age of 3 years and cantinas for children has been increasing in order to facilitate women's full-time employment and childcare. At the same time, the aim was to decrease family's expenses on education of the children (free-of charge education, books and other materials necessary for study). Despite the increasing number of services for childcare, during the 1970s "the implementation of the pro-population measures was not accompanied with a sufficient increase in the capacity of kindergartens and nurseries" and resulted in increasing problems to place children into childcare (Dědková 1975: 172).

During the 1990s the number of kindergartens decreased due to decreasing number of children as a result of rapidly dropping fertility rates and the nurseries nearly disappeared and during the past few years they are getting more popular at least in Bratislava. The low popularity of nurseries stemmed from the low quality of services and especially from the perceived negative impacts on health and development of the child since the ideal of the necessary and ideal full childcare provided by mother within 3 years of the child largely prevails in the Slovak society (Marošiová and Šumšalová 2006). In the Euroepan Value Study, 18 % of the respondents completely agreed to the statement that a child up to 6 years suffers if the mother is employed, compared to only 9 % full-agreement among the Czech respondents (EVS 2000). Nowadays, parents can choose between the largely affordable municipality kindergartens and specialised or private kindergartens. Enrolment of children in the institutional childcare facilities increases with their age, and about 70 % of the 4-6 6 year-olds are enrolled (Bodnárová et al. 2005).

The need for (full-time) employment of women, and hence for strategies of reconciliation of work and family, stemmed from a necessity of two incomes in the family. Šrámek (1970) quantified that those families with only one, usually husband's, income had in 30 % lower total

income, which could cause financial constraints. Especially during the period of the family cycle, when the woman was at maternity or parental leave the family per capita income decreased substantially. Despite the loss of woman's income was only temporary and to some extent compensated by the state-provided allowances, living standard of the young families decreased after births of children. During the period up to 5 years after the wedding (76 % of marital children were born within 5 years after the wedding), the weight of the allowances on the family income was steadily increasing: maternity and child allowances contributed to the family income in 10 % in 1970, in 1976 in 14 % and in 1986 already in 19 % (Hiršl 1991). Long duration of childcare and temporary withdrawal of women from the labour market negatively influenced the women's wages, which decreased during the 1970–88 and even the increased amounts of the allowances provided by the state could not sufficiently compensate the increasing expenses of the families with young children (ibid). During the 1980s the relative income of the families with children was decreasing and Hiršl (1991) names it as one of the main factors of the decreasing fertility.

After the turnover in 1989 the necessity of two incomes in a family persist to maintain a living standard (Ministry of Labour, Social affairs and Family 2006) as well as predominant predominance of the full-time employment of women in reproductive age. Especially young families with two and more children and single-parent families (especially if the single parent is woman) are threatened with the poverty and low living standard (Horecký, Kováčová 2004, Fall, Horecký and Roháčová 1999). Also high unemployment of young adults, problems of re-entering the labour market after the parental leave and low flexibility of working hours and job arrangements contributes to the persisting tension between the work and family (Bodnárová et al. 2005, Hanzelová et al. 2005, Marošiová and Šumšalová 2006). According to OECD, employment rate of women 25–54 remains above 80 % since the 1990s and only 4,1 % worked part-time and 2,5 % worked at home in 2005 (OECD 2006). Besides the Czech Republic, Slovakia is the country with the lowest proportion of women and men working part-time.

Tension between the work and childcare is addressed already by Dědková (1975) who argues that with increasing number of children the relationship between the employee and the employer gets worse due to more frequent absence caused by the need to take care for the sick child(ren), women's need to adjust the working hours and may be restricted to work overtime etc. The same problems were proved in perception of the employers, public and mothers after the parental leave by the recent survey (Marošiová and Šumšalová 2006).

Also the high credit of both work and family proves the need for the family policies facilitating their reconciliation. According to European Value Studies 61 % of respondents think that the work is very important and 88 % regard family as very important. Most women find their self-realisation in motherhood as well as in working and aim for combination of professional career and family.

4.5 Attitudes towards family and childbearing²⁸

In the long run, family is highly valued among the majority of the population in Slovakia. Various surveys indicate this directly, whereas demographic data provide indirect evidence. In Slovakia, 88 % of respondents regard family as very important, 89 % do not take marriage as an outdated institution and 36 % regard marriage or long-lasting partnership necessary for the happiness (European Value Survey 1999; in all cases Slovak respondents scored above the European average). The high value of family in the awareness of the Slovak population is also mirrored in divorce trends. In spite of its growing trend, the divorce rate is still low compared to other European countries. Moreover, since the mid-1990s, the divorce rate of marriages with children has been decreasing (Pilinská 2005).

Marital family with children dominates and is the preferred form of partnership. Cohabitation, although on the rise since the 1990s as trends in extra-marital births suggest, is seen rather as a temporary arrangement of young single partners or divorced people than an alternative to marriage (Pilinská 2005). Also, 95 % of EVS respondents regard complete family as a necessary environment in which to raise children (above the European average, the Czech republic scored at average) and only 23 % agree to decision of woman to have a child even if she doesn't have a partner (significantly lower acceptance compared to the European average and the Czech Republic).

Similar to other European countries, a two-child family constitutes a well- established family model in Slovakia. The preference for two children in the family emerged during the 1960s and became manifested in the fertility trends over the 1970s. However, larger families with three and more children, which were common in the 1950s, are still an ideal for about 25 % of men and women in 2001 (Matulník et al. 2003). Since the 1950s the intended number of children in family was steadily decreasing (Table 4.1).

Table 4.1: Number of planned children according to surveys on reproductive behaviour and fertility intentions 1956–2001, Slovakia, women only

Year	Survey title and sample characteristics	Intended number of children
1956	Survey on parenting –married women aged 15-39	2,76
1959	Survey on marriage, contraception and abortion –married women aged 15–49	2,61
1970	Survey of reproduction of marriage – married women in 1 st marriage, aged 15–54	2,68
1972	Survey on population problems – women aged 18+	2,34
1977	Survey on fertility – married women 18–44	2,41
2001	Survey on factors influencing fertility trends in Slovakia – married women aged 20–40	2,26

Source: Srb 1979c, Matulník et al. 2003

²⁸ The following text is based on the section „Cultural and ideational factors“ of the co-authored paper Potančoková et al. (2008)

Preference for two children prevails and 60 % of women in reproductive age intend to have two children (FOCUS 1997, Matulník et al. 2003). Only about 10% of respondents intend to have one child. Despite this preference, current fertility trends suggest that about twice as many couples end up with a single child. The survey on fertility intentions among 20 to 44-year-olds by Matulník et al. (2003) reveals that respondents younger than 25 years are planning smaller families than their older counterparts. Among 20 to 24-year old unmarried respondents intended family size dropped below two children. Younger respondents also expressed a higher level of uncertainty about their fertility intentions. The survey results suggest changing attitudes towards the family, partnership and value of children during the 1990s.

Conformity in childbearing still prevails among the population. Intended childlessness is a marginal phenomenon declared by only 1,8 % of respondents in the above-mentioned survey (Matulník et al. 2003). However, 4,7 % of childless university educated men and 2,7 % of childless university educated women declared they do not intend to have a child. This finding is supported by the rising fertility differentials among women according to educational attainment (Chapter 5.2). At the same time, postponement among university educated women is longest and they have higher childlessness than other women. It seems that university graduates find larger families ideal, but do not manage to fulfill their fertility intentions or adjust them later in life.

Orientation towards “traditional” values such as family and marriage is in close relation to the religiosity of the population. Also, fertility intentions and attitudes towards reproduction differ among non-religious and religious men and women. Reproductive behavior and attitudes of women who declare themselves “deeply religious” differs from those of religious or non-religious women (FOCUS 1997). While 75 % of religious and over 90 % of non-religious women aged 15 to 44 have a positive opinion on pre-marital sexual experience, 65 % of deeply religious women are against such practice and they also had higher age at first sexual intercourse. Deeply religious women have higher preferences for larger families: 30 % of them consider 3 children optimal (compared to 15 % among others) and 8 % think the same about four and more children (compared to only 1 % among others). Compared to 95 % of non-religious and 82 % of religious sexually active women, only 45 % of deeply religious women use any kind of contraception.

Slovak society is less tolerant of abortion, divorce, cohabitation, and childlessness. Some trends common in the countries of western and northern Europe, but e.g. also in the neighboring Czech Republic, are being adopted more slowly in Slovakia, e.g. the pill, assisted reproduction, and registered partnerships of homosexuals. According to surveys, cohabitation is accepted by approximately 55 % of the population and divorce is acceptable for 33 % and acceptable in some cases for 45 % of the population above 18 years (IVO 2003). Attitudes towards induced abortion are stable and an opinion that a woman has a right to decide on her pregnancy prevails in Slovak society. Seven percent of non-religious and 22 % of Roman Catholics support the abolishment of induced abortion (Matulník et al. 2003).

Slovakia counts among countries with the highest proportion of religious people in Europe and the Catholic Church plays an important role in society and has an influence on reproductive behavior. Only 13 % of the population did not declare any religious affiliation in the census in

2001, which is in sharp contrast to the situation in the Czech Republic, which seems to be one of the most secularized countries in Europe. Most Slovak inhabitants (69 %) declared Roman Catholic religion (above 90 % in some regions of northern Slovakia). In 2004 up to 83 % of births were baptized and the number of religious weddings (57 % of all marriages) was higher than the number of civil weddings²⁹.

In context of the post-socialist countries, Slovakia, together with Poland, Romania and Croatia, is a country with a high level of religiosity and continuity of the positive attitude towards the church (Bunčák 2001). Also, the traditional type of religiosity found in Slovakia makes Slovakia similar to Poland and Ireland (ibid). During communism the regime tried to disintegrate churches, persecuted their members and restricted participation on church activities. However, the church remained an influential institution and since the 1990s has restored its significant social status, which is evident by the influence on social and political life in the country. The Catholic Church is also carrying out marked activities in the population field by presenting its opinions, attitudes and statements, by bishops' pastoral letters (several were dedicated to the population problems) and by organizing conferences and discussion meetings on topics related to current demographic development.

The church representatives evaluate the current demographic trend as unfavorable and point out particularly the low fertility, provoke public discussion on abolishing induced abortion, state their negative attitude towards (especially) the contraceptive pill and promote natural methods of family planning.

²⁹ Civil and church weddings are equal in Slovakia and couples can choose between them, i.e. church wedding does not have to follow the civil wedding.

5 REPRODUCTIVE BEHAVIOUR OF WOMEN IN SLOVAKIA BEFORE AND AFTER THE FALL OF STATE SOCIALISM: CROSS-SECTIONAL AND COHORT PERSPECTIVE

This chapter describes period and cohort trends in reproductive behaviour of Slovak women. Making use of the cross-sectional perspective, the focus is on the historical trends, changing fertility quantum and timing of childbearing. The cohort perspective enables us to study the reproductive behaviour of the generations of women and their fertility outcomes. The focus of the analysis is on the main reproductive processes: fertility, abortion and contraceptive use. This chapter presents findings about the structure of reproductive careers of cohorts of Slovak women and describes their reproductive strategies within the context of state socialism and after the change of the political regime in the 1989.

Dynamics of change in reproductive behaviour and innovation of behavioural patterns emerges rather between generations than within a generation (Kučera and Fialová 1996: 6). Birth cohorts experience life transitions at similar context and they have undergone social learning process at about the same time and under similar circumstances. Each generation passes through life stages in different historical periods in which social actors form their attitudes which are more difficult to be completely re-conceptualised later in life despite of the changed context. Once the social actors start fulfilling their reproductive plans they are less likely to change their reproductive strategy as dramatically as those who are just on the onset of their reproductive lives, although they may modify their subsequent behaviour to some extent (for example they may change their views on intended number of children or give up on their previous reproductive plans due to experiences with childbearing). Hence, people who have not had children yet respond differently to the contextual change compared to those who have already started a family and have had child(ren). So to say, they have different degrees of freedom to reinterpret and readjust their life plans and behaviours. As a result, a change of the context influences differently people in different stages of their reproductive lives.

This chapter starts with a comparison of the cross-sectional and cohort fertility data, trends in total and completed fertility and changes in fertility quantum and timing of childbearing among cohorts of women and during the years 1955–2005. The length of time series was chosen in order to grasp main fertility trends during and prior to the 1970s. We also investigate fertility differential between educational groups of women. Since marriage, contraceptive use and abortion are important factors influencing fertility these are included into the analysis. The intention is to draw conclusions about typical and outlying patterns of reproductive careers of women in Slovakia during the state socialism, focusing on the 1970s, and during the transformation era since the 1990 based on the analysis of demographic data.

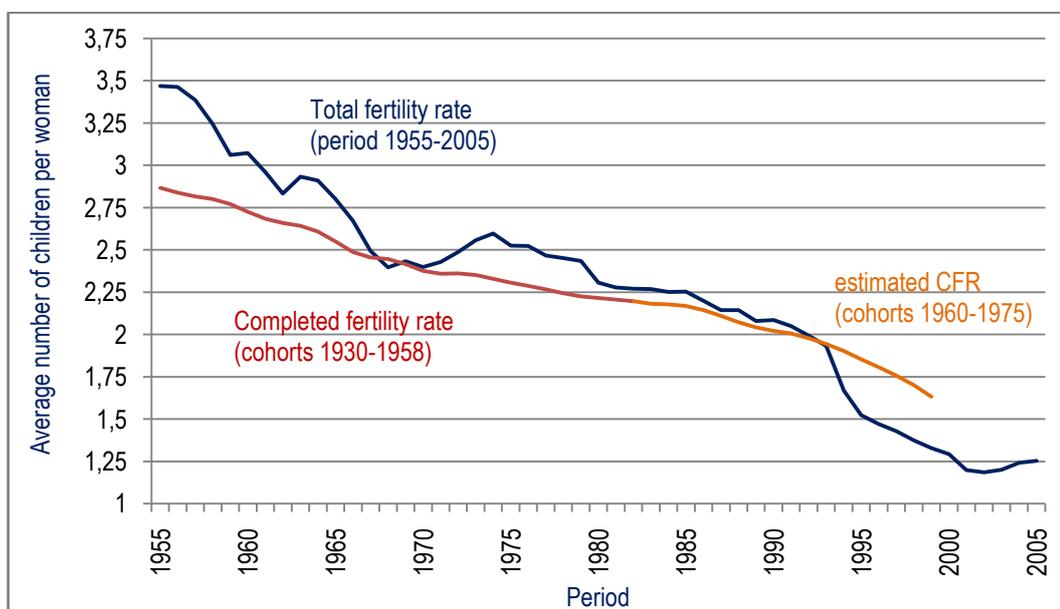
5.1 Fertility patterns: From early and high towards later and lower fertility

5.1.1 Trends in total and completed fertility rates

Total fertility rate (TFR) of Slovak women has a decreasing tendency over the whole post-war period. The decrease starts at a fairly high fertility levels of 3,5 children per woman (Figure 5.1). Six phases can be distinguished in the TFR trend over the period 1955–2005. The first phase is characteristic with steeply decreasing TFR from the levels of about 3,5 children per woman in the mid-1950s to 2,4 children per woman at the end of the 1960s. The decrease in TFR during this period is a result of the lowering intensity of the higher birth-orders⁵⁹ and tendencies to limit the family size towards the preferred two to three children in the family. The trend is apparent in the simultaneously lowering age of mother at childbearing, since higher order births take place in the more advance age. Over this period mean age at first birth first stabilised at fairly low level of 22,6 years (Figure 5.2). Cohort data show that transition to motherhood shifted to the lower age among the cohorts born during 1935–1940.

For a short period of the late 1960s TFR remains slightly below 2,5 children per woman (phase 2). This decrease is followed by the third phase characteristic by the upswing in TFR over the 1970s (phase 3). Implementation of the pronatalist policy measures (especially introduction of the loans for newly-weds, see Chapter 4 for details) at the beginning of the 1970s resulted in a temporary upswing of the TFR levels. Population policy provoked rather a change in the timing of births than a real increase of the fertility quantum in case of women in Slovakia. It did not seem to affect completed fertility rates of cohorts born in the 1940s and 1950s who could benefit most from the population policy. This is in contrast with women in the Czech Republic, who reacted more promptly and completed fertility rates (CFR) slightly increased among those

Figure 5.1: Total fertility rate and completed fertility rate, Slovakia, 1955–2004, birth cohorts 1930–75



Note: Cohort indicators are lagged in mean age of mother at childbearing. Estimated CFR was computed employing a trend projection on age-specific cohort fertility rates, baseline cohort age-specific fertility rates as of 2005. Data source: period data - vital statistics ŠÚ SR, author's computations, cohort data - ODE, author's computations of age-specific cohort fertility rates for period 2002–2005.

⁵⁹ The term birth-order refers to the true (biological) birth order.

birth cohorts who were in their prime childbearing age during the 1970s⁶⁰ (Rychtaříková 2003). Effect of the population policy measures was different on women in Slovakia due to their higher fertility which was still well above the replacement level at the end of the 1960s. In contrast, TFR in the Czech Republic dropped below replacement level in the late 1960s (Rychtaříková 1996). It was mostly the Czech population which was a subject to pro-population policy due to below replacement fertility rates at the end of the 1960s which were perceived problematic and lead to formulation of pronatalist population policy measures (Kučera 1968: 311).

Over the 1980s TFR continuously declined from 2,3 to 2,08 children per woman in the 1990 and the mean age of women at childbearing stabilised at 25 years. A pattern of early childbearing, concentration of the fertility to the narrow age interval and orientation towards the two-child family were typical for the decade.

Similarly to other post-communist countries, total fertility rate in Slovakia dropped substantially below the replacement level during the 1990s. Although the decreasing trend was apparent since the 1980s a major drop occurred in between the years 1993 and 1995, when TFR fell from 1,9 to 1,5 children per woman (Figure 5.1). By the end of the decade TFR dropped below the level of the lowest-low fertility (Kohler et al. 2002) with the minimum of 1,18 children per woman in 2002. Although TFR remains still at lowest-low levels, recent developments suggest the long-expected trend reversal. Over the 2002–2005 TFR increased slightly to 1,25 children per woman, which may be a sign that formerly delayed births are being recuperated.

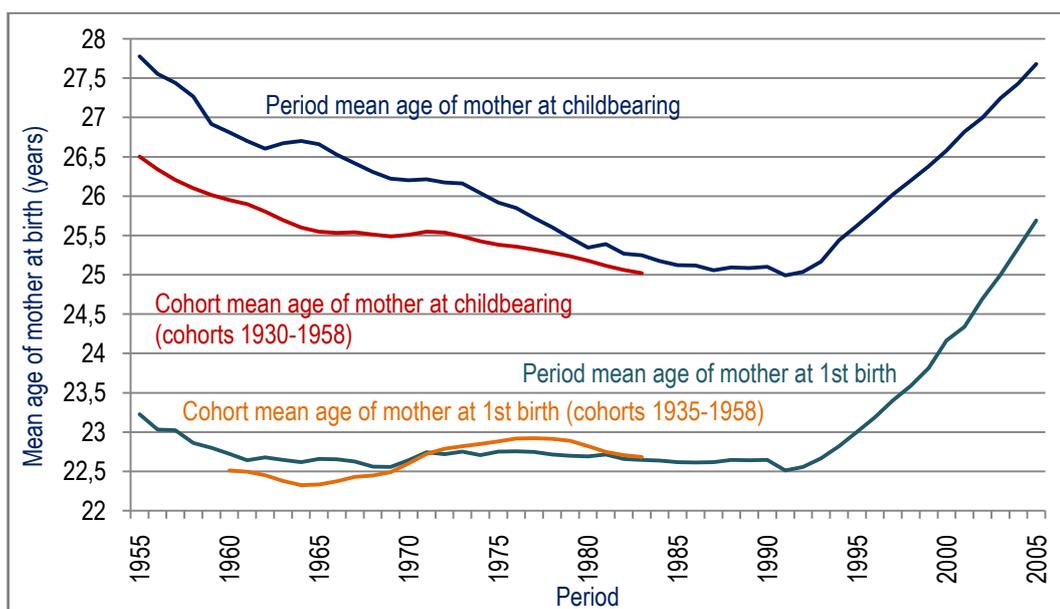
The decline of the TFR during the 1990s is of a different character than the previous decreasing trends of this indicator. In the previous periods the decrease occurred as a result of the shrinking family size and was driven primarily by the limitation of the third and higher order births. Along with this trend the mean age of women at first birth remained unchanged and TFR was not subjected to major distortions due to the changes in timing of childbearing. The decrease of the TFR that occurred in the 1990 is of a different character since it is caused by the lowering intensity of fertility of the younger cohorts of women as well as to a large by the postponement of childbearing towards more advanced ages.

The ongoing postponement of childbearing is apparent from continuously increasing mean age of women at childbearing, which has risen in 2,7 years to the 27,7 years over the 15 years, and from mean age of mother at 1st birth which increased even steeper from 22,5 to 26,0 years (Figure 2). However, women in Slovakia seem not to postpone their motherhood to such advanced ages as women in the Netherlands or in other western European countries and they are becoming mothers 3 to 5 years earlier compared to their western European counterparts.

TFR is a cross-sectional measure and, hence, it is very sensitive to the immediate changes in the timing of births (tempo effects). TFR is a function of the intensity (quantum) and timing (tempo) of childbearing (Bongaarts and Feeney 1998). The real intensity measure is completed fertility rate – average number of children born to women of a certain birth cohort over the whole reproductive lifespan. TFR is a hypothetical measure constructed of age-specific fertility

⁶⁰ While Czech women of birth cohorts 1940 – 1950 had on average only 2–2,06 children per woman (Rychtaříková 2003), Slovak women of the same birth cohorts had on average 2,55 to 2,3 children.

Figure 5.2: Trends in mean age of mothers at childbearing and first birth, Slovakia, 1955–2005, birth cohorts 1930–1953



Note: Cohort measures are lagged in mean age of mother at childbearing.

Data source: ŠÚ SR, vital statistics, ODE, author's computations

rates of 35 birth cohorts of women with unique reproductive histories (which are embedded in different contexts of reproduction). Among these cohorts timing of childbearing and age-patterns of fertility differ. Consequently, the very low TFR of in the late 1990s is a result of the changing reproductive strategies of the cohorts born after 1970. Low fertility rates of the young women occurred due to the postponement of the childbearing alongside with the low fertility of the older women, who had their children in the earlier age and had finished their childbearing already.

A debate on the effect of low TFR on the completed fertility rate emerged as a result of persisting very low period fertility rates in most European countries and unprecedented lowest-low fertility in post-socialist countries and several countries of Southern and Western Europe. While Slovakia records one of the lowest TFR among the European countries, completed fertility rates of the cohorts of women born before the 1965 are among the highest within Europe. However, similarly to the TFR also CFR has a decreasing tendency. While women born in 1930 had on average 2,87 children and their younger counterparts of the cohorts born in the mid-1950s (and bearing children primarily over the 1970s) achieved an average family size of about 2,21 children per woman. The author's trend projection (plotted in Figure 5.1) suggests that CFR will further decrease in the 1960s and 1970s birth cohorts⁶¹. Cohorts of women born in the early 1960s will probably be the last ones to attain replacement levels of completed fertility rate. It is very plausible that the subsequent cohorts will be affected more by the changes of the context of reproduction after the political turnover and their completed fertility rates will most

⁶¹ The assumption on completed fertility rates of cohorts 1959–75 is based on the trends in age-specific fertility rates and an assumption that the age-pattern of fertility will not change in cohorts 1957–65 since these cohorts have most likely already realized most of their childbearing plans and hence age pattern of fertility will remain the same as in the previous cohorts. In the cohorts 1966–70 an increase of fertility in age 35–39 is assumed due to some recuperation of previously postponed births.

likely decrease due to the long lasting postponement of motherhood. Increasing childlessness due to unfulfilled fertility intentions and long postponement of transition to motherhood is frequently mentioned risk of the persisting low fertility (Kantorová 2002, Rychtaříková 2003).

So far we have investigated only trends of the synthetic indicators – total fertility rate and completed fertility rate. In the following section we will investigate changes in the age patterns of fertility that will lead us more precise description of the reproductive behaviour.

5.1.2 Age patterns of fertility

When comparing reproductive behaviour of women in Slovakia before and after the change of the political regime authors usually contrast the era of the so-called “Eastern-European reproductive regime”⁶² with the new trends in procreative and matrimonial behaviour that emerged after the political turnover in 1989. In the following paragraphs the two reproductive regimes are compared, with a special focus on the timing of childbearing.

The Eastern-European reproductive regime emerged in the former communist countries during the state socialist era and it can be characterised by adjectives early and high: Transition to marriage and childbearing occurred at early ages (in the early 20s for women and in mid-20s for men) and marriage, fertility and abortion rates were high in comparison to the western European countries. Childbearing and marriage were nearly universal and reproduction was embedded mostly within wedlock. Women started their childbearing in the age of early 20s, had on average 2 children in a narrow time interval and completed their reproduction by age 35 (Table 5.2). Over the period 1955–1990 childbearing was increasingly concentrated with the peak in the age group 20–24 (Figure 5.3, Table 5.1) and proportion of births that occurred in this age

Table 5.1: Age-specific fertility rates of women in Slovakia, selected years and birth cohorts

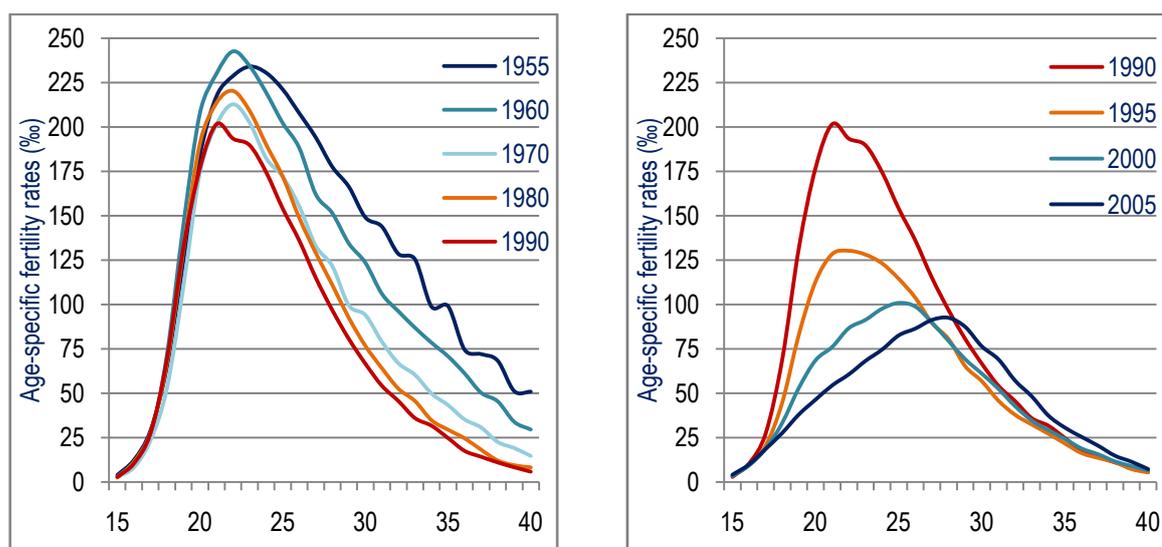
Year	Age-specific fertility rates (%)										
	1955	1960	1965	1970	1975	1980	1985	1990	1995	2000	2005
15–19	23,5	25,7	22,1	19,8	22,4	24,0	25,6	24,2	16,2	11,8	9,9
20–24	109,5	113,5	106,2	97,4	104,3	102,4	101,7	93,7	62,3	42,1	30,4
25–29	96,7	83,8	78,9	68,2	75,0	65,3	62,4	58,3	45,4	43,8	44,0
30–34	64,6	49,1	44,4	35,0	34,1	27,4	25,6	23,4	20,0	22,0	28,8
35–39	36,5	26,2	21,6	15,1	13,5	9,4	8,6	7,6	7,0	7,9	10,3
40+	15,0	8,4	6,5	4,2	3,2	2,1	1,4	1,4	1,4	1,5	1,9
<i>TFR</i>	<i>3,459</i>	<i>3,067</i>	<i>2,797</i>	<i>2,397</i>	<i>2,525</i>	<i>2,306</i>	<i>2,253</i>	<i>2,085</i>	<i>1,522</i>	<i>1,292</i>	<i>1,253</i>
Birth cohort	Age-specific cohort fertility rates (%)										
	1930	1935	1940	1945	1950	1955	1960*	1965*	1970*	1973*	1975*
15–19	15,9	18,1	18,7	17,3	14,6	14,9	17,2	17,4	18,3	17,8	15,4
20–24	101,2	105,8	107,2	97,0	98,9	100,4	99,3	94,0	82,3	64,6	52,3
25–29	94,6	86,6	75,4	76,1	76,7	68,9	66,1	58,7	48,9	39,0	19,4
30–34	49,6	42,0	37,9	35,1	29,4	27,0	24,7	22,4	12,0		
35–39	20,4	16,3	13,6	10,4	9,1	8,9	8,4	4,8			
40+	5,1	3,7	2,2	1,8	1,9	1,7	1,3				
<i>CFR</i>	<i>2,867</i>	<i>2,724</i>	<i>2,550</i>	<i>2,376</i>	<i>2,306</i>	<i>2,217</i>	<i>2,17*</i>	<i>1,97*</i>	<i>1,62*</i>	<i>1,21*</i>	<i>0,87*</i>

Data source: ŠÚ SR, vital statistics, author's computations, cohort fertility: ODE

Five-year age groups fertility rates are a sum of the single-year age-specific fertility rates.

⁶² The term is widely used by the Czech demographers, among others by: Fialová 1994, Kučera and Fialová 1996, Rychtaříková 1996.

Figure 5.3a,b: Age-specific fertility rates, Slovakia, 1955–2005



Data source: vital statistics, author's computations

increased from 32 to 45 % (Figure 5.4, next page). Most births were realised by 30 years of age of the mother – with increasing tendency from 66 to 85 % and only 5 % of births were given by women older than 35 years. This reproductive regime was most clearly pronounced during the 1980s.

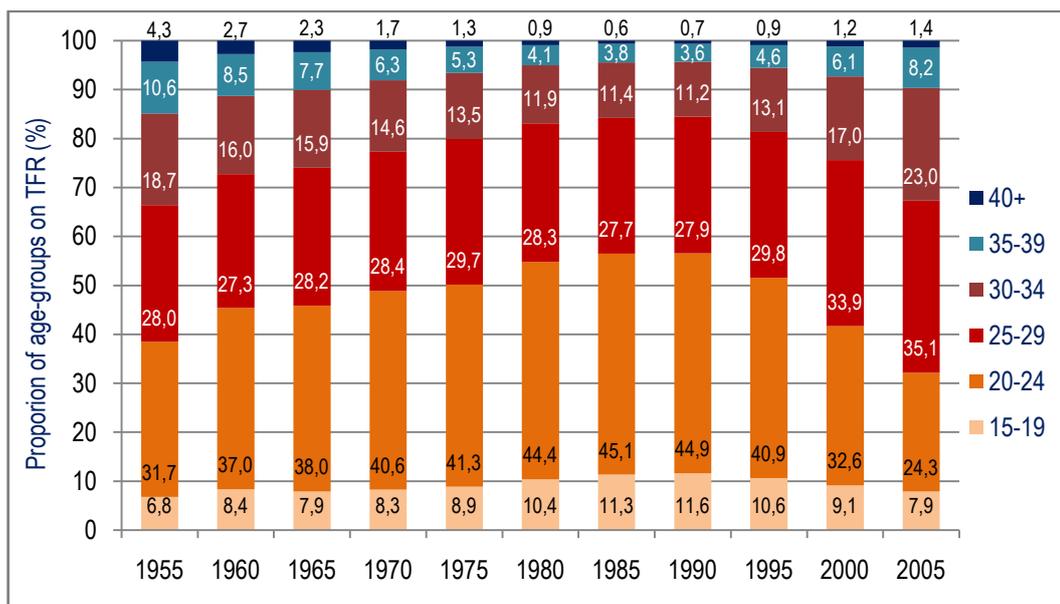
We observe advancement of childbearing among birth cohorts of women bearing children over the state socialism. In birth cohorts 1940–1960 half the women of the cohort already had a child by age 25 and by age 30 these cohorts had at least 2 children (Figure 5.5, next page). Increasing concentration of births into a narrow age interval could also be an outcome of the decreasing proportion of higher-order births (4+) that usually take place in more advanced ages. Due to the lowering intensity of fertility in higher age, fertility in youngest ages (15–19) proportionally increased although its intensity changed only to a limited extend over the period 1955–1990 (Table 5.3).

Table 5.2: Indicators of fertility tempo and quantum, selected years 1955–2005

Calendar year	Sum of age-specific fertility rates (‰)				Proportion 30+	Mean age at childbearing	90% of births realized	Mean age at first birth	TFR
	Below 20	20–24	25–29	30+					
1955	235	1095	967	1161	33,6	27,8			3,46
1965	221	1062	789	725	25,9	26,7			2,80
1975	224	1043	750	508	20,1	25,9	33,8		2,53
1985	256	1017	624	356	15,8	25,1	32,5	22,6	2,25
1990	242	937	583	324	15,5	25,1	32,4	22,7	2,08
1995	162	623	454	284	18,7	25,6	33,3	23,0	1,52
2000	118	421	438	315	24,4	26,6	34,3	24,2	1,29
2005	99	304	440	409	32,7	27,5	35,4	25,7	1,25
Change 1995/1990	-33%	-33%	-22%	-12%		+1,0 years		+0,3 years	-0,56
Change 2005/1995	-39%	-51%	-3%	+44%		+1,9 years		+2,7 years	-0,27

Data source: ŠÚ SR, vital statistics, author's computations

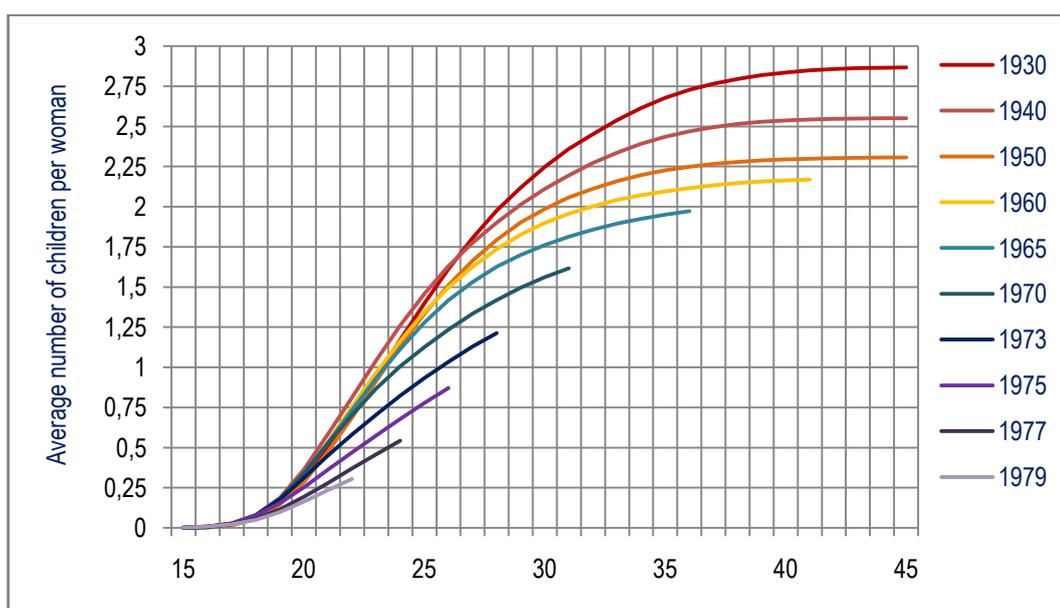
Figure 5.4: Structure of total fertility rate by age, Slovakia, 1955–2005



Data source: ŠÚ SR, vital statistics, author's computations

Cohorts born during the 1970s are the initiators of the new reproductive behaviour. In these birth cohorts we observe a transition from early towards later childbearing pattern. Young women of these cohorts were on the onset of their reproductive lives at the beginning of the 1990s and they have adopted different strategy than older generations in transition to motherhood. Previous reproductive regime typical (and suitable) for the era of the state socialism is gradually changing towards the one known in Western Europe and typical by the late and low fertility also among these cohorts. Women born in the early 1970s behave more alike their predecessors, compared to the women born since the mid-1970s. The postponement strategy is becoming widespread across subsequent birth cohorts (Figures 5.5, 5.6).

Figure 5.5: Age-specific cohort fertility rates, Slovakia, selected birth cohorts 1930–1980



Data source: ODE, author's computations, data correspond to the calendar year 2001

Adopting the concept of rational choice, including the notion of bounded rationality (de Bruijn 1999: 23-35), each reproductive strategy can be understood as a rational reaction to the context of reproduction of the respective era. During the state socialism early parenthood and concentration of childbearing into a narrow time interval were a response to the population policy and a lack of opportunities which were often conditioned on the obedience to the regime. Increased uncertainty, unemployment, as well as newly emerged opportunities of studying and professional carrier lead to postponement of family formation. Compared to highly secure labour market and often life-long jobs in the planned economy, transition to the market-oriented economy and changing labour market resulted in increased necessity of human capital investments (post-secondary education, investments into professional growth, skills and abilities). Qualitative findings show that employment strategies of women contribute to postponement of family formation (Chapter 7.4.3).

As previously stated, since the beginning of the 1990s total fertility rate had decreased to its lowest level of about 1,19 children per woman in 2001–2003. Fertility quantum dropped in all age groups. The most pronounced drop occurred in the previously prime reproductive age group of 20–24 year old women. This trend speaks of the postponement of transition to parenthood. The weight of the youngest age groups on TFR dropped from previous 45 to 24 % (Figure 5.4). Fertility quantum among 25–29 as well as the share of this age group on TFR increased in the recent years (2003–05). Even more pronounced increase is apparent among women aged 30–35 years. Although the increase of fertility quantum is still very low, it suggests a starting recuperation of previously postponed births, or at least of a part of these births.

Table 5.3: Completed fertility rate at selected ages, Slovakia, selected birth cohorts 1945–1979

Age	Birth cohort								
	1945	1950	1955	1960*	1965*	1970*	1973*	1976*	1979*
up to 20	0,17	0,29	0,30	0,33	0,33	0,34	0,31	0,22	0,16
up to 25	1,14	1,33	1,33	1,34	1,28	1,13	0,93	0,69	
up to 30	1,90	1,99	1,92	1,90	1,76	1,56			
up to 35	2,25	2,23	2,14	2,10	1,95				
<i>CFR</i>	<i>2,38</i>	<i>2,31</i>	<i>2,22</i>						

* Cohorts with not completed fertility in 2001

Data source: ODE, author's computations

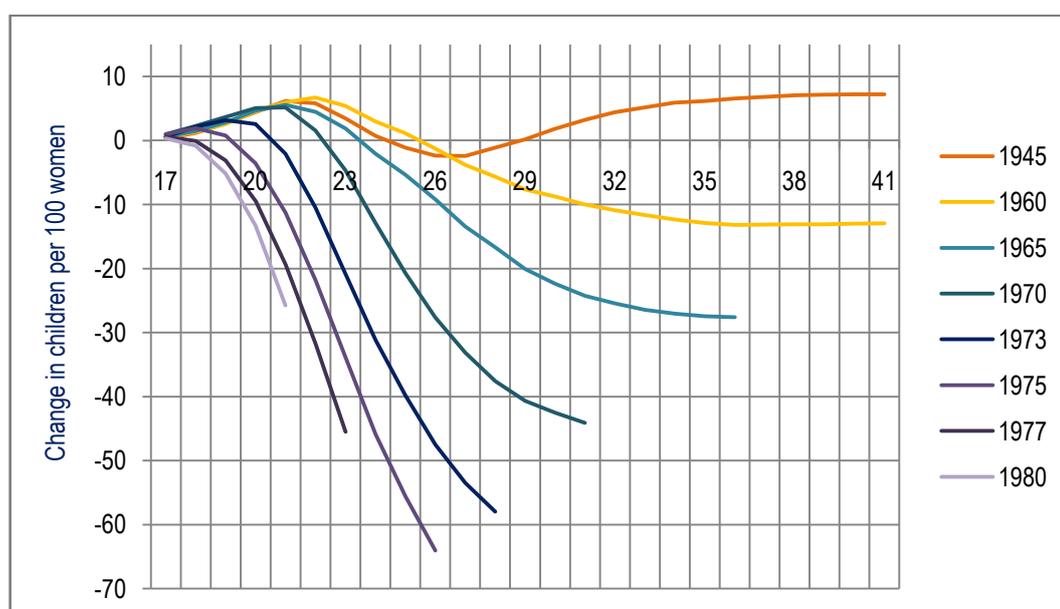
One of the outcomes of the postponement of motherhood is that more women remain childless during their early 20s. In older birth cohorts parenting and starting a family typically took place at age 18–25 years. Women born during the 1950s had on average 1,33 children at age 25 and 1,9 children by the age of 30 (Table 5.3). A reduction in completed fertility quantum is apparent at ages above 25 years already in the 1965 birth cohort, although in their early 20s these women behaved similarly to the older birth cohorts. Deficit of completed fertility at age 35 in this cohort is a result of decreasing intensity of the second births as further analysis reveals (see the following section). Women born in the late 1960s were in their 30s over the 1990s and it is likely that these women were less successful in achieving their fertility plans due to rapidly changing socio-economic context during the societal transformation.

In cohorts of women born over the 1970s completed fertility rates at age 20–25 decrease substantially: 1976 birth cohort gave birth to 0,69 children per woman at age 25 while cohorts

born prior to 1965 had on average 1,3 children at age 25 (Table 5.3). Fertility deficit is deepening across subsequent birth cohorts of women born in the 1970s (Figure 5.6). The fertility deficit is computed as difference of cumulated age-specific cohort fertility rates relative to the fertility quantum at age x of the reference birth cohort. It is displayed as difference in number of children per 100 women in each age group. The 1950 cohort was chosen for reference because, first, this birth cohort is used in other studies of cohort fertility (Billari and Kohler 2002; Frejka and Sardon 2004) and, second, women of this birth cohort are typical representatives of the previous reproductive regime.

In comparison to the 1950 cohort, younger birth cohorts experience higher fertility in early age (17–21 years). This effect has a diminishing tendency in each subsequent birth cohort of the 1970s. Cohorts born at the end of 1970s have slightly higher teen-age fertility and subsequently fertility of women aged 25 years steeply declined to about 45–80 % of the 1950 cohort. Starting with the 1970 birth cohort, fertility deficit deepens in each subsequent cohort, which means that in each younger cohort more women postpone childbearing.

Figure 5.6: Cumulative change in fertility rate by age, Slovakia, selected birth cohorts 1945–1980, (reference cohort 1950)



Data source: ODE, author's computations

Note: The figure plots a difference in cumulative fertility rates relative to the birth cohort 1950 and shows how much lower or higher was fertility rate reached at age x compared to the 1950 birth cohort. Zero means that cumulative fertility rates of the birth cohort X overlap with the fertility quantum of birth cohort 1950.

Birth cohort 1945 differs from the subsequent ones not only in higher completed fertility quantum, but also in different age pattern: at age 25–28 women of 1945 birth cohort had fewer children compared to 1950 cohort. However, their fertility rates increased after age 30. It is likely that the fertility surplus of the 1945 emerged due to higher progression to higher parities.

Overall, childbearing is not only shifting towards higher age, but also fertility is much less concentrated into a single age group as it was the case over the state socialist era. Period age-specific fertility rates are the result of reproductive outcomes of different cohorts of women with different reproductive histories. While most women of generations born before 1965 were

merely completing their family size in the early 1990s, younger cohorts came up with a new strategy of postponement of childbearing as a reaction to the changed context of the reproduction. Figures clearly show that already cohorts of women born during the 1960s experience fertility deficits.

Despite its continual spreading, postponement of childbearing is not a universal reproductive strategy among women in Slovakia and we can rather speak of the broadening variety of reproductive careers of women and about the end of era of one largely dominant reproductive model. Age-specific fertility rates suggest that a proportion of women behave more alike the previous birth cohorts, bearing their children early, as we can observe sustained higher fertility at age 18–22. Rychtaříková (1996) suggests that over the 1990s two reproductive regimes are coexisting side by side: some women seem to behave according to the former reproductive model while major part seems to behave according to the new model typical with the strategy of postponement. We hypothesise, that early childbearing is typical for a selective group of women and may not be equivalent with previous reproductive model in all respects. Since characteristics of women who keep bearing children at an early age are not known to sufficient level of detail, it may only be suggested that it is probably mostly women who belong to the subculture different from majority population, whether this subculture is based on ethnic or other social characteristics (women of lower social strata, Roma women who are typical with early onset of childbearing (Šprocha 2006)). It is likely that a large proportion of births in the early age happen accidentally due to low use of contraceptives or their improper use. In any case, early childbearing is not anymore a dominantly followed reproductive strategy as it used to be under the state socialism but it becomes rather a minority strategy.

The term postponement of births suggests that previously delayed births should be later recuperated, at least to some extent. As a result, total fertility rate should start increasing again when cohorts of “postponers” start catching up on their reproductive plans. This should lead to the increase of the age-specific fertility rates in more advanced age groups – especially among 25–29 and 30–35 year old women. In the cohort data recuperation is not noticeable yet, since these are available only until year 2001. However, period age-specific fertility rates (2004, 2005) indeed suggest a starting recuperation. We expect more pronounced recuperation in the upcoming years.

To what extent postponed births will be recuperated in the following years still remains a question. While in the Netherlands recuperation was almost complete and only timing of childbearing changed (Kohler et al. 2002, Frejka and Sardon 2004) in other especially Southern and Eastern European countries recuperation may not be achieved (Frejka and Sardon 2003 and 2004). It is inappropriate to expect identical scenario in Central and Eastern European countries as in the Western or Southern Europe, since the postponement of childbearing is related to their unique cultural, historical and socio-economic features.

The question arises, whether we can still speak about postponement and not about different process if recuperation occurs only to limited extent. On the other hand, survey data show prevailing low intentions of voluntary childlessness in European countries and hence we can conclude that majority of women and couples intend to have at least one child in the future but they are (un)intentionally delaying childbearing from various reasons. More attention should

also be given to the dynamics of the change of fertility intentions with prolonging postponement. Besides the health risks and increasing biological infertility with higher age, that surely is influencing fertility outcomes of women older than 35 years, very little is known about how people change and adjust their fertility plans over the life course (see Testa and Toulemon 2006 for some evidence). It is very likely that some women who intended only to postpone childbearing will give up on their reproductive plans over the years. Hence, people who first declared themselves as “postponers” may later identify themselves as voluntarily or involuntarily childless. The process of postponement and childlessness are closely related although postponement may not have to lead necessarily to extremely high childlessness in the long run (Sobotka 2004). Populations with persisting low fertility may also largely differ in parity distribution of fertility and childlessness levels.

5.1.3 Postponement of first and subsequent births and childlessness

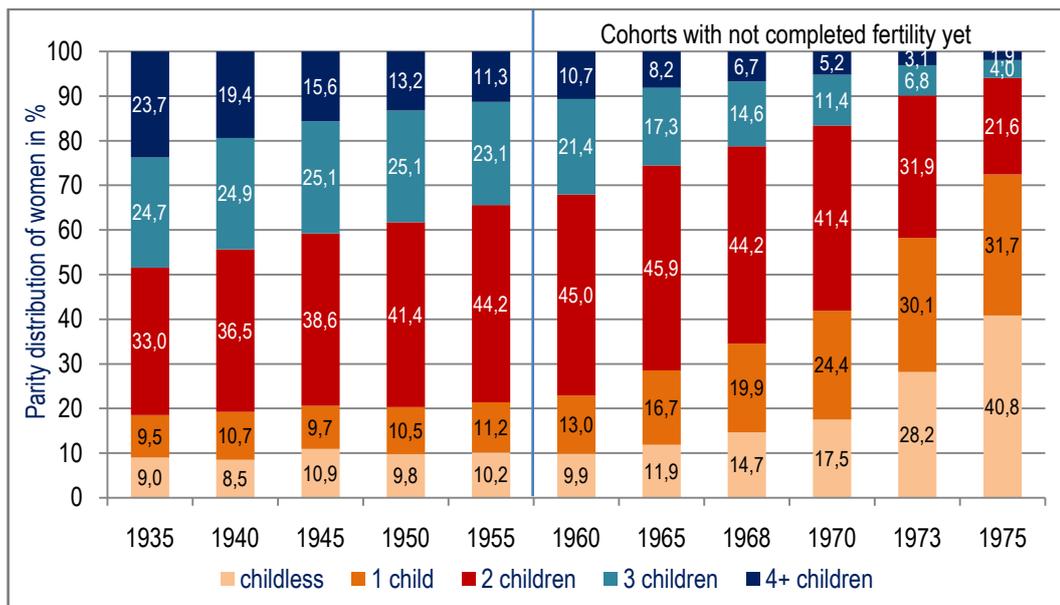
In the previous section, the postponement of childbearing into higher age was identified as a dominant reproductive strategy of women in Slovakia born in the 1970s. Speaking of the postponement of childbearing, mainly postponement of the transition to motherhood is meant. Women who were on the onset of their reproductive lives during the transformation of the society after the 1989 tend to delay primarily births of their first children and consequently the follow-up births shift into more advanced age. Postponement of first births manifests as a postponement effect on fertility at individual level (Billari et al. 2006). At macro level, postponement of first births causes a reduction in higher-order birth apparent from period birth-order specific fertility rates. Kohler and Ortega (2002) refer to this process as to fertility ageing effect.

When speaking about the reproductive behaviour and low fertility, the changes are mostly attributed to the cohorts of women born over the 1970s who are thought to be the initiators of the new reproductive regime. Less attention is given to whether and how women of older cohorts born over the 1960 were affected in their childbearing plans and outcomes. The analysis reveals that change of the context of reproduction that followed the political turnover affected women who were in different phases of their reproductive lives in a different way and that not only youngest cohorts were influenced in their reproductive behaviour and plans. Postponement of childbearing occurs among cohorts born before the 1970. The difference is that while in the birth cohorts of the 1970s postponement of the transition to motherhood is apparent, among the birth cohorts of the late 1960s postponement relates to higher birth orders.

Women of older birth cohorts who have already completed their family size and had finished or were in the final phases of their reproductive lives⁶³ were not affected in their reproductive plans. These women were typical representatives of the previous reproductive regime and completed their family size in younger ages. Hence we do not observe any major affects of the postponement on their completed fertility. In cohorts of women born in 1935–1960 completed fertility rate was decreasing (Figure 5.1) as a result of shrinking family size (Figure 5.7). Towards younger cohorts the proportion of women with 4 and more children was continuously falling from previous 24 % (1935 birth cohort) to 11 % only (1955 birth cohort). Proportions of childless women and women with one child were not changing and remained low (10 %).

⁶³ Women older than 35–40 years (born before the 1955). These women completed their childbearing in 95 %, as we showed in the previous chapter.

Figure 5.7: Parity composition of birth cohorts of women, Slovakia, selected birth cohorts 1935–1975



Data source: ODE, 2001, author's computations

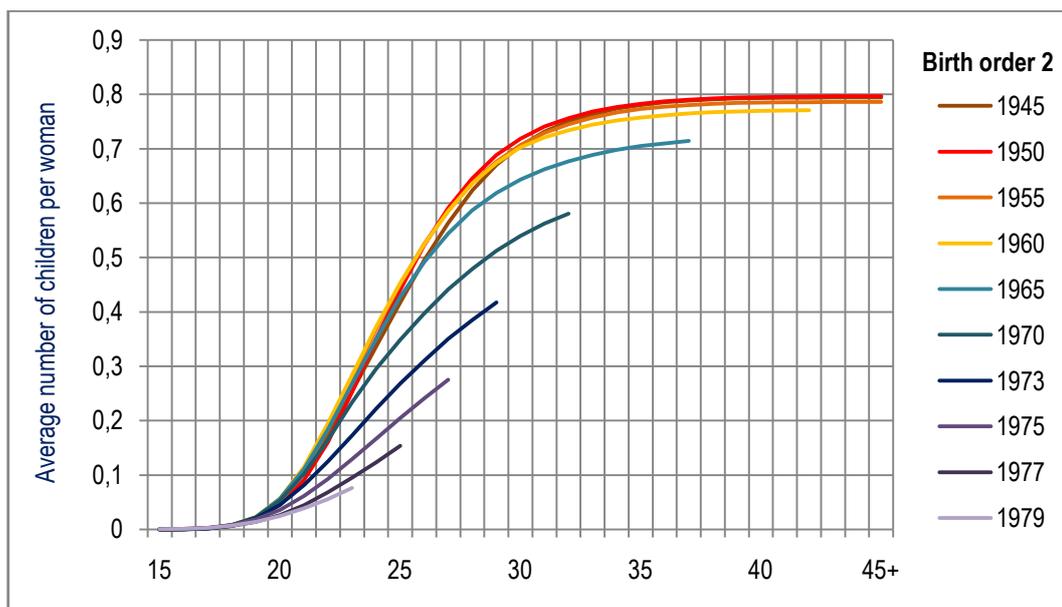
Motherhood was almost universal and a two-child family norm started prevailing, although shares of women with 3 children were remaining stable at about 25 % up to the birth cohort 1955. In Slovakia and Poland proportion of women with three and more children remained higher compared to other European countries (Frejka 2008a).

Cohorts born during the 1950s are typical representatives of the so-called eastern-European reproductive regime in terms of their fertility pattern: motherhood was universal; women were bearing their first children in their early 20s; children were born within a narrow time interval and hence 90 % of women have finished their childbearing in their early 30s; half of women who ever had children had two; childlessness and single child families were rather rare and proportion of women with a single child was lower than proportion of women having 3 children.

In cohorts of women born in the late 1960s a decrease in number of children can be observed, resulting in lowering completed fertility rate as well as in changing parity composition. Women of birth cohorts 1960–69 were 21–30 years old at the beginning of the 1990s and change of the context of reproduction occurred in their prime childbearing ages. While these women seem to be similarly successful in their transition to motherhood as their older counterparts, a difference in second birth order fertility is visible (Figures 5.8, 5.9). Although these women entered motherhood in similarly young ages as older birth cohorts, especially women born after 1965 were not as successful as their older counterparts in transition to the second birth (Figure 5.8).

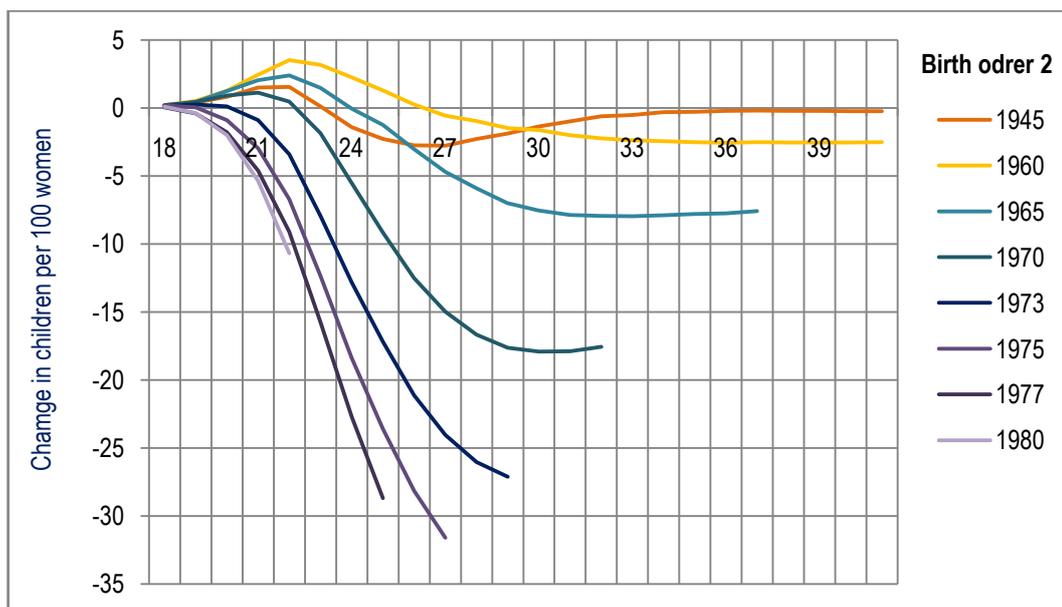
We hypothesise, that women younger than 35 years (born over the late 1960s and early 1970s), who already had at least one child before or at the time of societal change have been affected in achieving their reproductive plans and in completing their family size. It is likely that these women re-adjusted their fertility plans and intentions due to newly emerged obstacles or perceived uncertainty. Increasing proportions of childless women and women having a single

Figure 5.8: Cumulative age-specific cohort fertility rates, birth order 2, Slovakia, selected birth cohorts 1945–1979



Data source: ODE, author's computations

Figure 5.9: Cumulative change in fertility rates, second births, Slovakia, selected birth cohorts 1950–1980, (reference cohort 1950)



Data source: ODE, author's computations

child are apparent in birth cohorts 1965–1970, probably as an outcome of a longer lasting postponement of childbearing. However, these women were in their 30s at the time last data are available and, thus, it is likely that when these cohorts complete their fertility proportions of childless and those with 1 child will be lower than 15 % and 20 % respectively⁶⁴.

⁶⁴ More up to date computations based on vital statistics data up to year 2007 show that childlessness reduced to 9,7 % in 1960 cohort and to 11,2 % in 1965 birth cohort and the proportion of women with a single child remained at 13 % in 1960 birth cohort and reached 17,9 in 1965 cohort. In 2007 women born

Finally, women who had not started bearing children before the 1990 were affected in their transition to motherhood. Proportion of childless women increases in cohorts born over the 1970s, presumably as a result of postponement of first births during their early 20s. Women born in 1977 had at age 25 on average 0,4 first children which is only 60 % of their counterparts born in 1950 (Table 5.4). Postponement of first births is increasingly pronounced in each subsequent birth cohort (Figures 5.10, 5.11). While at least part of women born during the early 1970s experienced transition to motherhood at similar ages to older birth cohorts, women born later wait to bear their first child longer. Starting from the 1970 birth cohort, always a larger proportion of women of each subsequent cohort chose instead of the early transition to motherhood the postponement strategy. In cohorts born at the end of the 1970s this reproductive strategy is clearly pronounced.

Due to the starting recuperation, period and cohort fertility rates at more advanced age will recover at least to some extent. Figure 5.10 plots the starting recuperation of the first births after age 25 among women born over the 1970s⁶⁵. As a result, total childlessness of these cohorts will be much lower than 30 – 40 % as period fertility trends suggest (Figure 5.7). According to Sobotka's projection of childlessness the proportion of childless women in cohort 1975 should vary between 17 to 22 % (Sobotka 2004: 145). This would still be double the previous level but definitely less than the current cohort and period fertility data suggest. However, we do not observe recuperation in second birth-order fertility rates yet.

Table 5.4: Cumulative age-specific rates of first, second and third birth order, Slovakia, selected birth cohorts 1935–1977

Age	Average number of children of specific birth order per woman										
	1935	1940	1945	1950	1955	1960*	1965*	1970*	1973*	1975*	1977*
	<i>Birth order 1</i>										
20	0,27	0,29	0,27	0,24	0,24	0,27	0,27	0,28	0,26	0,21	0,16
25	0,77	0,79	0,74	0,74	0,74	0,75	0,74	0,68	0,59	0,51	0,42
30	0,88	0,88	0,85	0,86	0,86	0,87	0,85	0,80			
35	0,90	0,91	0,88	0,89	0,89	0,89	0,88				
<i>CFR1</i>	<i>0,910</i>	<i>0,915</i>	<i>0,891</i>	<i>0,902</i>	<i>0,898</i>	<i>0,901</i>	<i>0,881</i>	<i>0,825</i>			
	<i>Birth order 2</i>										
25	0,46	0,46	0,42	0,44	0,45	0,45	0,43	0,35	0,27	0,20	0,15
30	0,73	0,71	0,71	0,72	0,71	0,70	0,64	0,54			
35	0,80	0,79	0,78	0,78	0,77	0,76	0,70				
<i>CFR2</i>	<i>0,815</i>	<i>0,808</i>	<i>0,794</i>	<i>0,797</i>	<i>0,786</i>	<i>0,771</i>	<i>0,714</i>	<i>0,581</i>			
	<i>Birth order 3</i>										
25	0,16	0,15	0,12	0,12	0,11	0,11	0,09	0,07	0,05	0,04	0,03
30	0,36	0,32	0,29	0,28	0,25	0,24	0,20	0,14			
35	0,46	0,41	0,39	0,36	0,32	0,30	0,24				
<i>CFR3</i>	<i>0,484</i>	<i>0,443</i>	<i>0,408</i>	<i>0,383</i>	<i>0,344</i>	<i>0,320</i>	<i>0,255</i>	<i>0,166</i>			

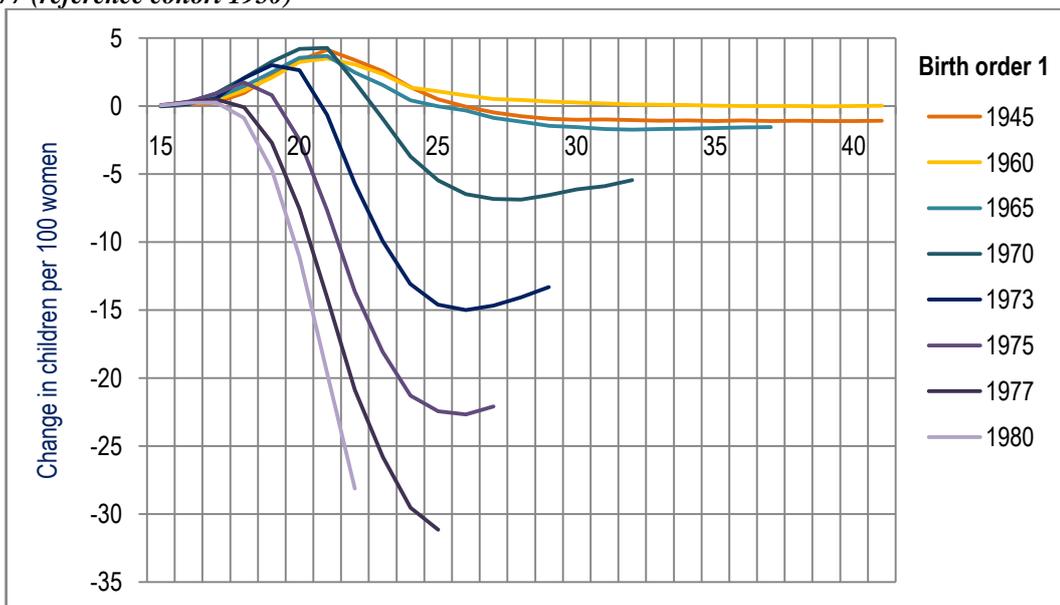
* cohorts with not completed fertility inn 2001

Data source: ODE, author's computations

in 1960 were 47 years old and their fertility was de facto completed, and women born in 1965 were 42 years old. (Potančoková 2008)

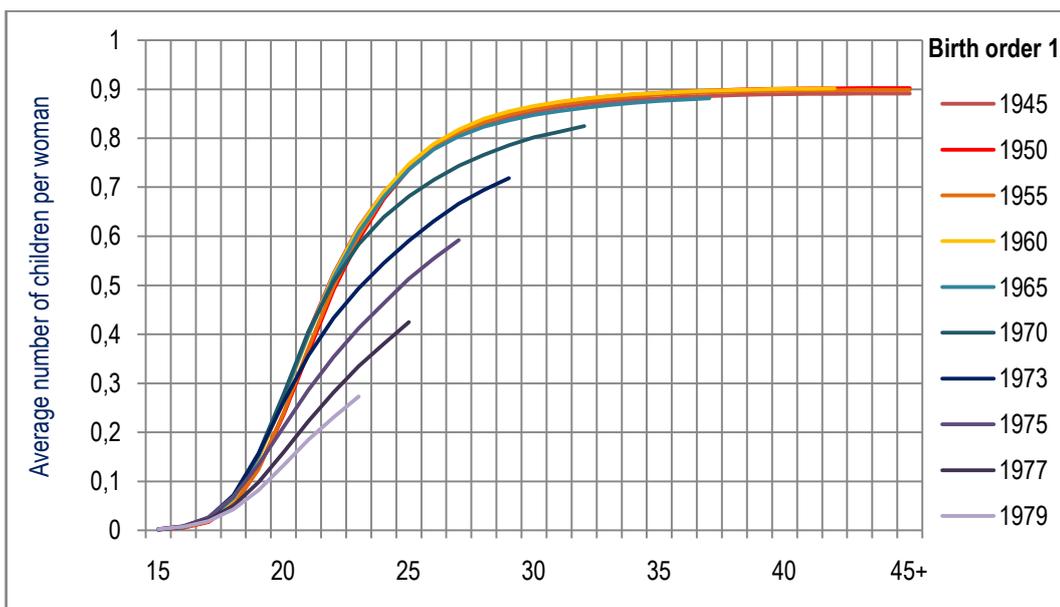
⁶⁵ Recuperation of fertility rates is more apparent after year 2005, more up to date results for parity distribution and cohort fertility rates in Potančoková 2008.

Figure 5.10: Cumulative change in fertility rates, first births, Slovakia, selected birth cohorts 1950–1977 (reference cohort 1950)



Data source: ODE, author's computations

Figure 5.11: Cumulative age-specific cohort fertility rates of first birth order, selected birth cohorts 1945–1980



Data source: ODE, author's computations

As a consequence of postponement of motherhood women may not be able to achieve their reproductive plans. It is well known fact that increasing mean age of mothers at childbearing has a negative effect on fertility outcomes. Starting recuperation of the first birth order implies that being a parent is still important transition in life of young generations and that childlessness especially in cohorts of women born at the beginning of the 1970s will not dramatically exceed previous level of the 10 %⁶⁶. Completed fertility of these women may be lower as a result of a

⁶⁶ According to 2008 data 13,3 % of women born in 1970 were childless at age 38 years (unpublished results). If age-specific cohort fertility rate at age 39–49 persist at the level reached by previous cohorts

reduction of second and third birth order children. Fertility of the third birth order is decreasing in the long run, while fertility of the second birth order decreases in cohorts of women born over the 1960s. It is a drop in second births that resulted in lower completed fertility rate of these birth cohorts.

The above discussed trends in recuperation of the birth-order specific fertility rates support the hypothesis of a moderate increase in childlessness and increasing proportion of single child families. Parity progression ratios for the cohorts 1960–68 and trend projection for the younger cohorts confirm the hypothesis (Potančoková et al. 2008). Probability for a childless woman to have the first child decreased only slightly from 90 to 87 %, which means that also during the ongoing transformation of reproductive behaviour a vast majority of women become mothers. Compared to older cohorts, the probability to give first birth did not change. Moreover, motherhood is considered important for construction of femininity in our culture, it is conceptualised as an integral and natural part of woman's role and its transition to motherhood is also an important status transition for women (Šalingová 2003, Hašková and Zamykalová 2006).

A more likely consequence of the persisting low fertility and postponement of childbearing will be a sharp increase in single child families (Potančoková et al. 2008). Since the mid-1960s cohorts the probability of a woman with one child to give birth to a second child is decreasing (from 87% in 1958 birth cohort to 78 % for 1968 birth cohort and the trend suggests a further decrease). According to the author's trend projection, the proportion of women having a single child will triple from about 11 % in the 1950s birth cohorts to about 30 % among late 1975–1979 birth cohorts (ibid). Hence an unprecedented growth of women with a single child will be the major change brought by the new reproductive behaviour. Changing parity composition of women manifests, besides diminishing dominance of two-child families, increasing variety of the life styles and reproductive strategies among cohorts of women born after the 1970.

5.2 Fertility behaviour in birth cohorts of women according to educational attainment and marital status

In this section the focus is on the fertility outcomes of women with different educational attainments and marital status to investigate whether subgroups of women who differ in their social status characteristics differ in their fertility behaviour as well. Overall, there is strong evidence in various international studies on the negative relationship between women's education and fertility quantum and timing (Hoem 1986, Blossfeld and Huinink 1991, Liefbroer and Corijn 1999, Kantorová 2004, Hoem, Neyer and Anderson 2006).

Educational attainment and marital status are social characteristics that reflect social status and to some extent the life style orientations of women. First, linking to the opportunity costs framework, being enrolled in education is increasingly perceived incompatible with childbearing and thus results in postponement of family formation and childbearing (Kreyenfeld 2004, Kantorová 2004). Second, women with higher educational attainments are more likely to be more work-oriented and consequently differ in the process of family formation. As a result, women with higher educational attainment tend to form smaller families and remain childless

(as of those in year 2008), childlessness would decrease in 1 %, i.e. to 12,3 %. If recuperation continues total childlessness of the 1970 cohort would be even lower.

more frequently. In the context of the transforming economy, Kantorová (2004) investigated reproductive behaviour of women in the Czech Republic using FFS data and found that women with upper secondary and university education have comparatively lower first-birth risks compared to lower educated women and, moreover, the postponement of motherhood was more pronounced among them. Zeman (2007) also shows that highly educated women in the Czech Republic postpone motherhood towards more advanced age, while among the elementary educated the mean age at first birth and the proportion of women having first child after age 30 remained similar in 2001 and 1991.

This analysis works with the census 2001 data, which leads to several problems and limitations. First, only ultimate fertility outcomes by highest attained level of education are a subject to the study since the age patterns of fertility and fertility timing require more detailed data. Second, all live-births a woman gave are attributed to her highest attained education at census and there is no information on educational career. Hence, the actual educational status the woman had at the time of birth is unknown and cannot even be estimated since the date of childbirth is not reported at census. The same holds for the variable of marital status at census. Consequently, some selection effects in the data need to be taken into account. For example, completed fertility rate of the never-married women (especially those of older birth cohorts) relates to only those women, who remained single until the date of census. Those, who ever had a child while single and got married afterwards (and perhaps even divorced later) are reported as married or divorced at the census. Thus, the sub-group of never-married mothers in the census data is highly selective. It can be hypothesised that the data identify only one type of the single mothers – those who failed to get married due to unknown reasons – while others remain “invisible”. Thus, we distinguish only among never-married and ever-married women in the analysis.

Similarly, when investigating completed fertility of women according to the highest attained educational level, in younger cohorts we face the problem that a certain proportion of these women are still enrolled in education. Women in education differ in their fertility behaviour and they are remaining childless longer than women who have finished their training (Kantorová, 2004). Most likely a large proportion of women younger than 24 years may still be enrolled in education and hence the last cohort we include into our analysis is the birth cohort 1976 (these women were 25 at census).

We distinguish four levels of educational attainment: elementary, vocational⁶⁷, secondary⁶⁸ and university education. Women with no education are omitted from the analysis due to very few cases which cause fluctuations in the data. Women with unreported educational attainment are omitted as well. It is possible, although only a speculative idea, that those women who were still enrolled in education but were reluctant to report lower education may have chosen not to report on their education at all. This would then mean that it were mostly women of younger cohorts and it would also explain their high childlessness and low fertility outcomes.

⁶⁷ Vocational education is secondary education without a school-leaving certificate (*maturita*). *Maturita* is a school-leaving certificate from grammar, vocational and other secondary schools necessary to get enrolled in the further training and universities. Vocational education equals 3A category according to ISCED.

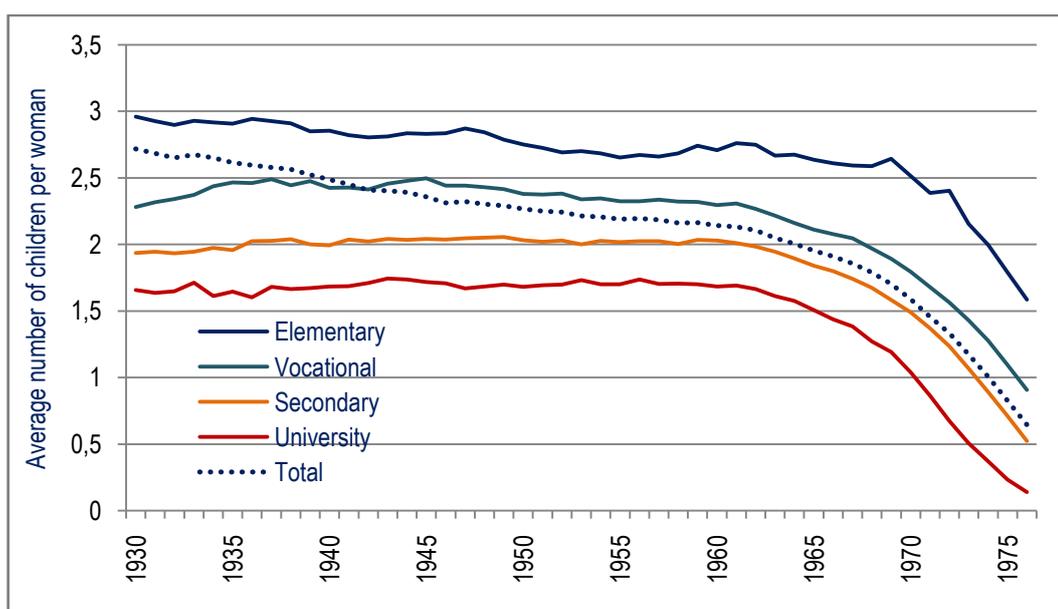
⁶⁸ Secondary education cover graduates with a school-leaving certificate. Secondary education equals to 3B category in ISCED. Using the ISCED classification throughout this analysis would bring several classification problems.

5.2.1 Fertility outcomes of cohorts of women by educational attainment

Women with different educational attainments belong to different social groups, hold different social status, have different life-style orientations and often come from different social backgrounds. By the life style orientations ideas that people have and actions people take to satisfy their needs and desires are meant. Already the fact that a woman is enrolled in higher education is a reflection of her life-style orientations and preferences. For women with low education family may be the major sphere of their self-realisation and enrolment in the labour force may be rather a necessary activity to support the family budget with the second income. On the contrary, it is expected that for a large proportion of highly educated women employment is a self-satisfying activity. Consequently, differing preferences on family and professional career result in different needs for reconciliation of work and family among women of various educational attainments and preferences. Ideas about family and work reconciliation as well as institutional setting providing limits for the real behaviour influence their ideas on the ideal family size, timing of childbearing as well as the performed behaviour. Moreover, women with higher education may be better informed about methods of family planning and, hence, more successful in preventing unintended or unwanted pregnancy.

Unsurprisingly, women with elementary education gave birth to substantially higher number of children compared to women of higher educational attainments in all birth cohorts (Figure 5.12, Table 5.5). Starting at 2,96 children per woman in birth cohort 1930, completed fertility rate of elementary educated ranged between 2,65 to 2,75 children per woman in cohorts born 1950 to 1963. A greater decline occurred since the birth cohort 1970. This decline was least pronounced compared to the decline in fertility of women with higher educational attainments. Consequently, the difference in fertility outcomes by educational attainment is largest for cohorts born since the 1970s. Postponement of childbearing which is more pronounced among women with higher education may be one of the factors underlying the trend.

Figure 5.12: Completed fertility rate of women according to their highest educational attainment, birth cohorts 1930–1976



Data source: ŠÚ SR, census 2001, author's computations

Completed fertility rate of women with vocational education increased from 2,28 in birth cohort 1930 to about 2,5 children per woman in cohort 1945. Women born in the 1930s were bearing children over the period of increasing period fertility rates in mid-1950s. The fertility upswing was less apparent among women with secondary education. Fertility outcomes of women with secondary education were very similar for birth cohorts born 1936 to 1962 and fluctuated at about 2 children per woman (most women fall into this educational category). Completed fertility rate of women with secondary education started decreasing already since the 1946 cohort and dropped below 2,25 children per woman since the 1962 birth cohort. The decrease of completed fertility rate was apparent already in cohorts born during the mid-1960s.

Table 5.5: Completed fertility rate of women according to educational attainment, selected cohorts 1930–1976

Birth cohort	Highest attained level of education				Total
	Elementary	Vocational	Secondary	University	
1930	2,96	2,28	1,94	1,66	2,718
1935	2,91	2,46	1,96	1,65	2,615
1940	2,85	2,42	1,99	1,68	2,487
1945	2,83	2,50	2,04	1,72	2,358
1950	2,75	2,38	2,03	1,68	2,266
1955	2,65	2,32	2,02	1,70	2,189
1960*	2,71	2,29	2,03	1,68	2,141
1965*	2,63	2,11	1,84	1,51	1,952
1970*	2,51	1,79	1,49	1,04	1,588
1973*	2,15	1,43	1,07	0,51	1,172
1975*	1,79	1,09	0,71	0,23	0,825
1976*	1,59	0,90	0,52	0,14	0,645

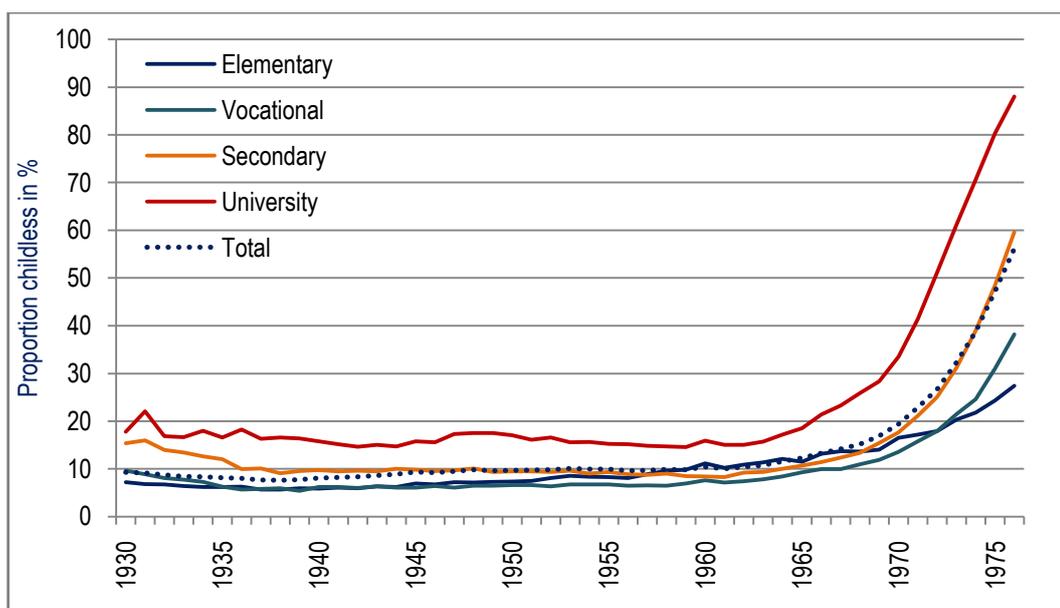
*Cohorts with not completed fertility in 2001

Data source: ŠÚ SR, census 2001, author's computations

As expected, university educated women have on average the lowest number of children. Their completed fertility rates range between 1,6–1,7 children per woman in birth cohorts 1930–1960. Compared to the cohorts born in the 1930s, completed fertility rate increased slightly in the subsequent birth cohorts. The decline in completed fertility rate starts in cohorts born over the 1960s. These were women who have just finished their university training or were enrolled in education at the time of the political turnover. Moreover, university graduates display above-average childlessness. While total childlessness was at about 7 to 9 % in birth cohorts 1930–1960, 15–17 % of university educated women remained childless (Table 5.6, Figure 5.13). In birth cohorts 1965–1969 childlessness increased to 18,5–28 % among university educated women (cohort 1969 was 41 years old at the time of the census). These levels of childlessness are double the women with elementary or secondary education. Total childlessness followed the trend among upper secondary educated, since they are the most numerous group.

University educated women postpone motherhood longer than their counterparts without tertiary education. 40 % of university educated women were childless at age 30 (birth cohort 1971) compared to 15–20 % childless women of other educational attainments. Due to enrolment in education these women have children very rarely by the end of the studies while lower educated women complete their education earlier and start their childbearing at younger

Figure 5.13: Proportion childless by educational attainment, birth cohorts 1930–1976



Data source: ŠÚ SR, census 2001, author's computations

Table 5.6: Childlessness of women by educational attainment, selected birth cohorts 1930–1976

Birth cohort	Highest attained level of education				Total
	Elementary	Vocational	Secondary	University	
1930	7,2	9,6	15,4	17,8	9,3
1940	5,8	6,2	9,7	15,8	8,0
1950	7,3	6,6	9,5	17,1	9,7
1955	8,3	6,8	9,4	15,3	10,0
1960*	11,2	7,6	8,4	15,9	10,4
1965*	11,5	9,3	10,7	18,5	12,3
1966*	13,2	10,0	11,4	21,4	13,3
1967*	13,7	10,0	12,4	23,2	14,2
1968*	13,7	11,0	13,4	25,9	15,2
1969*	14,1	11,9	15,4	28,3	16,9
1970*	16,5	13,6	17,7	33,5	19,4
1971*	17,2	15,8	21,1	41,4	22,9
1972*	17,9	17,9	25,1	51,2	26,7
1973*	20,3	21,5	31,2	61,2	32,3
1974*	21,8	24,6	39,0	70,6	38,8
1975*	24,4	31,0	48,5	80,4	47,2
1976*	27,4	38,2	59,7	88,1	56,2

* Cohorts with not completed fertility

Data source: ŠÚ SR, census 2001, author's computations

age. Women with university degree or secondary education tend to delay their childbearing longer than those with lower educational attainments.

Moreover, we can find more women with a single child among university graduates (Table 5.7, page88). Orientation towards two-child family model was most apparent in cohorts born over the 1950s. Differences in fertility outcomes of women by attained education were smallest for the 1950s cohorts, which points to unification of reproductive careers of women. Clear outliers were women with elementary education, who kept having large families. Similar are the

findings of Rychtaříková (2004), who studied completed fertility by educational attainment among birth cohorts of women in the Czech Republic.

In cohorts born in the late 1960s a substantial increase of proportion of university educated women with a single child emerges (previously up to 20 %, increase to 30 %) and simultaneously proportion of women with 2 children decreases (Table 5.7, next page). Decrease of the proportion of women having 2 children is less pronounced among other educational groups; however, proportion of women born 1960 to 1965 who had 3 children is shrinking also among women with secondary education.

Linking back to the hypothesis of different reproductive strategies of women born over the 1970s we may conclude that while women with lower educational attainment tend to behave similarly to the previous generations and started their childbearing in earlier ages, women with higher educational attainments tend to delay childbearing – university graduates being those who postpone longest. Moreover, university educated women born in the second half of the 1960s may have substantially higher childlessness at the end of their reproductive lives than women of other educational attainments as well as the university educated women of older cohorts. Compared to the previous era, when university educated women converged to the two-child family model similarly to secondary educated women, although they had lower completed fertility, university graduates of younger birth cohorts seem to follow different reproductive strategy and are becoming a distinct group. Longer lasting postponement of motherhood among these women is a consequence of their enrolment in education and probably also of their higher professional aspirations than lower educated women have.

Among birth cohorts of women who were bearing children in the state socialism we can identify a prevailing typical reproductive pattern of low childlessness and orientation towards two-child family model. These trends reflect egalitarian state policy and limited possibilities of self-realisation in the public sphere. In younger cohorts among women with higher educational attainments we observe the prevailing strategy of the postponement of motherhood and a trend of differentiation of fertility outcomes of educational groups. This variety will influence also reproductive strategies of the young women and it is unlikely they will behave uniformly as the previous generations did. As a result, it is difficult if not impossible to find universal explanations of the reproductive behaviour of the young birth cohorts.

Table 5.7: Proportion of women by number of children and according to educational attainment at census, selected birth cohorts 1930–1970

Birth cohort	Highest attained level of education				Total
	Elementary	Vocational	Secondary	University	
	<i>Proportion of women with 1 child</i>				
1930	8,6	12,3	16,6	21,1	10,2
1940	7,9	10,1	14,7	20,4	10,6
1950	7,9	8,8	12,9	17,7	11,0
1955	8,5	9,2	13,0	18,1	11,6
1960*	8,8	10,1	14,2	19,4	12,9
1965*	11,8	13,0	19,2	24,2	17,1
1966*	11,3	14,1	20,2	25,6	18,0
1967*	11,6	15,4	21,9	26,3	19,3
1968*	12,2	16,7	23,7	29,7	21,0
1969*	12,1	18,7	25,9	31,5	23,0
1970*	13,4	21,2	28,6	34,1	25,6
	<i>Proportion of women with 2 children</i>				
1930	28,4	40,3	40,4	43,2	31,4
1940	32,4	41,4	50,4	48,4	39,1
1950	31,7	42,1	50,2	50,6	42,7
1955	33,1	45,6	53,0	52,1	45,8
1960*	30,4	45,1	52,6	50,4	46,4
1965*	30,1	47,5	52,0	47,3	46,9
1966*	28,9	47,1	51,4	44,2	46,1
1967*	28,3	47,0	50,2	42,4	45,3
1968*	29,6	47,1	49,4	37,7	44,6
1969*	28,0	47,0	47,0	35,5	43,2
1970*	25,4	46,3	43,8	28,8	40,5
	<i>Proportion of women with 3 children</i>				
1930	26,0	24,9	19,0	14,2	24,5
1940	28,0	29,2	19,5	12,6	25,1
1950	30,1	30,3	22,0	11,9	25,0
1955	29,1	27,6	19,3	11,9	22,5
1960*	24,8	26,6	18,8	11,2	20,7
1965*	23,3	22,1	14,1	8,7	16,6
1966*	22,6	20,9	13,4	7,4	15,6
1967*	22,9	20,3	12,4	6,5	14,9
1968*	20,8	19,0	10,9	5,9	13,6
1969*	18,8	16,8	9,6	3,9	11,7
1970*	19,7	13,9	8,1	3,3	10,1

* Cohorts with not completed fertility at the census.

Cohort 1970 aged 31 years at the census.

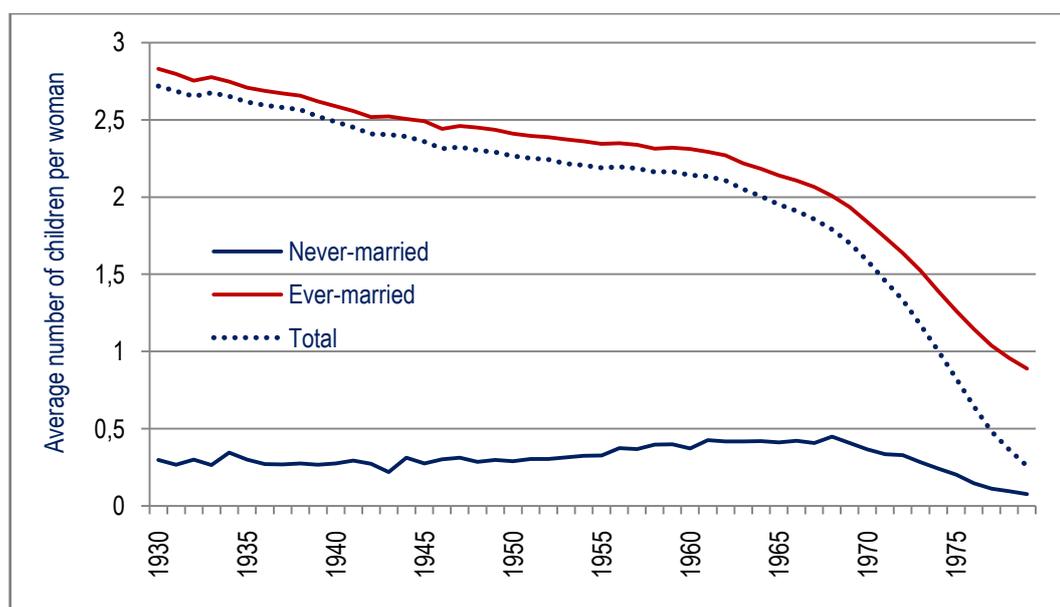
Data source: ŠÚ SR, census 2001, author's computations

5.2.2 Childbearing within and out of wedlock in cohort perspective

In the long run, majority of births take place within wedlock, although proportion of extra-marital births increased substantially over the previous 15 years from 5–7 % to 26 % in 2005 (20 % in 2001). However, there are no data available on how many of these children are born to single mothers and how many to the mothers living in consensual union with a partner, or how many of these children are later legitimated by marriage of parents. Situation is even more complicated when using the census data, since it is possible to distinguish only among women who remained single until the time of the census and those who experienced marriage and were married, divorced or widowed at census. As a result, subpopulation of the never-married women with children is probably only a specific self-selected group of single mothers, with possibly different reproductive behaviour and social characteristics compared to those who stepped into marriage after giving births to a child as single.

Furthermore, proportion of never-married women is low in the older birth cohorts: up to birth cohort 1960 only 3,5–8 % of women in cohort reported being never-married. In the younger birth cohorts this proportion increases up to 10 % in 1969 cohort and further grows in the subsequent birth cohorts. As a result, the computation for older birth cohorts is influenced by small numbers especially when these women are further divided according to their educational attainment.

Figure 5.14: Completed fertility rate by marital status, Slovakia, birth cohorts 1930–1979



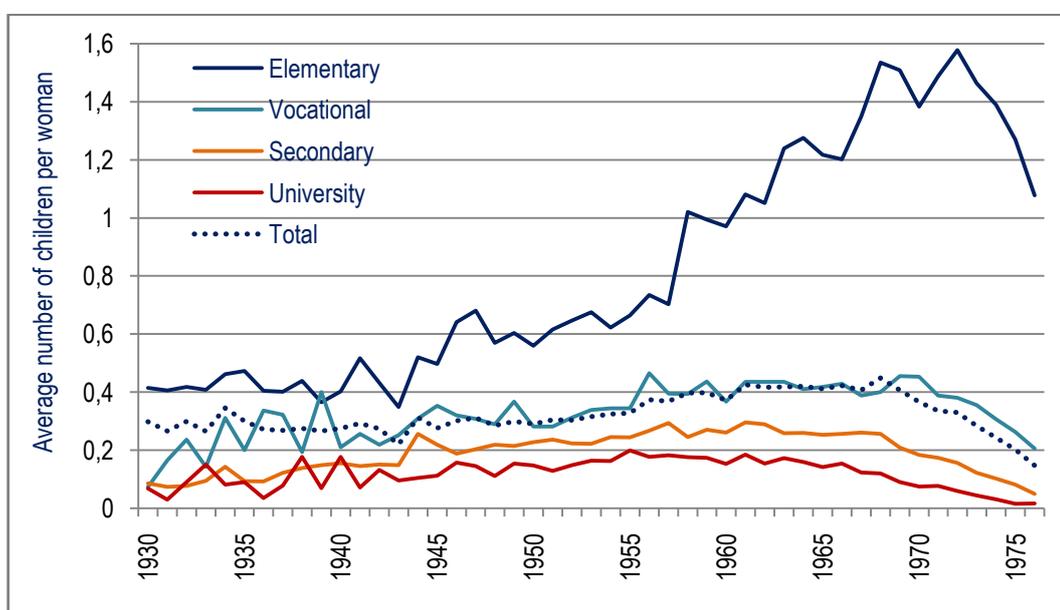
Data source: ŠÚ SR, census 2001, author's computations

As expected, never-married women give birth to substantially fewer children than their married counterparts (Figure 5.14). Most women who bear children out of wedlock and do not get married afterwards are those having elementary education (Figure 5.15). Although fertility outcomes of never-married women with elementary education are the highest, any outstanding differences exist up to approximately 1945 birth cohort. In the subsequent birth cohorts completed fertility rate of the never-married women with elementary education rises. While completed fertility of never-married women with other educational attainments is below 0,5

child per woman, never-married women with elementary education born 1958 and younger had on average more than 0,8 non-marital children per woman.

Outstanding behaviour of never-married women with elementary education could be caused by several factors. Either are these women unsuccessful in finding suitable partners or they prefer living in consensual unions. Nevertheless, it is likely that these women belong to a specific subpopulation or subculture. Since we do not control for other characteristics of these women, such as ethnicity, social class etc., we may only hypothesise that at least part of them may belong to Roma ethnic minority, and particularly to those Roma living in socially excluded communities. Among other anthropological studies, Selická (2003) emphasised that among Roma population traditional marriage is often not followed by legal marriage and within their community the couple is having status of married. Consequently, these people have status of married within their own community but status of single in the official statistics.

Figure 5.15: Completed fertility rate of never-married women by educational attainment, birth cohorts 1930–1976

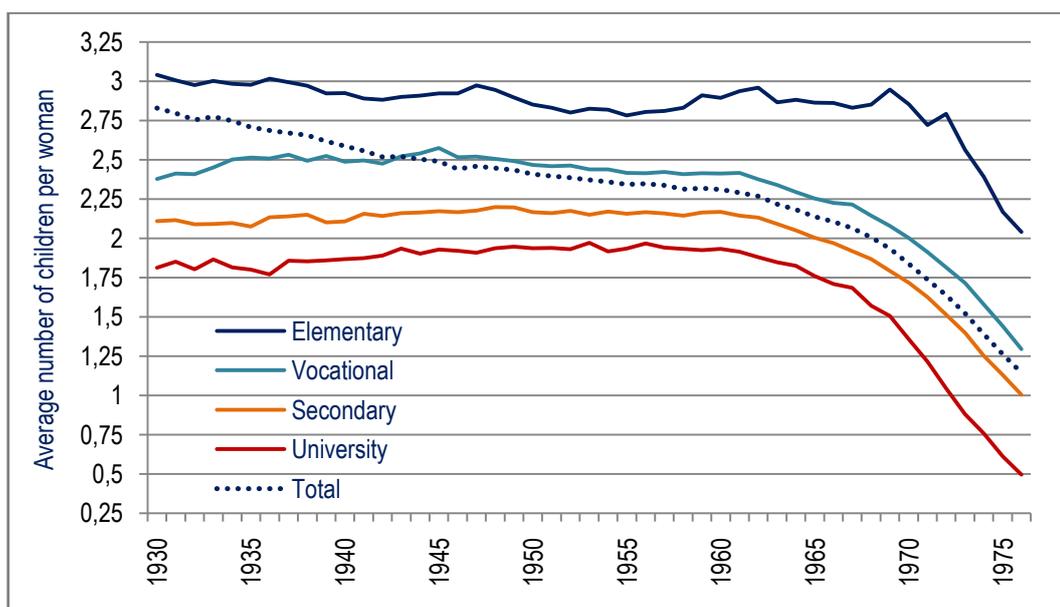


Data source: ŠÚ SR, census 2001, author's computations

On the other side of the spectrum we find university educated women, who bear children out of wedlock least frequently. It seems that especially middle class women generally prefer to follow a norm and bear children within wedlock, or they are more successful getting married either to the father of the child or other partner afterwards. If we consider single motherhood unconventional behaviour and bearing children within wedlock a social norm, the most conservative segment of the population are university educated women. University graduates and women with secondary education conform most to the socially accepted behaviour. However, when married university educated women give birth to fewer children compared to women of other educational attainments (Figure 5.16).

University educated ever-married women born until the mid-1950s had on average less than 2 children per woman and we can find substantially more married women with one child (19–24 %) among university graduates (Table 5.8). The lowest fertility outcomes of university

Figure 5.16: Completed fertility rate of ever-married women by educational attainment, birth cohorts 1930–1976



Data source: ŠÚ SR, census 2001, author's computations

educated women are not caused only by higher proportion of university graduates who do not step into marriage as they have lower intensity of childbearing also when married. Furthermore, their low fertility within marriage is not coupled with high childlessness among ever-married university graduates until the cohorts born in the mid-1960s. Although the proportion of childless among ever-married women is highest among university educated, the proportion is still very low at approximate physiological infertility level (3–4 %). Nevertheless, this is changing already in cohorts of the late 1960s and the proportion of childless as well as the proportion of women with one child increases among highly educated women. University educated women start to deviate in their childbearing behaviour from the other women and they are stepping out of the previous model of universal childbearing and prevailing two-child family model.

Ever-married women with secondary education are those who typically have 2 or 3 children (Table 5.8). Proportions of ever-married women with 3 and 4+ children increase with lowering educational attainment of women. Unsurprisingly, ever-married women of lowest educational attainments have highest fertility outcomes. Women with elementary education have on average about 3 children per woman over their reproductive life. A slower decline of fertility rates is apparent in younger cohorts: women with elementary education had on average 2,25 children per woman in 1975 cohort (aged 26 at census 2001).

The main finding is that motherhood was universal among ever-married women of birth cohorts, who were bearing children under state socialism regardless of the attained educational level. Among married women two-child norm was prevailing. Childless marriage was a rather rare phenomenon. University graduates differed in higher proportion of single-child families and lowest proportion of women having three and more children. The outliers were women with elementary education, who had highest marital and extramarital completed fertility rates. Among elementary educated the proportion of women having 4 and more children was

decreasing only very slowly and even increased back to almost 30 % in the 1970 birth cohort. Over the state socialism, the differences in parity distribution among women of different educational attainments were narrowing down. In birth cohorts who were bearing children after the change of political regime we observe starting differentiation and increasing divergence in their fertility outcomes can be expected.

Table 5.8: Parity distribution of ever-married women by educational attainment, cohorts 1930–1976

Birth cohort	Proportion of women by number of children (%)					CFR
	Childless	1	2	3	4+	
	<i>Elementary</i>					
1930	3,0	8,6	29,7	27,3	31,4	3,10
1940	2,2	7,9	33,8	29,2	26,8	2,97
1950	2,4	7,6	33,6	32,1	24,3	2,91
1960*	2,7	8,7	33,6	27,8	27,3	2,97
1965*	2,2	10,9	34,3	26,6	26,0	2,94
1968*	2,8	11,5	34,4	24,0	27,3	2,95
1970*	3,2	13,0	30,5	23,6	29,7	2,95
1973*	3,7	17,1	33,8	21,6	23,9	2,66
1975*	4,9	25,0	37,3	18,3	14,5	2,25
	<i>Vocational</i>					
1930	3,1	12,9	43,4	26,7	13,8	2,45
1940	2,1	10,2	43,4	30,6	13,7	2,53
1950	2,1	8,6	44,4	32	12,9	2,5
1960*	2,2	9,5	48,2	28,6	11,4	2,45
1965*	2,4	12,7	51,8	24,3	8,9	2,29
1968*	2,7	16,6	52,6	21,2	6,9	2,17
1970*	3,1	21,8	53,4	16,2	5,6	2,04
1973*	4,7	33,5	49,3	9,8	2,7	1,75
1975*	7	47,2	39,1	5,6	1,1	1,49
	<i>Secondary</i>					
1930	4,4	18,3	46,0	21,6	9,7	2,19
1940	3,1	15,2	54,5	21,1	6,1	2,15
1950	2,6	12,8	54,7	24,0	5,9	2,20
1960*	2,1	13,8	57,1	20,5	6,4	2,19
1965*	2,7	19,5	57,8	15,7	4,4	2,03
1968*	3,2	24,8	56,5	12,5	3,0	1,89
1970*	4,5	31,8	52,0	9,7	2,1	1,75
1973*	8,4	46,8	39,6	4,7	0,6	1,44
1975*	14,2	56,3	27,2	2,1	0,3	1,19
	<i>Tertiary</i>					
1930	5,8	23,7	49,5	16,6	4,4	1,91
1940	4,0	22,3	56,0	14,6	3,1	1,93
1950	4,1	18,7	59,8	14,1	3,2	1,97
1960*	3,4	21,0	59,0	13,1	3,6	1,95
1965*	4,7	26,9	56,5	10,3	1,6	1,78
1968*	7,2	35,7	48,5	7,6	1,0	1,61
1970*	10,9	44,8	39,2	4,5	0,5	1,40
1973*	27,7	52,9	17,8	1,4	0,2	0,94
1975*	43,2	48,6	7,6	0,3	0,2	0,67

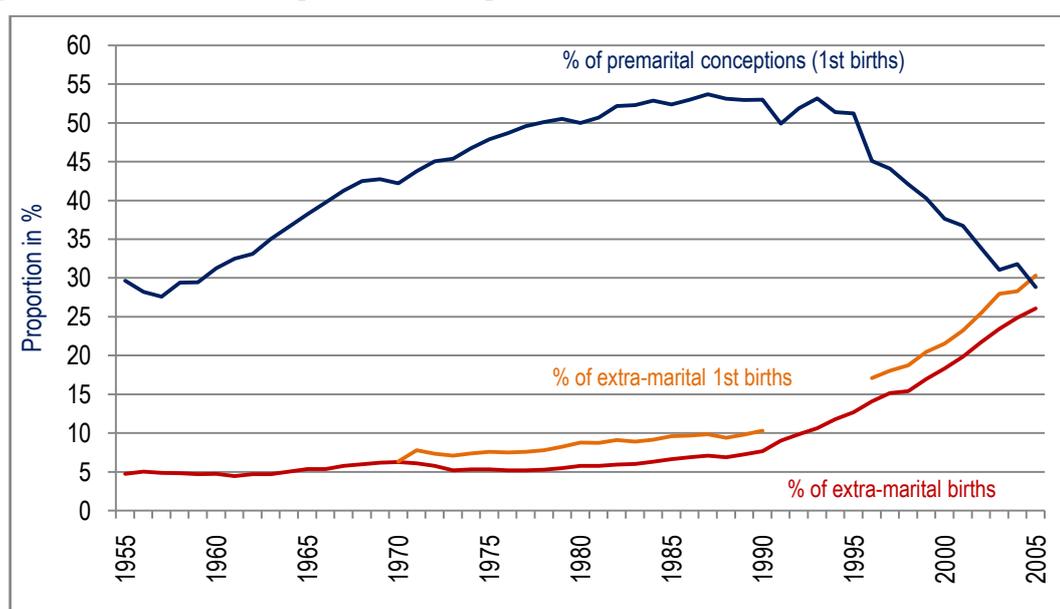
Data source: SU SR, census 2001, author's computations, * Cohorts with not completed reproduction in 2001

5.3 Bound between childbearing and marriage

So far the relationship between the fertility and marriage was approached from the cohort perspective. In this chapter the interplay between childbearing and marriage is discussed from the cross-sectional perspective using vital statistics data. In cohort perspective the focus was on reproductive outcomes of women according to their structural characteristics. Changing the viewpoint to the cross-sectional perspective we investigate historical trends.

Childbearing used to be highly institutionalised into marriage as 93–95 % of all births were marital until the 1990s. Since the beginning of the 1990s the proportion of non-marital births starts increasing up to 26 % of all births in 2005 (Figure 5.17). Steadily rising proportion of non-marital births is, besides the shift in timing of childbearing, one of the most discussed elements of the fertility change after the political turnover. Non-marital childbearing largely depends on the cultural and social context, namely on the social norms and attitudes towards single motherhood and marriage. Since the 1950s the proportion of non-marital births was very low in Slovakia and preferred reproductive strategy was to bear children into marriage. On the contrary, proportion of first children born within 8 months of duration of marriage was rising from 30 % in 1955 to 55 % in the 1980s, which points to the rising occurrence of premarital sexual experience among the subsequent birth cohorts as well as to the presumably rising acceptance of such behaviour. However, spreading premarital sexual experience did not impact the institutionalisation of childbearing in marriage and stepping into marriage in case of premarital conception was the prevailing and socially accepted reproductive strategy, while single motherhood was probably only an inevitable solution in case marriage or abortion were not possible. According to the 1996 survey on reproductive behaviour of women in Slovakia (FOCUS 1997) 73 % of women aged 15–44 who experienced premarital first pregnancy stated that they have stepped into marriage and gave birth in marriage, 7 % became single mothers and 10 % chosen induced abortion. Single motherhood seems to be less preferred option. Women preferred abortion to single motherhood in case of unstable relationship with a partner.

Figure 5.17: Period trends in premarital conceptions and extra-marital births, 1955–2005



Data source: ŠÚ SR, vital statistics, author's computations

The rising proportion of non-marital conceptions since the 1960s was an outcome of the increasing premarital sexual experience among women in Slovakia as well as a consequence of the insufficient contraceptive use. Until the spread of effective modern contraceptives during the 1990s, traditional and at the same time less effective methods prevailed, followed by condom use (UN 1994). A lack of information, difficult accessibility of effective contraception especially for young and childless women, low quality of hormonal contraceptives and prevailing negative attitudes of gynaecologists towards the modern and effective contraceptives influenced the low use of these contraceptives (Potančoková 2007) and resulted in the rising occurrence of unplanned pregnancies. Representative survey of reproduction in 1981 (Dvořák, Srb, Aleš 1983) reveals that 25 % of women stated their pregnancy was not wanted or mistimed. The proportion is high since most parents tend to declare pregnancy as wanted after the child is born and the situation after the birth is not problematic.

Representative survey on reproductive behaviour of Slovak women conducted in 1996 (FOCUS 1997) proves the wide acceptance of premarital sexual activity and problematic contraceptive practice. According to the survey 74 % of women aged 35–44 and 77 % of women aged 18–34 thought that it is alright to have a premarital sexual experience. Only “deeply religious” women mostly disagreed (65 %), while 92 % of non-religious women agreed. Widespread tolerance to premarital sex was coupled with commonly unprotected first sexual intercourse: 68 % of women aged 25–44 stated they or their partner did not use any contraceptive method and, hence, the risk of premarital (and often also undesired) pregnancy was high. Moreover, among the third of women who used contraception, 46% relayed on traditional methods (withdrawal and rhythm) and 45 % used condom. Prevalence of contraceptive use was closely related to the educational level (59 % of university educated versus 24 % of women with primary education used any method). The most frequent reason for not using contraception at the first sexual intercourse women declared was that women thought they could not get pregnant at the first intercourse (52 %) or that the intercourse was spontaneous and unanticipated (49 %).

Using statistical data it is difficult to disentangle whether premarital conceptions followed by marriage were mostly unplanned and hence a pregnancy was a prime reason to step into marriage, or whether the couples were waiting for the pregnancy of the bride although they already intended to get married. Probably both strategies co-existed in the society.

After the change of the political regime a decrease in the proportion of premarital conceptions was expected due to spreading modern contraceptives and sexual education. Indeed, the proportion of first children born within 8 months after the wedding dropped from 55 to 41 % in 2005. Stepping into marriage due to pregnancy still remains a highly prevalent reproductive strategy, although it is less universal. Increasing proportion of first children born out of wedlock, which has risen from 10 to 31 % of all first births (Figure 5.17), suggests that ever more couples decide not to step into marriage just because of the pregnancy. Several studies point out that marital unions provoked by the pregnancy, especially if formed at young age, more likely end up in divorce (Teachman 2002, Balakrishnan et al. 1987, O’Connell and Rogers 1984, Moore and Waite 1981). Hence, a diminishing social pressure to get married and increasing age at marriage can be seen as favourable development.

In the Czech Republic a rapid increase in proportion of non-marital births was caused by increase in single motherhood as well as in childbearing within consensual unions (Hamplová 2007). Trends in non-marital childbearing are similar in Slovakia and it is that single motherhood is on the rise although non-marital childbearing is on the rise also due to spreading cohabitation among never-married persons. However, no exact data exist in Slovakia and we cannot quantify what proportion of non-marital births is followed marriage and how many couples remain in a consensual union after having a child. It is possible that couples do not have to hurry up with the marriage before the birth of the child and already the intention to get married later is socially accepted. More focus will be paid to the change in strategies of dealing with premarital pregnancy in the qualitative case study (Chaper 7.3).

The rising proportion of non-marital births is to a large degree an outcome of the increasing proportion of unmarried women within the population (Table 5.9). During the 1990s proportion of married women in the previously most fertile ages (20–29) decreases. While among 20–24 year old women we find about 57 % married in the 1980s, in the 2005 it is only 17,5 %. Similarly, while 80 % of 25–29 year old women used to be married before the 1990s, in 2003 proportion of married women dropped to 51 % only. The rising proportion of unmarried women aged up to 30 years is a result of postponement of marriage and childbearing and overall changing life course preferences and social norms in the society. Stepping into marriage and

Table 5.9: Age-specific fertility rates by marital status of women at birth, Slovakia, 1960–2005

Age	1960	1965	1970	1975	1980	1985	1990	1995	2000	2005
<i>Married women (age-specific fertility rates in %)</i>										
15–19	44,7	47,1	46,7	54,3	54,5	57,9	51,2	54,4	58,1	50,0
20–24	33,4	32,1	31,3	34,4	33,1	33,5	31,4	24,7	24,7	22,7
25–29	19,1	17,7	15,7	17,5	15,3	14,9	14,1	11,2	12,3	14,3
30–34	10,8	9,5	7,6	7,5	6,1	5,7	5,3	4,5	5,1	6,9
35–39	5,8	4,7	3,2	2,9	2,0	1,9	1,7	1,5	1,7	2,2
40–44	2,0	1,5	0,9	0,7	0,4	0,3	0,3	0,3	0,3	0,4
<i>TFR</i>	<i>5,799</i>	<i>5,636</i>	<i>5,268</i>	<i>5,862</i>	<i>5,575</i>	<i>5,713</i>	<i>5,196</i>	<i>4,834</i>	<i>5,108</i>	<i>4,860</i>
<i>Unmarried women (age-specific fertility rates in %)</i>										
15–19	1,0	0,9	1,0	1,0	1,1	1,3	1,1	1,2	1,4	1,7
20–24	2,9	2,4	2,3	1,9	2,1	2,3	2,3	2,2	2,1	2,6
25–29	2,8	3,7	2,5	2,9	2,5	2,3	2,5	2,7	2,5	3,1
30–34	2,3	2,6	2,6	2,1	2,1	1,7	1,8	2,0	2,3	3,4
35–39	1,3	1,4	1,3	1,3	0,9	1,0	0,9	0,9	1,2	1,7
40–44	0,7	0,3	0,4	0,3	0,3	0,2	0,2	0,3	0,3	0,3
<i>TFR</i>	<i>0,551</i>	<i>0,571</i>	<i>0,504</i>	<i>0,472</i>	<i>0,452</i>	<i>0,437</i>	<i>0,435</i>	<i>0,464</i>	<i>0,486</i>	<i>0,626</i>
<i>Proportion married (%)</i>										
15–19	...	...	...	...	...	7,0	6,7	3,8	1,8	1,1
20–24	...	...	...	...	...	57,9	56,6	44,3	28,1	17,5
25–29	...	...	...	...	...	80,9	79,5	74,8	62,7	50,9
30–34	...	...	...	...	...	84,2	82,8	81,6	76,2	70,8
35–39	...	...	...	...	...	84,7	82,5	81,9	79,3	75,8
40–44	...	...	...	...	...	83,6	81,6	80,1	78,6	76,5
45–49	...	...	...	...	...	81,9	79,6	78,2	76,6	75,1

Data source: ŠÚ SR, vital statistics, author's computations

Note: computations for 2005 are based on the estimated composition of women by marital status made in the Demographic Research Centre

Abridged five-year age-specific fertility rates of married women are not reduced rates,

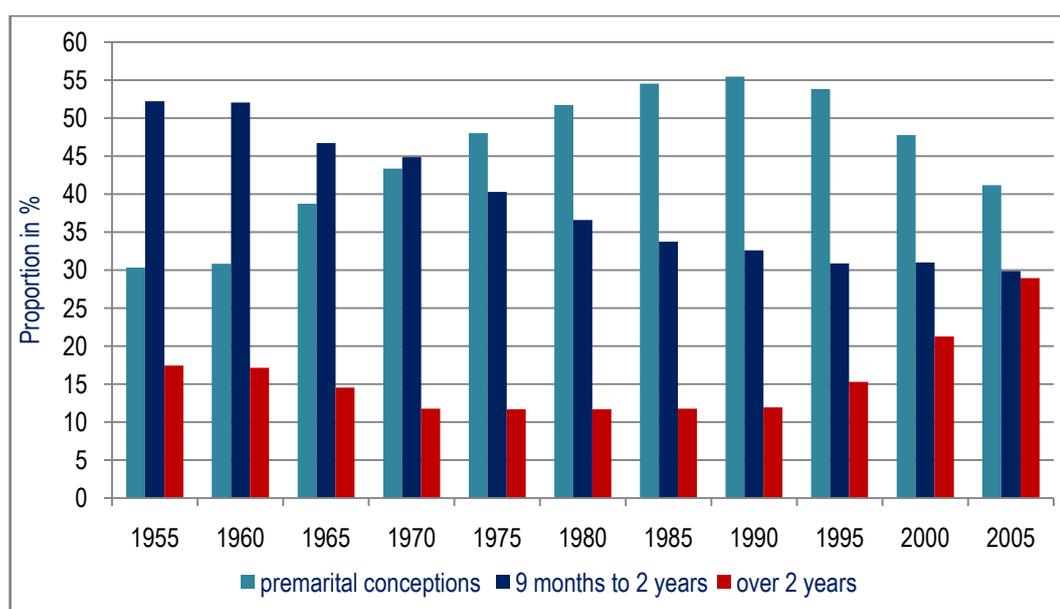
starting a family were important life transition on the individual level as well as in demonstration of the social maturity. Due to a lack of housing and widespread co-residence of the young married couples with the parents or in-laws, marriage and parenthood were more important life transition to the adulthood than leaving the parental home. This symbolic meaning of the wedding may be diminishing as younger cohorts postpone parenthood and gain independence from their parents before starting a family or experience premarital cohabitation.

The rising proportion of non-marital births is not only a result of the increasing proportion of unmarried women within the population. During the period 1990–2005 fertility rates of unmarried women slightly increased among women younger than 40 years (Table 5.9). The intensity of non-marital fertility is rising the most among 30–39 year old women and the increase gets more pronounced since the recuperation of fertility started to some extent (since 2002).

The decrease in fertility of married women was apparent in all age groups and it was most pronounced among the 20–29 year old married women. Although fertility rates reach maximum in the youngest age group of the 15–19 year olds, we have to bear in mind that pregnancy is often the reason to step into marriage in a vast majority of cases. Since the year 2000 a small upswing in marital fertility rates appears among 25–35 year old women, although the rise cannot compensate for the decrease among younger women.

Along with the decreasing quantum of marital fertility, the timing of the childbearing within marriage changed substantially. In the late 1950s more than 50 % of first order births took place 9 to 24 months of the duration of marriage and 30 % of first births were a result of premarital conceptions (Figure 5.18). During the 1960s and 1970s this pattern of marital childbearing changes and ever larger proportion of first marital births were being conceived before the wedding. Almost 90% of married couples had their first child in the first and second year of marriage, more than half of them in the first year already.

Figure 5.18: Proportion of first-order marital births by duration of marriage, Slovakia, 1955–2005



Data source: ŠÚ SR, vital statistics, author's computations

The results suggest that the meaning of partnership, marriage and the perception on when and under which circumstances a child should come into marriage are changing. The fact that partners are remaining childless longer after the wedding may be interpreted in a way that partners are giving more attention to their own relationship during the first years of common life and the child becomes a part of the couple only when the partners consider it enriching for their partnership. This notion would support the idea of the self-fulfilling conception as suggested in van de Kaa's framework of the second demographic transition (van de Kaa, 1987). The centre of the family is the couple with a child, not a child with parents.

5.4 Family planning: From induced abortion towards contraceptive use

Effective timing of births and transition to parenthood requires knowledge, accessibility and acceptance of birth control methods. In this chapter we focus on the contraceptive use as a means of family planning in terms of avoiding undesired pregnancy and a control for the completed family size. Van de Kaa (1987) emphasises contraceptive use as technical means necessary for the transformation of the reproductive behaviour in terms of the second demographic transition and points out the changes in trends in reproductive behaviour in the countries of the Western Europe after the legalisation of the pill. In this respect, the situation in the former socialist countries differed substantially. Liberal legislation on induced abortion was introduced before the introduction of modern⁸⁴ contraceptives, in the atmosphere of conservative attitudes towards sexuality, non-existing sexual education and without a public discussion. Modern contraceptives remained hardly accessible, of low quality and childless and young women faced problems in accessing effective contraceptives (Potančoková 2007).

Czechoslovakia followed the trend in other socialist countries and declared the full right of women to decide upon their pregnancy including its termination. The access to the induced abortion was declared as a right of a woman; however, until the 1987 the final word had abortion boards that were judging women's application. Legalisation of induced abortion substituted the demand for birth control and since the very beginning of its implementation into society took the role of fertility control method ex-post (Kučera, Fialová 1996). Presentation of induced abortion as a right of woman to decide on her pregnancy, combined with a lack of knowledge and access to effective contraception gave rise to the "abortion culture" (Stloukal 1999). Induced abortion was not seen as a last option in case of contraceptive failure but as a legitimate means of controlling for a desired family size and of timing of births.

5.4.1 Trends in induced abortion

Induced abortions were legalised by law in 1957, a decade earlier than modern contraceptives became available at least to some extent⁸⁵. Already by the end of the 1960s TFR and total induced abortion rate (TIAR) had opposing trend, induced abortions were rising while TFR was

⁸⁴Modern and traditional contraceptives are widely distinguished categories, commonly used by the UN and other authors. The distinction is based on different effectiveness of the methods and also captures the historical trends, since some of modern methods were developed in the 1920s (IUD) and 1960s (the pill). Among modern methods count: the pill, intrauterine device (IUD), condom and other barrier contraceptives, chemical contraceptives and sterilisation; among traditional methods: withdrawal, rhythm, abstinence.

⁸⁵ Intrauterine and hormonal contraceptives started being produced in Czechoslovakia in 1966. Mechanical contraception (condom and diaphragm) was available though.

decreasing (Figure 5.20, page 99). Total number as well as the intensity of induced abortion was increasing over the 1960s and 1980s. Proportion of induced abortions on brought-to-term pregnancies was increasing and, hence, suppressing the proportion of births (Figure 5.19).

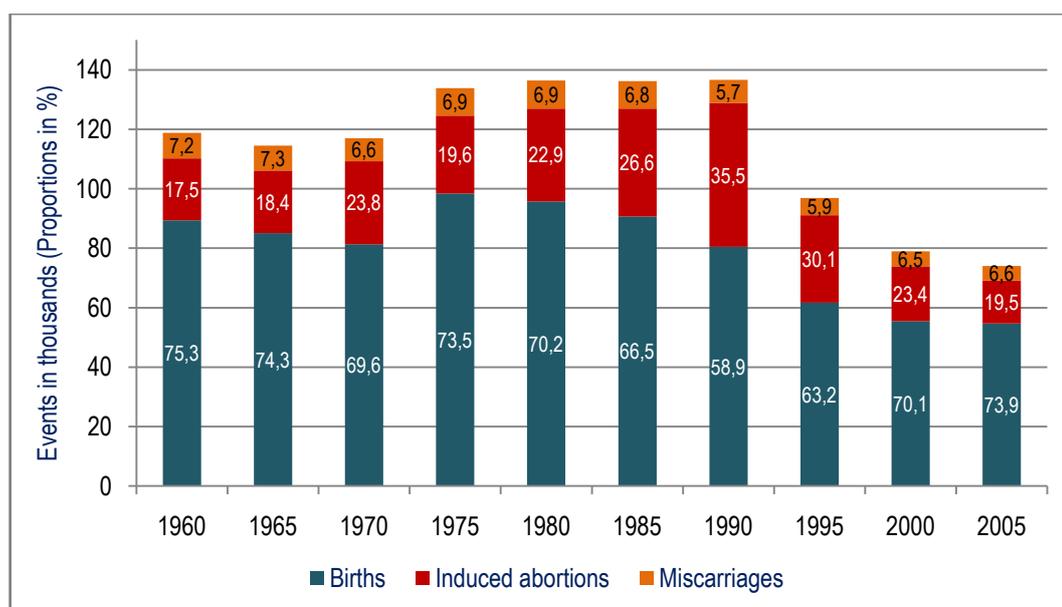
Since the legalisation of induced abortion on request from other than health reasons the proportion of pregnancies terminated in induced abortion had risen from 17,5 % in 1957 to 36 % in 1988. The only exception were the mid-1970s, when the proportion of brought-to-term pregnancies terminated in induced abortion dropped temporarily to about 20 % due to more restrictive regulations in access to induced abortion (Koubek 1990). Out of all brought-to-term pregnancies births constitute 60–75 % over the period 1960–2005 (Figure 5.19).

Table 5.10: Main abortion and fertility indicators, Slovakia, 1960–2005

	1960	1965	1970	1975	1980	1985	1990	1995	2000	2005
Total brought to term pregnancies	118772	114463	116896	133809	136411	136239	136566	97547	78959	73957
Total births	89383	85046	81331	98372	95720	90645	80390	61668	55366	54625
Total abortions	29389	29417	35565	35437	40691	45594	56176	35879	23593	19332
Total induced abortions	20738	21037	27873	26160	31240	36283	48437	29409	18468	14427
Total spontaneous abortions	8599	8351	7691	9263	9421	9272	7739	5725	5125	4905
Total brought to term pregnancies rate	...	3,80	3,54	3,57	3,39	3,42	3,52	2,43	1,87	1,72
Total fertility rate	3,07	2,80	2,40	2,53	2,31	2,25	2,09	1,52	1,29	1,25
Total induced abortion rate	...	0,70	0,89	0,77	0,83	0,92	1,23	0,76	0,45	0,35
Total spontaneous abortion rate	...	0,27	0,23	0,25	0,24	0,23	0,20	0,14	0,12	0,12

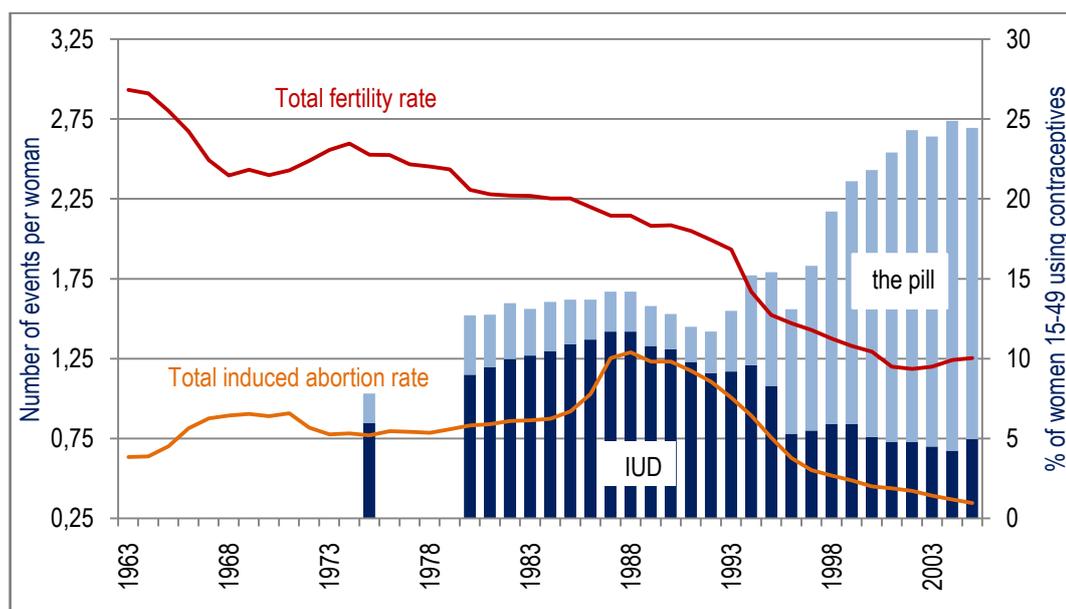
Data source: ŠÚ SR, vital statistics, author's computations

Figure 5.19: Structure of brought-to-term pregnancies, Slovakia, 1960–2005



Data source: ŠÚ SR, vital statistics, author's computations

Figure 5.20: Trends in fertility, induced abortion and use of prescribed modern contraceptives by women of fertile age, 1963–2005



Data source: ŠÚ SR, vital statistics, data on contraceptive use – UZIS, author's computations

Similar to the TFR, total rate of brought-to-term pregnancies has been decreasing over the whole period 1965–2005 (Table 5.10). During the 1960s and 1970s the decrease of both rates was more or less simultaneous, but over the 1980s the rate of brought-to-term pregnancies remained stable while TFR continued to decrease. In this period, number and proportion of induced abortions on brought-to-term pregnancies was increasing. The relationship between the induced abortion and fertility trends shows mutual interdependence: during the periods of rising induced abortion quantum fertility was decreasing while at the times of lowering induced abortion intensity period fertility rates increased. These trends prove the importance of induced abortion as a means of family planning.

Induced abortion rates had increased substantially after the 1987 further liberalisation of the abortion law which cancelled previously mandatory approvals of abortion by abortion committees and women could freely decide on their pregnancy. During the period 1987–1990 intensity of induced abortion was highest in history. The so-called mini-interruptions⁸⁶ were free of charge and this to the induced abortions the function of abortions as a birth control method even strengthened. In 1990 35 % of pregnancies ended up in induced abortion and TIAR increased to more than 1,2 induced abortions per woman (Figure 5.20, Table 5.10). Easier access to induced abortion had lead to steep increase in induced abortion rates and, moreover, to decrease in the use of prescribed contraceptives by women. Use of modern contraceptives, however, was low already prior to the liberalisation of the legislation on induced abortion and only 12–15 % of women in reproductive age were using hormonal or intrauterine contraceptives.

Induced abortion rates started falling after high-quality modern contraceptives, especially the pill, became more widespread since the beginning of the 1990s and after a fee for an induced

⁸⁶ Interruptions performed by manual vacuum aspiration (MVA) performed within 8 weeks of duration of pregnancy.

abortion on request was introduced in 1993 (induced abortion due to health reasons remained free of charge). Total number of induced abortions fell from 51 thousand in 1988 to 14 thousand in 2005 and TIAR also decreased substantially from 1,2 induced abortions per woman in 1990 to 0,35 abortions per woman in 2005. Also the proportion of induced abortion on total number of abortions decreased from 85 % during the late 1980 and early 1990s to 75 % in 2005.

Besides the decrease in number and intensity of induced abortion over the 1990s, a structure of induced abortions by marital status of women changed (Figure 5.21). A typical induced abortion applicant was until the end of 1990s a married woman with two children (Vaňo 2007). During the 1990s induced abortion quantum has declined more among married than among single women. In 2005 almost 30 % of all induced abortions were on behalf of married women with two and more children and single childless women were the second most frequent applicants (23 %) (ibid).

Intensity of induced abortion was high among married women – at about 1 induced abortion per woman over the period 1970–1985 and even increased to about 1,2 induced abortion by the end of the 1980s and beginning of 1990s (Table 5.11). Age-specific induced abortion rates were

Table 5.11: Age-specific induced abortion rates by marital status, Slovakia, 1971–2005

Age	1971	1976	1981	1986	1991	1996	2001	2005
	<i>Married women (‰)</i>							
15–19	18,8	22,2	15,6	27,2	50,4	44,3	21,4	30,1
20–24	40,4	34,8	37,5	51,2	72,5	35,7	26,1	21,1
25–29	50,3	43,0	48,5	61,6	71,0	35,5	23,1	17,6
30–34	45,4	41,0	43,5	51,7	54,2	30,4	20,9	16,4
35–39	31,6	27,2	30,9	35,0	35,2	19,9	14,3	12,5
40–44	12,5	10,6	11,5	13,0	12,4	7,9	6,4	5,4
45–49	0,8	0,8	0,9	1,1	0,9	0,7	0,5	0,4
<i>TIAR</i>	<i>1,00</i>	<i>0,90</i>	<i>0,94</i>	<i>1,20</i>	<i>1,48</i>	<i>0,87</i>	<i>0,56</i>	<i>0,59</i>
	<i>Never-married women (‰)</i>							
15–19	...	...	5,7	8,4	11,4	9,1	7,6	5,9
20–24	...	...	22,1	28,6	33,8	17,7	14,4	10,9
25–29	...	...	27,3	29,6	33,4	20,3	14,7	11,8
30–34	...	...	19,8	20,2	28,0	16,6	12,8	12,1
35–39	...	...	15,6	13,3	16,6	12,2	10,4	10,5
40–44	...	...	4,6	5,9	6,6	4,5	3,7	4,4
45–49	...	...	0,3	0,5	0,8	0,4	0,3	0,3
<i>TIAR</i>	...	...	<i>0,48</i>	<i>0,53</i>	<i>0,65</i>	<i>0,40</i>	<i>0,32</i>	<i>0,28</i>
	<i>Divorced and widowed women (‰)</i>							
15–19	...	...	163,3	175,0	117,6	125,0	2,5	0,0
20–24	...	...	71,4	109,8	84,8	51,9	28,3	32,4
25–29	...	...	60,1	88,5	79,1	47,2	33,0	28,3
30–34	...	...	50,2	58,7	54,4	32,2	27,7	22,7
35–39	...	...	31,3	35,2	32,2	19,9	17,1	16,1
40–44	...	...	10,4	10,9	10,9	7,2	5,9	5,8
45–49	...	...	0,6	0,7	0,6	0,3	0,4	0,4
<i>TIAR</i>	...	...	<i>1,94</i>	<i>2,39</i>	<i>1,90</i>	<i>1,42</i>	<i>0,57</i>	<i>0,55</i>

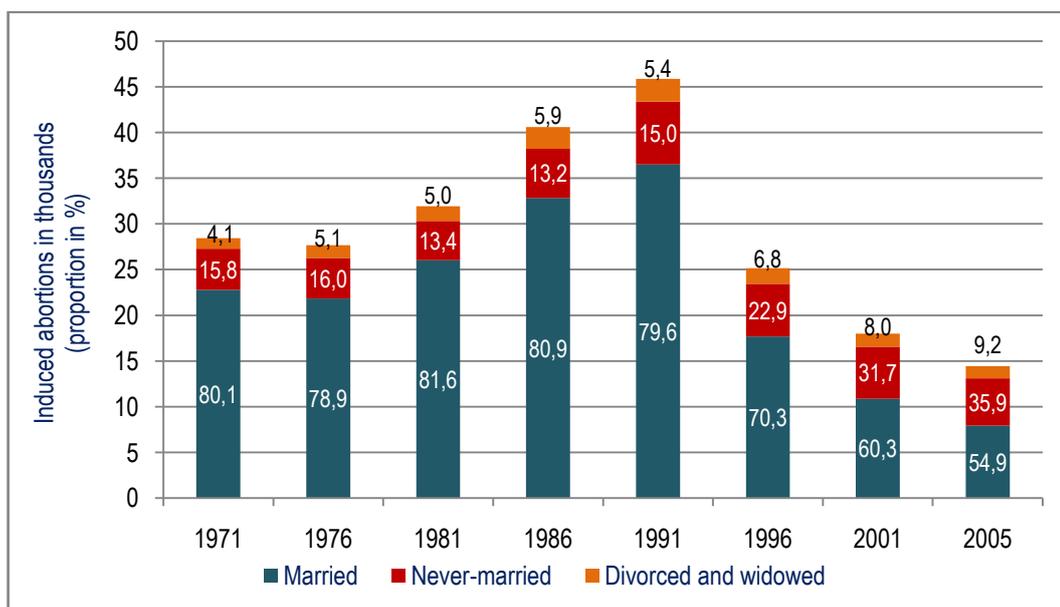
Data source: ŠÚ SR, vital statistics, author's computations

Note: computations for 2005 are based on the composition of women by marital status estimated in the Demographic Research Centre. Age-specific abortion rates in five-year age groups are abridged.

high during the whole prime childbearing ages 20–24, 25–29 and 30–34 years. It is likely that women were not using induced abortions only as a means of control for completed family size, but increasingly also in order to prolong intervals between the births. Induced abortion rates have dropped in all age groups to the total level of about 0,55–0,6 induced abortions per married woman during the period 2000–2005.

Looking at induced abortion rates we find that over the previous reproductive regime the highest intensity of induced abortion was not among married but among divorced and widowed women, who had TIAR of about 2 induced abortions per woman at the end of 1980s. Divorced and widowed women usually already had children from previous marriages and may have not wished to have additional child or to bear it into consensual union with a new partner. These women were also likely to be in complicated life circumstances. In 2005 TIAR of divorced and widowed women dropped to 0,4 induced abortions per divorced or widowed woman. In the last years the intensity of induced abortion is similar among married and divorced or widowed women, although previously TIAR of divorced and widowed was twice of the married women. Highest level of induced abortion among divorced and married shifted from youngest age categories of 15–19 and 20–24 year old towards higher ages. Higher abortion rates in more advanced age may reflect different contraceptive behaviour of women of different birth cohorts. Younger women are more likely to use contraceptives while older women may still rely more on induced abortion to prevent them from undesired pregnancy.

Figure 5.21: Structure of induced abortions by marital status, Slovakia, 1971–2005



Data source: ŠÚ SR, vital statistics, author's computations

Never-married women have had lowest TIAR over the whole period of 1981–2005. Despite the increasing proportion of single childless women on total number of induced abortions during the 1990s (Vaňo 2007), intensity of induced abortion has been decreasing similarly to ever-married women. After the upswing of induced abortion rates at the end of the 1980s, TIAR has decreased to 0,28 induced abortion per single woman in 2005.

Over the 1990s number and level of induced abortion decreased in all age groups and among all women regardless of their marital status. Age-patterns of induced abortion are unifying among women with different marital status over the period of the decrease to the low levels. Due to the spreading effective modern contraceptives it seems that induced abortion is losing its role of contraception ex-post and it is considered rather as the last choice option. Although induced abortion quantum is lowest among single women, the decrease was least pronounced among them. As a result, proportion of induced abortions of single women has increased to 35 %, while proportion of induced abortion of married women decreased from 80 to 55 % during 1990–2005.

5.4.2 Family planning and birth-control methods

Family planning and information on contraceptive use is becoming at least to some extent available since the early 1970s. Nevertheless, information on and availability of modern contraceptives was rather limited. Sexual education was not introduced into schools and sexuality and topics related to it were taboo also within the families. Modern contraceptive methods other than barrier methods were introduced in the late 1960s but were of limited use. First, only one hormonal contraceptive pill, ANTIGEST, was available and still in the 1980s the pill was not considered suitable to all women, including childless. Besides the availability, women's perceptions and "cultural stories" on contraceptives were influential on contraceptive use. Fear of gaining weight, health constraints, fear of pain and shame were obstacles in modern contraceptives use⁸⁷. Besides the low quality and possible health risks of the pill, opinion prevailed among the gynaecologists that neither the pill nor IUD are appropriate for young and childless women due to possible and still unclear risks (Potančoková 2007). Accessibility of effective contraception was problematic particularly among single childless women. Timing of transition to motherhood was rather a matter of coincidence than of the family planning among these women. Consequently, traditional and hence less reliable methods were used mostly. Unsurprisingly, undesired or unplanned pregnancies and quickly patched marriages as a result of premarital conceptions were frequent.

According to the surveys, traditional and, hence, less reliable methods of preventing conception were widespread among women in Slovakia, withdrawal being the most popular method still at the beginning of the 1990s (Table 5.12). In 1976 and 1991, 74–76 % of sexually active women used a contraceptive method; however, 48 % women using any method were relying on withdrawal, additional 10 % practiced rhythm (Srb 1977d). Altogether, almost 58,5 % of women at risk were using less effective methods to prevent pregnancy. It is interesting that differences between the urban and rural areas were only minor, only 4 % more women at risk were not using any method and 51 % relied on withdrawal in rural areas. Among modern methods⁸⁸, IUD (16 %) was the most widespread, while the pill was less common (7,8 %) The pill was not very widespread because of limited access, health constrains and also often reluctant or even discouraging position of gynaecologists. Hence, IUD was the preferred method among contraceptives for women. However, at least one pregnancy was required before

⁸⁷ Findings based on our qualitative case-study.

⁸⁸ Information on contraceptive methods comes from various sources: trends in hormonal contraception and IUD come from medical statistics, while information on condom use and traditional methods comes from surveys (UN 1994, FOCUS 1997). Due to lack of data, we have no information on non-medical methods after 1996.

a woman could use this method. As a result, lack of effective contraceptives was even more pronounced among childless and unmarried women. Condom use was low in 1976 (13 % of women using any method) which points to its low popularity among men. Until 1991 proportion of sexually active women relying on condom increased to 21 %, however, due to fewer women using the pill and IUD (effect of liberalisation of legislation on induced abortion) proportion of women using modern methods remained low. Proportion of women using any method was only 74 % according to 1991 survey (UN 1994).

Table 5.12: Contraceptive use according to various survey data, 1970–1991

	Any method	Modern methods					Traditional methods			Other or not reported
		Total	Female sterilisation	Pill	IUD	Condom	Rhythm	With-drawal	Other	
Czechoslovakia 1970*	„	37	0	4	14	19	3	52	„	8
Slovakia 1976**	80	40	3	8	16	13	10	48		2
Slovakia 1991***	74	41	4	5	11	21		32	1	

Data on sexually active women or women at risk

Data source: *Levels and trends of contraceptive use assessed in 1988, Population Studies 110 UN, table 10

** Srb (1977d), proportions of contraceptive method relate to women using any method

*** World contraceptive use 2003, UN Population division, NY 2004

Restrictions were also related to female sterilisation, which could have been performed only to a woman based on her application if she had at least 4 children by the age of 35 and to a woman older than 35 years only if she had at least 3 children (Havránek 1969).

After the 1990 the pill became available in a better quality and its use among women increased from previous 5 % to 20 % of women of reproductive age (Figure 5.20). Ever fewer women are using IUD while the use of the pill increased. Due to spreading sexual education, broad availability of the information on contraceptives and also campaigns of the gynaecologists and the media against induced abortion and in favour of modern (and mostly the pill) contraceptives, the use of modern methods is increasing while traditional methods are becoming less popular.

In Slovakia also the position of the Catholic Church may be influential on choice of (if any) contraceptive method. The only method of birth control approved by the Catholic Church is rhythm and especially criticised is the pill, which may be one of the factors influencing its lower use in Slovakia compared to the Czech Republic for example, where the proportion of women of fertile age using prescribed contraception is 40 % women of reproductive age compared to 25 % women in reproductive age in Slovakia. Influence of the Catholic Church is only a partial explanation of this difference. According to the 1996 survey on reproductive behaviour of Slovak women (FOCUS 1997), differences were observed among women according to the declared religious identity. Women considering themselves “deeply religious” indeed differ in contraceptive practice and we can find among them highest proportion of women at risk (having a partner and being sexually active) not using any contraception and also highest proportion of women who did not use any method to prevent conception at their first sexual intercourse (68 % compared to 51 % among non-religious women). Among women at risk 34 % stated they were not using any contraception due to religious reasons. However, the most frequent reason (46 % of women at risk) was a fear of health constraints.

We also can only hypothesise on the age patterns of contraceptive use, although it is very likely that the pill is more widespread method among younger women. Even less explored is the

dynamics of the contraceptive use over the life course of women in our context. Contraceptive needs vary over reproductive life of a woman. Young single women, who to protect themselves from unwanted pregnancy, may choose different method than women living in a stable partnership or those who already have a child and want to prevent too early subsequent pregnancy.

5.5 Summary

During the period 1955–2005 both period and cohort fertility rates has been decreasing from fairly high levels. During the state socialism we observe trend towards early childbearing, unification of reproductive careers across educational groups of women, low childlessness and in cohorts 1930–1959 persisting higher proportion of women having 3+ children in comparison to other European countries. Period fertility rates decreased to very low levels over the transformation period due to postponement of childbearing. Postponement strategy is a reaction to changed context of reproduction in the transforming society. The effect of changing context on reproductive behaviour of women depended besides other factors on parity status of women at the time of broad societal changes. We showed that postponement of second births took place already in the 1960s birth cohorts, while women born over the 1970s postpone transition to motherhood. Postponement of childbearing resulted in lower fertility outcomes of women born over the 1970s. Although the childlessness will increase in the 1970s cohorts, we argue that growing proportion of women with a single child and decline of the two-child family model, which got well-established over the 1970s and 1980s, will be the major consequence of a rapid postponement of childbearing.

Previously converging reproductive behaviour of women of different educational attainments and social groups differentiates during the transformation period. We argue that it is not possible to look for a general explanation of fertility decline in various educational groups. The focus should rather be on explanation of different patterns of response to transformation of the economy and the society since we see at least two diverging reproductive strategies. On the one hand, low educated women are stepping into marriage less frequently, bear children out of wedlock and the evidence from the Czech society also shows that the duration between the non-marital childbirth and marriage prolongs (Polášek 2005). On the other hand, university educated women are trendsetters in postponement of childbearing (see also Zeman 2007). Explanations and rationales for the different reproductive strategies of women are most likely also multiple. Less educated women tend to have less educated partners who face greater risk of unemployment, low wages and often commute to work for extended periods of time which can influence low propensity of marriage (Oppenheimer 2003, Hamplová and Řeháková 2005). Also the welfare system providing additional benefits to single mothers (such as extended maternity leave, social allowance in case of low per capita income in the household) can influence especially among women with low income the decision to have child out of marriage. For women aiming for higher education postponement is a rational strategy since childbearing and marriage are generally perceived incompatible and also harmonisation of work and family can be more complicated for women in better paid and more qualified positions. Hence while postponement of childbearing is a rational strategy reducing opportunity costs for more educated women, less educated women may not be that much influenced by such incentive and, moreover, motherhood can be a rational choice in case of high unemployment (Poland and

Slovakia have highest unemployment rate for young adults aged 20–29 years and especially less qualified young people face the problem, since unemployment of university graduates is low, OECD 2005).

In spite of the increasing proportion of non-marital births to 26 % in 2005, institutionalisation of childbearing into marriage is high. Again, we find considerable differences between women of different educational groups. University educated women bear children out of wedlock least frequently and conform to the norm of childbearing into marriage the most. In the qualitative case study we look at attitudes of these women to childbearing out of wedlock as well as on cohabitation. Increasing proportion of non-marital childbearing and decreasing proportion of premarital conceptions may be linked to changing partnership behaviour. We further explore this using qualitative data.

6 DEMOGRAPHIC CHARACTERISTICS OF THE CAPITAL BRATISLAVA: LOCATION IN SPACE

In this chapter the focus is on description of the trends in reproductive behaviour in the capital Bratislava, where the fieldwork of the qualitative case study took place. Population of Bratislava differs from the population of Slovakia in population structure as well as reproductive behaviour. The emphasis of the analysis is on comparison of state socialist era and fertility trends at turn of millennia. Throughout the chapter developments in Bratislava are being compared to the trends at the national level and differences and similarities are pointed out. Since demographic processes are determined by the population structure, the analysis starts with its description.

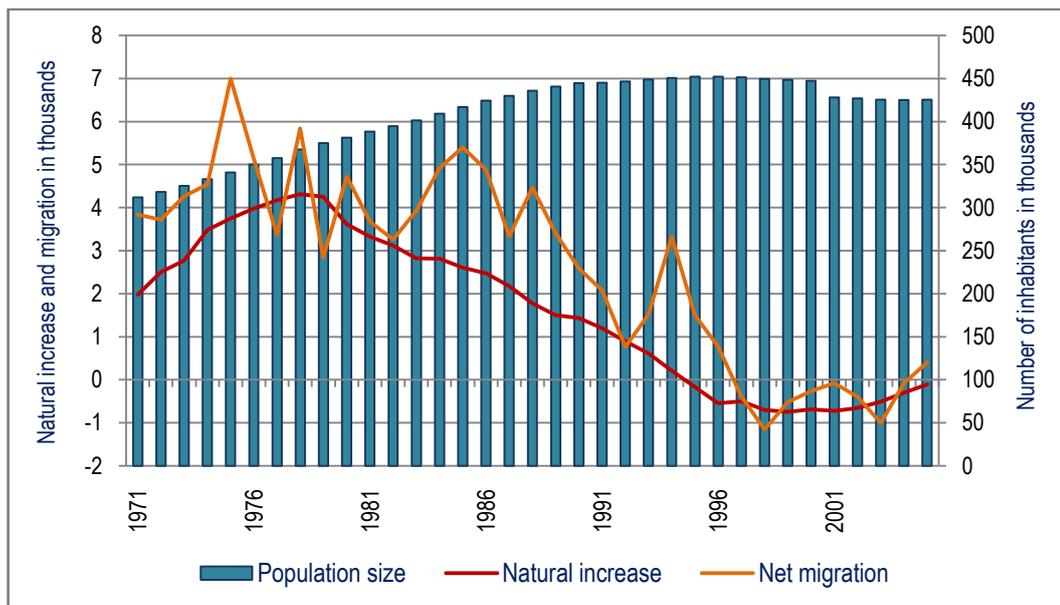
6.1 Population of Bratislava: Size and structure

Having a population of 426 000 inhabitants (permanent residence, 2005) the capital Bratislava is the most populous city of Slovakia. During the period 1971–1996 population of Bratislava increased in 45 %. However, since 1996 the population is shrinking due to both natural decrease and negative net migration. Over the 1970s and 1980s the population was increasing mostly as a result of immigration, with exception of years 1977 and 1979 when natural increase outnumbered migration. Bratislava experienced intense immigration especially during the late 1970s, mid-1980 and in 1993–1996 (Figure 6.1). Migration trends of the 1990s were influenced by suburbanisation process (Slavík a Kurta 2007) and net migration turned negative during the years 1997–2004. In 2005 immigration exceeded emigration but the future trend is difficult to foresee, as the years 2000–2005 show a rather uneven developments in migration.

Natural increase in Bratislava has turned negative since 1995, nearly 6 years earlier than in Slovakia, which points to more rapid response to the changing socio-economic conditions and a prompt transformation of the reproductive behaviour. Despite the trend reversal in 2002, the natural increase still remains slightly below zero in 2005. Due to rising fertility, which dropped to its lowest levels in 1998–2002 (Figure 6.3, p. 110), it is likely that the natural decrease will turn positive in the following years.

The emphasis in this study is on fertility developments and further analysis will be limited to population of women only. Structure of female population in reproductive age is an important factor influencing fertility trends. The decision to include women aged 50–59 into the analysis stems from the age-structure of women interviewed during the fieldwork (Appendix 1). Women born during the 1950s form the most populous cohorts both in Bratislava and in Slovakia.

Figure 6.1: Number of inhabitants, natural increase and net migration in Bratislava, 1971–2005



Data source: ŠÚ SR, author's computations

With respect to fertility trends, proportion of married women and their structure according to educational attainment is influential. We have showed in Chapter 5 that married women and women of lower educational attainments have higher fertility, achieve larger family size and less frequently remain childless. In comparison with population of Slovakia, proportion of never-married women at age 50–54 was higher in Bratislava (Table 6.1) during the whole observed period. Also proportions of single women in prime fertile ages were higher. It seems that women living in Bratislava postpone marriage to more advanced age. The trend is clearly pronounced in 2001, when we find 46,1 % never-married in Bratislava among women aged 25–29 years compared to 31,4 % never-married in Slovakia of the same age group. More pronounced postponement of transition to marriage is at least to some extent explained by high proportion of university educated women, who are less likely to step into marriage in early age compared to women of lower educational attainments who experience shorter duration of educational enrolment.

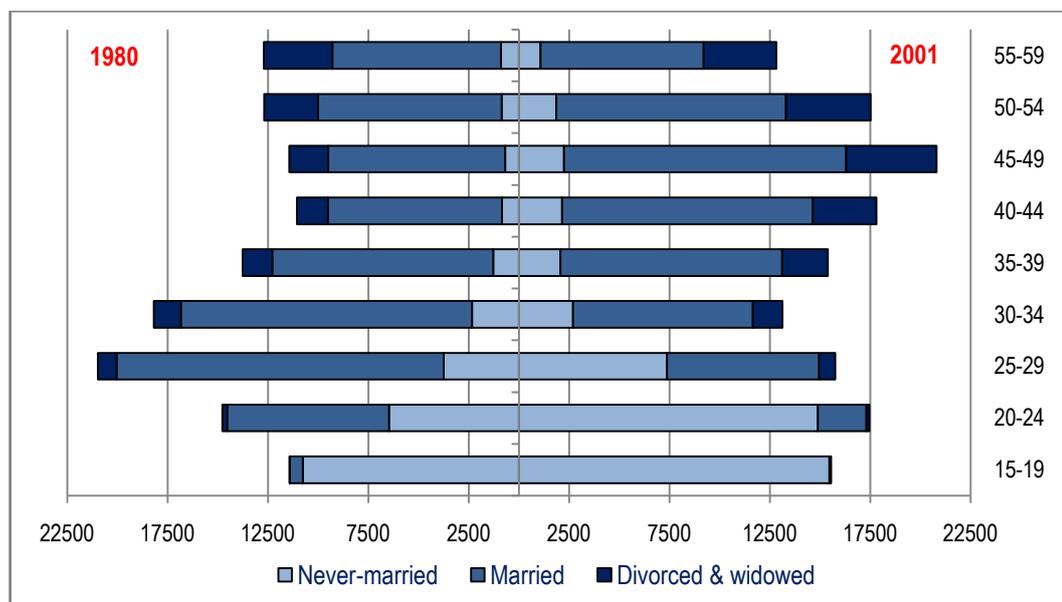
Women in Bratislava markedly differ in their structure according to educational attainment from the women in other regions of Slovakia. Bratislava, the centre of scientific and academic institutions and state administration, attracts highly educated women and provides wider range of opportunities for their professional career. The concentration of university educated women was more pronounced in Bratislava than in any other city in the former Czechoslovakia, including Prague, already during the 1970s and 1980s (for comparison see results of censuses 1980 and 1991). According to censuses 1980 and 1991, the proportion of university educated women in Bratislava was triple the Slovak average and this difference decreased only slightly according to the census 2001 results (Table 6.2). In Bratislava, one third of women aged 25–49 was university educated in 2001, and also proportions of women with secondary education exceeded the Slovak average. In contrast, proportions of women with elementary education were only 1/3 of national average in 1980 and 1991 and even dropped to 1/5 in 2001.

Table 6.1: Relative distribution of women aged 15–59 by marital status, Bratislava and Slovakia, 1980–2001

Age	1980			1991			2001		
	Never-married	Married	Divorced & widowed	Never-married	Married	Divorced & widowed	Never-married	Married	Divorced & widowed
<i>Bratislava (%)</i>									
15–19	94,3	5,7	0,0	96,0	3,9	0,1	97,3	0,5	0,1
20–24	43,8	54,5	1,5	50,6	47,1	2,2	84,1	13,7	0,9
25–29	17,8	77,7	4,1	19,3	74,4	5,8	46,1	47,5	5,0
30–34	12,9	79,7	6,6	13,9	76,4	8,9	20,2	67,3	11,1
35–39	9,3	80,0	8,9	11,9	74,7	11,9	13,2	70,7	14,6
40–44	7,7	78,4	10,6	10,9	72,6	13,7	11,9	69,1	17,6
45–49	6,0	77,2	10,6	8,6	72,1	14,6	10,7	66,7	21,4
50–54	6,8	72,2	10,4	7,0	70,1	13,6	10,4	64,4	23,7
55–59	7,1	66,6	9,4	5,6	66,0	12,1	8,2	62,5	27,8
<i>Slovakia (%)</i>									
15–19	92,7	7,1	0,1	93,0	6,9	0,1	96,3	1,8	0,1
20–24	39,1	59,8	1,1	40,6	57,8	1,5	70,7	26,8	1,0
25–29	14,8	82,1	3,1	15,0	80,9	3,6	31,4	62,4	4,8
30–34	8,9	86,1	4,0	9,6	83,9	6,5	14,2	75,8	8,7
35–39	6,1	86,7	6,1	7,8	83,3	8,8	9,3	78,4	11,0
40–44	4,7	85,9	9,3	6,6	81,9	11,4	7,7	77,7	13,4
45–49	4,5	83,1	12,4	5,2	79,7	15,0	7,1	75,5	16,3
50–54	5,0	78,3	16,7	4,1	76,2	19,6	6,3	72,6	19,9
55–59	5,6	70,5	24,2	4,0	69,2	26,8	5,0	67,8	26,0

Data source: ŠÚ SR, censuses 1980, 1991, 2001

Figure 6.2: Number of women aged 15–59 by marital status, Bratislava, 1980 and 2001



Data source: ŠÚ SR, censuses 1980 and 2001

Table 6.2: Women aged 15+ by educational attainment, Bratislava and Slovakia, 1980–2001

Age	1980				1991				2001			
	Elementary	Vocational	Secondary	University	Elementary	Vocational	Secondary	University	Elementary	Vocational	Secondary	University
15–24	41,0	20,5	53,9	6,0	41,8	15,9	38,8	3,5	30,2	8,3	50,0	4,6
25–29	17,6	17,8	38,9	24,6	7,3	18,2	45,4	29,0	3,5	16,8	46,7	31,3
30–34	14,5	18,4	42,7	23,1	10,0	17,1	40,9	32,0	3,9	16,8	44,3	33,5
35–39	18,9	17,1	37,4	25,2	13,3	15,7	41,4	29,6	5,0	15,5	45,0	32,8
40–49	34,8	19,5	30,1	13,9	13,9	16,6	42,9	26,6	9,4	15,8	41,0	32,2
50–59	49,5	22,0	19,5	6,6	31,0	19,1	34,2	15,7	11,8	16,8	42,7	27,3
60+	68,2	14,3	10,7	2,2	52,6	20,7	21,1	5,6	34,3	24,6	27,4	11,3
<i>BA total</i>	<i>31,8</i>	<i>21,2</i>	<i>28,1</i>	<i>16,8</i>	<i>27,5</i>	<i>17,7</i>	<i>36,4</i>	<i>18,1</i>	<i>17,4</i>	<i>16,5</i>	<i>40,3</i>	<i>21,5</i>
<i>SR total</i>	<i>51,7</i>	<i>23,3</i>	<i>18,0</i>	<i>5,2</i>	<i>45,2</i>	<i>20,2</i>	<i>26,5</i>	<i>6,2</i>	<i>31,5</i>	<i>21,8</i>	<i>33,9</i>	<i>8,6</i>

Data source: ŠÚ SR, censuses 1980, 1991, 2001

Note: BA stands for Bratislava.

Structure of women in Bratislava by the highest attained level of education surely influences fertility timing and quantum. A number of studies has proved that university educated women tend to postpone childbearing longer and they also have on average less children compared to their less educated counterparts (Kantorová 2004, Blossfeld and Huinink 1991). Hence, higher childlessness and mean age of women at first birth as well as lower period and cohort fertility rates can be expected in Bratislava.

With respect to ethnicity, Bratislava has more homogeneous population compared to the population of Slovakia. According to census data, only 9 % of women belong to national minorities compared to 14 % in Slovakia (Table 6.3). The ethnic structure is stable with a trend of slowly shrinking proportion of ethnic minorities during the 1980–2001 period. In comparison to the average of Slovakia, proportion of Hungarian women is particularly lower, while Czech women are overrepresented. The proportion of Roma women is negligible according to the census data; however, it is well known fact that Roma are reluctant to declare their ethnicity at census.

While the historical ethnic minorities, such as Hungarian, are diminishing, the proportion of other ethnic groups has almost doubled to 2,5 % over the 1980–2001. However, Slovak women dominate in Bratislava and due to this reason the sample of interviewees in the qualitative case-study consists of women of Slovak origin.

Table 6.3: Structure of population by ethnicity, women, Bratislava and Slovakia, 1980–2001

Ethnicity	Bratislava (%)			Slovakia (%)		
	1980	1991	2001	1980	1991	2001
Slovak	90,6	90,9	91,3	86,3	85,5	85,8
Czech	3,2	2,6	2,1	1,2	1,1	0,9
Hungarian	4,9	4,6	4,0	11,3	10,9	9,8
Roma	x	0,1	0,1	x	1,4	1,6
Other	1,3	1,8	2,5	1,2	2,5	3,5

Data source: ŠÚ SR, censuses 1980, 1991, 2001

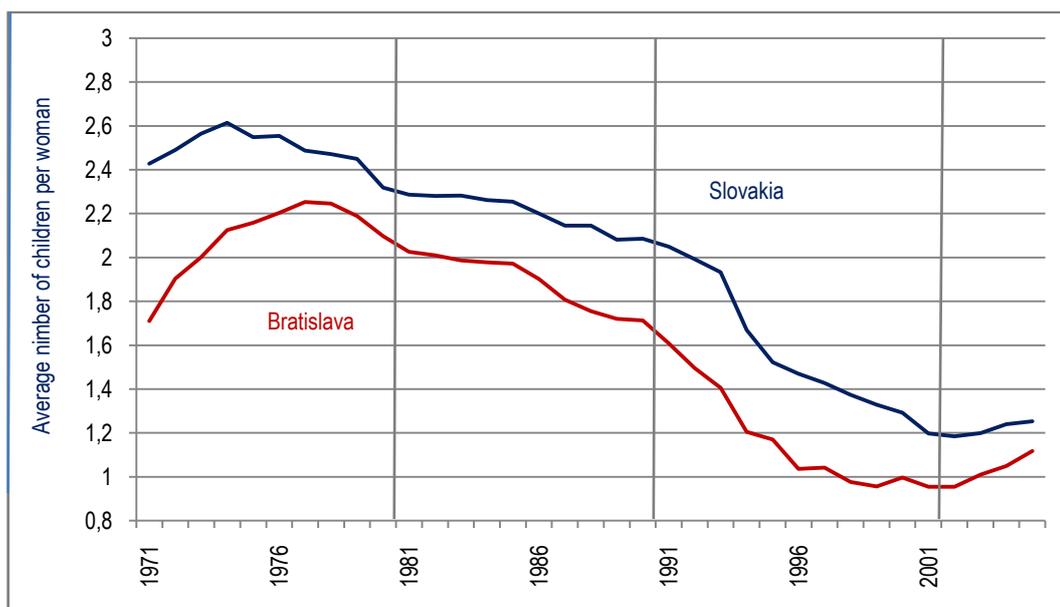
6.2 Fertility quantum and tempo

Total fertility rate (TFR) in Bratislava has been below the national average during the whole period 1971–2005 (Figure 6.3). In general, main fertility trends are identical in both Bratislava and Slovakia, however, upswings and downswings of total fertility rate are usually more pronounced in Bratislava. At the beginning of the 1970s average number of children per woman fell below the replacement level in Bratislava. During the following years, TFR was rising steadily and reached the maximum of 2,25 children per woman in 1977. The upswing of the TFR was related to the implementation of pronatalist population policy measures at the beginning of the 1970s, which caused a fertility increase at the national level as well. The upswing in Bratislava was pronounced as it started from a substantially lower level.

Although TRF had increased remarkably until the mid-1970s, it was to a large degree due to transformation in the timing of births. Mean age of mother at childbearing decreased during the 1970s in Bratislava and in Slovakia as well (Table 6.4, p.112). It is not easy to disentangle the timing effect and changes in fertility quantum. Above-replacement fertility rates sharply decreased after 1978. Short duration of the upswing in TFR points rather towards a limited tempo effect of the population policies than towards a increase in fertility quantum which could be measured by completed fertility rates. The dynamics of the fertility change displays a pragmatic reaction of the population to the newly introduced improved conditions for starting a family. However, it seems that the potential was quickly exhausted. Total fertility rate started decreasing earlier in Bratislava than in Slovakia. The decline started even before year 1980, when prices of the goods for children increased substantially. In the mid 1980s TFR dropped in Bratislava and at the national level as well.

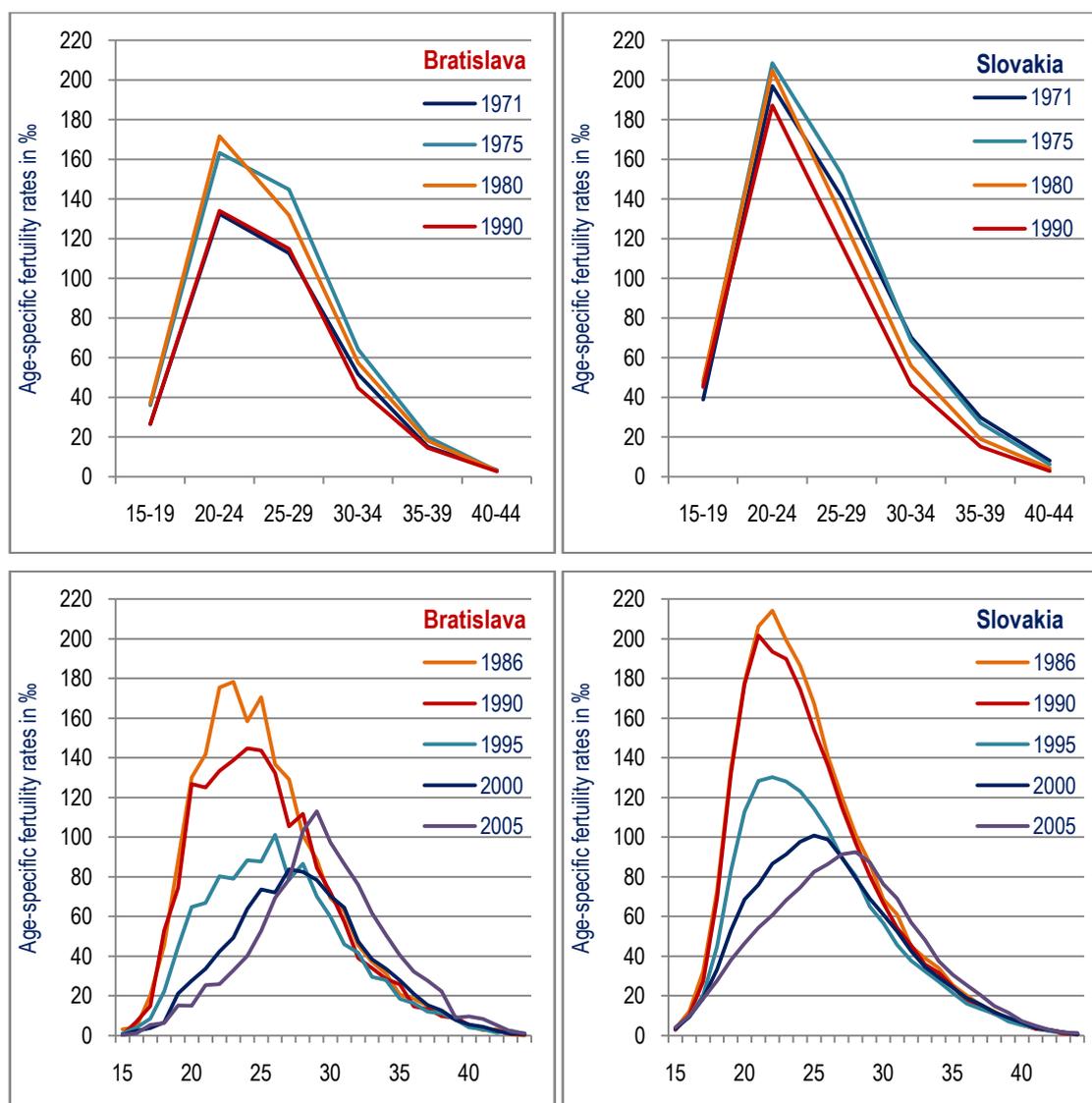
Alike in case of Slovakia, an increase of TFR during the 1970–75 was pronounced among women of all age groups and mostly among the youngest women due to advancement of

Figure 6.3: Total fertility rate in Bratislava and Slovakia, 1971–2005



Data source: ŠÚ SR, vital statistics, author's computations

Figure 6.4a-d: Age-specific fertility rates in Bratislava and Slovakia, selected years 1971–2005



Data source: ŠÚ SR, vital statistics, author's computations

Childbearing. Fertility rates of women younger than 20 years raised in 36 % in Bratislava (in 14 % in Slovakia) and in other age groups in 23–28 %. During the following period 1975–1990 fertility rates remained high among younger women and fertility of women aged 30 and older increased less. Fertility remained concentrated in age 20–24 years, although the concentration was less pronounced than in case of Slovakia (Figure 6.4a,b). Proportion of fertility above age 30 on TFR decreased during this period from 20 to 18,5 %. Similarly to women in Slovakia, women in Bratislava experienced transition to motherhood at age of approximately 23 years (Table 6.4).

Total fertility rate in Bratislava remained above 2 children per woman until 1983 and started steadily declining since 1985. In 1990 TFR was 1,71 children per woman, which was equal to the TFR in 1970 and even the age pattern was identical (Figure 6.4). Similar to the previous developments, fertility had been decreasing faster in Bratislava compared to Slovakia: during the period 1990–1996 TFR in Bratislava dropped in 40 % compared to 30 % in Slovakia.

Table 6.4: Main indicators of fertility tempo and quantum, Bratislava and Slovakia, 1971–2005

Calendar year	Sum of age-specific fertility rates (‰)				Proportion 30+	Mean age at childbearing	Mean age at first birth	TFR
	Below 20	20–24	25–30	30+				
<i>Bratislava</i>								
1971	133	662	564	351	18,4	26.13*		1,71
1975	181	817	724	438	20,3	26.10*		2,16
1985	202	803	611	357	18,1	25.62*		1,97
1990	150	669	578	316	18,5	25,85	23.95**	1,71
1995	81	395	418	278	23,7	26,80	24,71	1,17
2000	34	217	391	354	35,5	28,41	26,75	0,99
2005	29	140	417	532	46,5	29,87	28,48	1,12
Change 1975/1970	+36%	+23%	+28%	+24%		-0.0 years		+14%
Change 1990/1975	-17%	-18%	-20%	-28%		-0.25 year		-21%
Change 2000/1990	-77%	-68%	-32%	+12%		+2.6 years	+2.8 years	-42%
Change 2005/2000	-16%	-36%	+7%	+51%		+1.5 years	+1.7 years	+13%
<i>Slovakia</i>								
1971	197	989	702	543	22,3	26,21		2,43
1975	224	1043	750	508	19,9	25,91		2,55
1985	256	1017	624	356	15,8	25,12	22,61	2,25
1990	242	937	583	324	15,5	25,09	22,65	2,08
1995	162	623	454	284	18,7	25,62	23,00	1,52
2000	118	421	438	315	24,4	26,58	24,15	1,29
2005	99	304	440	409	32,7	27,50	25,66	1,25
Change 1975/1970	+14%	+6%	+7%	-6%		-0.3 year		+5%
Change 1990/1975	+8%	-10%	-22%	-36%		-0.8 year		-18%
Change 2000/1990	-51%	-55%	-25%	-3%		+1.5 years	+1.5 years	-38%
Change 2005/2000	-17%	-28%	+0%	+30%		+0.9 year	+1.5 years	-3%

* Mean age computation based on 5-year age-specific fertility rates, after 1986 single age-specific

** 1992 first available data

Data source: ŠÚ SR, vital statistics, author's computations

Moreover, average number of children per woman fell below the lowest-low fertility level (1,3 children per woman) in Bratislava already in 1994 while the same level was reached in Slovakia in 2000. During the period 1998–2002 TFR in Bratislava recorded an average of less than one child per woman. Since 2002 a trend reversal has been apparent in both, Slovakia and Bratislava. Again, an increase of the TFR is more dynamic in Bratislava. The difference in total fertility rate in Bratislava and Slovakia decreased to 9 % and it is the lowest since 1971. On the contrary, the difference in TFR was most remarkable in 1971 and during the years 1993–1999.

Transformation of reproductive behaviour after 1990 was prompt in Bratislava. First, until the mid-1990s fertility rates dropped among women of all age groups due to the starting postponement childbearing. The decrease was most pronounced among women in former prime ages of childbearing: fertility rates of women aged 20–24 fell in 68 % between 1990 and 2000, and the decrease was greatest (-77%) among youngest women aged 15–19. Decrease in teen-age fertility was most likely linked to spreading use of modern contraceptives. Fertility quantum of women 30+ was decreasing until 1996. In particular fertility rates of women aged 30–34 are steadily rising since 2000. During the years 2000–2005 fertility rates of women aged 30 and older increased in 58 % and a minor increase is noticeable among women aged 25–29. In 2005 proportion of fertility rates after age 30 increased to 49 % of total fertility rate, compared to

18,5 % in 1990 and 23,7 % in 1995. All the above mentioned trends point to the extensive postponement of childbearing, which is further confirmed by rising age of mother at first birth. Transition to motherhood occurs at most advanced age in Bratislava compared to other regions of Slovakia (Jurčová 2006, Šprocha 2008). Mean age of mother at first birth reached 28,6 years in Bratislava in 2005 (compared to 25,66 years in Slovakia). Difference between Bratislava and Slovakia in mean age of women at childbearing and at first birth is deepening.

Recuperation of fertility rates was expected when the new pattern of reproductive behaviour gets clearly pronounced and women who were previously delaying childbearing, and especially transition to motherhood, start bearing children. The new age pattern of fertility starts to be clearly pronounced in Bratislava (Figures 6.4c,d). In Slovakia proportion of fertility below age 25 remains higher and also postponement of childbearing started later. In Slovakia the postponement process is not finished yet and the new age pattern of fertility is not clearly pronounced (age distribution of fertility rates remarkably shifts each year). Age pattern of fertility has undergone a major transformation in Bratislava during the past 15 years: first, fertility quantum at prime ages of childbearing decreased; then prime age at childbearing shifted from about 23 years to 29 years while fertility quantum remained low and in the third phase fertility rates of women above age 30 have increased and a clear peak of fertility has emerged at age 29 years.

However, it is up to discussion whether age pattern of fertility in Slovakia will be similar to the one in Bratislava even after the ongoing transformation of reproductive behaviour will have finished. On the one hand, Bratislava seems to be a forerunner of the new trends in reproductive behaviour, postponement of childbearing being the main one. On the other hand, population of Bratislava is different in its structure and proportion of highly educated women is substantially higher in Bratislava compared to other regions of Slovakia and the capital is also more ethnically homogeneous. Especially groups of women with typically earlier start of reproduction, such as low educated women and Roma women, are underrepresented. In this respect, different age-pattern of fertility in Bratislava could be a demonstration of the structural particularities of the Bratislava population.

6.3 Fertility rates by women's educational attainment

Composition of women in reproductive age by highest attained education is one of the main structural differences effecting the fertility level and age-pattern of fertility in Bratislava. In 2001, average number of children per university educated and secondary educated woman in Bratislava were similar to their counterparts in Slovakia, while total period fertility rate of women with elementary education was half the elementary educated in Slovakia. The same holds for women with vocational education. Low fertility of women of higher educational attainments is in line with the fertility theories- However, low fertility of women with low education is surprising. Low fertility of lower educated women may be a result of economic constraints they face in the urban setting. They may have also adopted a different life style and fertility preferences since they are exposed to those of higher educated and at the labour-market successful women. Women with lower education often work in lower paid jobs, have low educated partners who also have problems in the labour-market and these women probably face the greatest problems to establish an independent household in own apartment, since the

Table 6.5: Age-specific fertility rates by education of mother at census, Bratislava and Slovakia 2001 (Number of children per 1000 women of educational category)

Age	Bratislava				Slovakia			
	Elementary	Vocational	Secondary	University	Elementary	Vocational	Secondary	University
15–19	4,3	15,1	2,0	x	17,4	29,9	3,4	x
20–24	68,7	57,9	37,3	23,5	210,3	123,3	59,8	34,2
25–29	77,6	48,0	85,2	89,1	131,0	80,3	83,3	92,1
30–34	56,4	29,3	63,4	85,7	67,3	37,4	38,8	66,2
35–39	19,9	7,3	18,4	20,3	27,2	12,9	14,0	18,1
40+	0,5	0,3	1,9	1,6	1,9	1,4	1,4	1,8
<i>TFR</i>	<i>1,14</i>	<i>0,79</i>	<i>1,05</i>	<i>1,11</i>	<i>2,28</i>	<i>1,43</i>	<i>1,01</i>	<i>1,07</i>

Data source: ŠÚ SR, census 2001, author's computations

housing prices are considerably higher in Bratislava compared to the rest of Slovakia. Sharing an apartment with parents may influence fertility plans and outcomes of these women. However, it is difficult to explain the difference between the women with elementary and vocational education without more detailed data. Women with the lowest education are in general a particular sub-group maintaining a specific reproductive behaviour.

In Bratislava, a third of women aged 25–34 years are university graduates, who postpone motherhood to higher age and have highest fertility rates in age 30–34 (Table 6.5). Women with elementary education also postpone births into age 25–29 years, while for the same educational group of women in Slovakia age 20–24 years remains the prime childbearing interval. Postponement of childbearing is least pronounced among women with vocational education, who show the lowest TFR. It would be interesting to observe the pace of recuperation among women of different education levels; however, the structure of population by education is available only at the year of census and hence the last available data are in 2001. The analysed data provide a picture of age- and education-specific fertility rates in the year of lowest fertility in Bratislava and in Slovakia.

6.4 Fertility rates by birth order and parity distribution of women

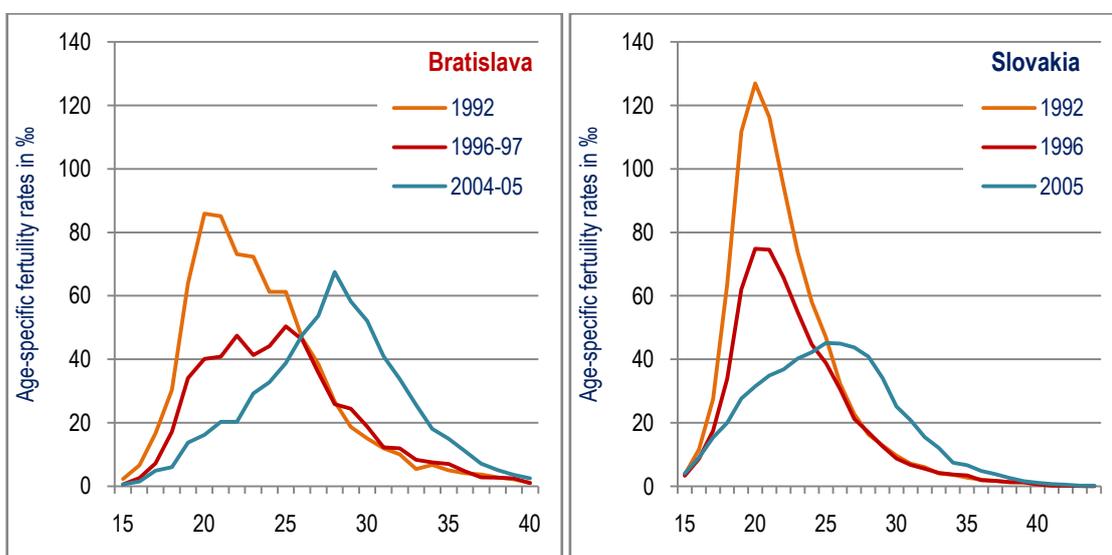
On the one hand, women in Bratislava postpone first birth longest and the difference between Bratislava and Slovakia is increasing. On the other hand, recuperation of fertility rates of first birth order is more dynamic in Bratislava and total fertility rates of first birth order clearly exceed the Slovak average (Table 6.6, p. 116). Earlier emergence of recuperation is linked to earlier onset of the postponement of childbearing in the capital.

In Bratislava, transition to first birth is concentrated at about age 28 and fertility rates of first birth order are considerably higher among 27–32 year old women compared to Slovakia (Figure 6.6a,b). In Slovakia, fertility rates of first birth order are above those of Bratislava up to the age 25 and lower for the 30 year-old women, which may indicate that postponement is still an ongoing process and the new age pattern of fertility is not pronounced yet. It is also very likely

that higher fertility rates in early age will persist in Slovakia and the transition to motherhood will not be as concentrated to age of about 30 years as in Bratislava.

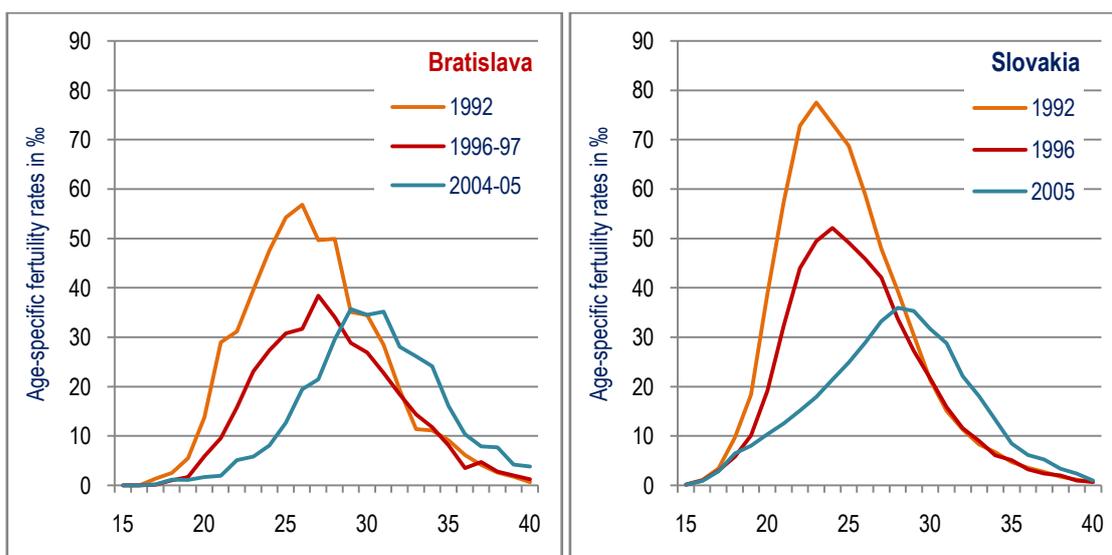
Postponement of first birth results in more advanced age of mothers at second and subsequent births. Total fertility rate of the second birth order was substantially lower in Bratislava already at the beginning of the 1990s and decreased more rapidly and to lower levels in Bratislava compared to Slovakia. Despite a minor upswing in 2005, TFR of the second birth order remained below the Slovak average. Reduced fertility rates by birth order do not allow for conclusion about proportion of women proceeding to parity 2, however, it is very likely that in Bratislava less women will have 2 children and single child families will be overrepresented compared to the average in Slovakia.

Figure 6.5a,b: Age-specific fertility rates, first birth-order, Bratislava and in Slovakia, 1992–2005



Data source: ŠÚ SR, vital statistics, author’s computations

Figure 6.6a,b: Age-specific fertility rates, second birth-order, Bratislava and in Slovakia, 1992–2005



Data source: ŠÚ SR, vital statistics, author’s computations

Table 6.6: Comparison of total fertility rate (TFR) and mean age of mother at birth (MAB) by birth order in Bratislava and Slovakia, 1992–2005

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
	<i>Bratislava</i>													
TFR1	0,76	0,73	0,63	0,59	0,52	0,55	0,50	0,52	0,55	0,52	0,53	0,58	0,62	0,64
TFR2	0,55	0,50	0,40	0,42	0,38	0,36	0,35	0,32	0,32	0,31	0,32	0,32	0,33	0,36
TFR3+	0,18		0,16		0,13		0,12		0,12		0,11		0,11	
	<i>Slovakia</i>													
TFR1	0,86	0,82	0,70	0,63	0,60	0,59	0,58	0,57	0,57	0,51	0,52	0,53	0,57	0,58
TFR2	0,68	0,67	0,57	0,52	0,49	0,48	0,46	0,44	0,42	0,39	0,38	0,38	0,39	0,40
TFR3+	0,46	0,45	0,40	0,37	0,37	0,36	0,34	0,32	0,31	0,29	0,28	0,28	0,28	0,28
	<i>Difference in %</i>													
TFR1	-12	-11	-10	-6	-13	-6	-12	-8	-3	1	2	8	8	11
TFR2	-19	-25	-29	-19	-24	-26	-24	-27	-24	-20	-17	-17	-15	-9
TFR3+	-59		-60		-64		-65		-58		-62		-61	
	<i>Bratislava</i>													
MAB1	23,95	24,18	24,39	24,71	25,15	25,44	25,76	26,06	26,75	26,73	27,37	27,79	28,15	28,48
MAB2	27,24	27,43	29,47	27,96	28,21	28,35	28,62	28,98	29,52	29,72	30,26	30,53	30,73	31,14
MAB3+	31,21		31,99		31,69		32,25		32,70		33,58		33,85	
	<i>Slovakia</i>													
MAB1	22,52	22,63	22,83	23,01	23,18	23,39	23,60	23,83	24,16	24,35	24,72	25,01	25,35	25,69
MAB2	25,35	25,48	25,72	25,92	26,08	26,34	26,57	26,81	27,04	27,25	27,49	27,78	28,03	28,27
MAB3+	29,34	29,40	29,63	29,72	29,74	29,95	30,17	30,33	30,52	30,64	30,67	30,85	30,86	30,99
	<i>Difference in years</i>													
MAB1	1,43	1,55	1,56	1,70	1,96	2,05	2,16	2,23	2,59	2,39	2,66	2,78	2,80	2,79
MAB2	1,90	1,94	3,75	2,04	2,12	2,02	2,05	2,17	2,48	2,47	2,76	2,75	2,70	2,87
MAB3+	1,84		2,31		1,85		2,00		2,12		2,82		2,93	

Data source: ŠÚ SR, vital statistics, author's computations

Table 6.7: Parity distribution of married women by age in Bratislava according to census data

Year	Number of children	Proportion of women in %					
		20–24	25–29	30–34	35–39	40–49	50+
1980	0	22,7	10,9	7,2	6,0	7,3	12,8
	1	51,9	38,3	23,6	21,8	21,7	18,2
	2	22,4	43,1	55,1	53,9	47,9	35,4
	3+	3,0	7,7	14,1	18,3	23,1	33,6
1991	0	25,6	10,8	6,4	5,6	7	11,6
	1	55,8	40,6	24,7	20,2	20	19,6
	2	17,3	42,9	56,4	57,5	54,2	42,5
	3+	1,3	5,7	12,5	16,7	18,8	26,3
2001	0	35,4	25,0	10,1	5,6	5,8	7,4
	1	54,4	48,6	36,5	24,2	17,8	17,8
	2	9,4	23,9	45,9	57,1	58,1	52,0
	3+	0,8	2,6	7,4	13,2	18,3	22,8

Data source: ŠÚ SR, censuses 1980, 1991, 2001, author's computations

Already the census 1980 showed a higher proportion of single-child families in Bratislava (Table 6.8). Proportion of married⁸⁹ women with a single child (Table 6.7) was above the Slovak average in Bratislava already in the 1980 census and this difference has persisted. About 18–22 % of married women aged 40–49 had one child in 1980, 1991 and 2001. Data show a slightly decreasing trend. However, according to 2001 census proportion of women with one child increased in 12 % among 30–34 year olds and in 4 % among 35–39 year old women in Bratislava. A remarkable increase does not necessarily mean that proportion of single child families will increase dramatically. We have argued in the previous analysis, that women in Bratislava postpone transition to motherhood to more advanced age compared to those in other regions and that this postponement translates into shifting age at successive births. Since the mean age of women at first birth is approaching age 30 in Bratislava, is it very likely that a high increase in women with a single child at age 30–34 shows a postponement effect.

Higher proportion of childless women and women with one child among married women are surely a consequence of the ongoing postponement of childbearing among younger cohorts. The final parity composition of women will depend on the recuperation of previously delayed births. The results of the 2001 census imply that higher childlessness and higher proportion of women with a single child among married women will persist in Bratislava. The decrease in proportion of married women with 2 children is difficult to quantify using the census 2001 data. However, if the recuperation of fertility rates of second birth order will not take place at all in the following years (which is unlikely), the proportion of families with a single child will increase to about 1/3 in cohorts born at the end of the 1960s.

Table 6.8: Comparison of parity distribution of women in Bratislava and in Slovakia, 1980, 1991, 2001

	Year	Proportion of women in %				Average number of children per woman
		Childless	1 child	2 children	3+ children	
Bratislava	1980	10,9	26,4	42,9	19,8	1,82
	1991	9,7	25,2	48,1	17,0	1,79
	2001	9,6	23,9	50,0	16,5	1,89
Slovakia	1980	8,2	18,0	36,6	37,2	2,42
	1991	6,3	16,1	42,5	35,1	2,31
	2001	6,6	17,1	44,6	31,7	2,27

Note: Proportions of women by number of live-born children were computed from total number of women with known number of children. The exception was census 2001: number of women with unknown number of children was added to the number of childless women. The assumption provided more reliable results. The same assumption was employed in Chapters 5.2 and 5.3.

Data source: ŠÚ SR, censuses 1980, 1991, 2001, author's computations

Fertility of the third birth orders has always been considerably lower in Bratislava compared to Slovakia. So far total fertility rates of third birth order are persisting at the lowest recorded level in both Bratislava and Slovakia. The proportion of married women having three and more children in Bratislava was about a half of their proportion in Slovakia. A further decrease is expected as a result of the postponement of previous births. It is well-known fact that

⁸⁹ Unfortunately, data from 2001 census for Bratislava include parity distribution by age only for women married at census. Data on all women were not made accessible to us at the time of this analysis. Parity distribution of women regardless of their marital status was possible to compute only for Slovakia and it is not possible to compare to Bratislava.

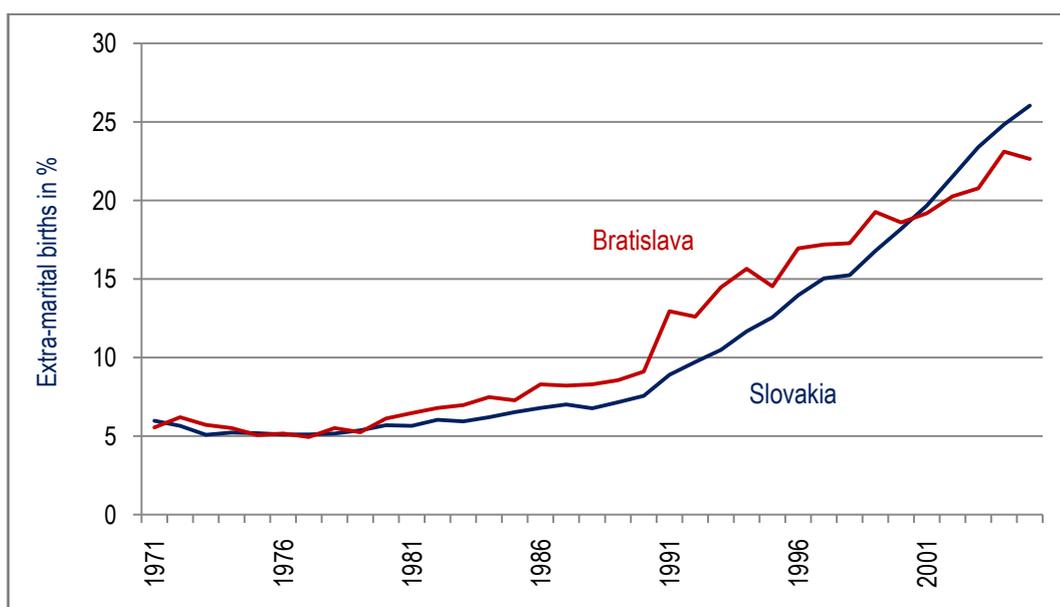
postponement of births suppresses fertility quantum, since fecundity decreases with age of the woman (in particular after age 35) (Leridon 2005, cited according to Billari et al. 2007). Among women born in the 1950 (aged 41–51 at census 2001) orientation towards a two-child family model was very strong and almost 60 % of married women living in Bratislava had exactly two children. The dominance of the two-child family model is diminishing and it is possible that the proportion of married women having two children will drop below 50 % among women born at the end of 1960s and at the beginning of 1970. Nevertheless, fewer women with three and more children will result in a lower total fertility. As a result of current fertility trends we can expect a turn towards smaller families, increase in single-child families and a diminishing two-child family norm.

6.5 Non-marital childbearing

Unlike the level and timing of fertility, non-marital childbearing follows trends similar to the average of Slovakia in the capital. Proportion of non-marital births was at 5 %, as was the Slovak average, over the 1970s (Figure 6.7). Over the 1980s the proportion of non-marital births was increasing at higher pace in Bratislava than in Slovakia and during the 1990s non-marital childbearing in Bratislava exceeded the Slovak average. Proportion of extra-marital births reached 20 % in 2000 and remained at 23 % in 2004–05, which was well below the average of Slovakia. A rapid increase in proportion of non-marital births over the early 1990s is very likely linked to the faster transformation of reproductive behaviour in Bratislava. Bratislava can be considered a forerunner of the ongoing societal change, as we argued in previous sections with respect to other trend in reproductive behaviour.

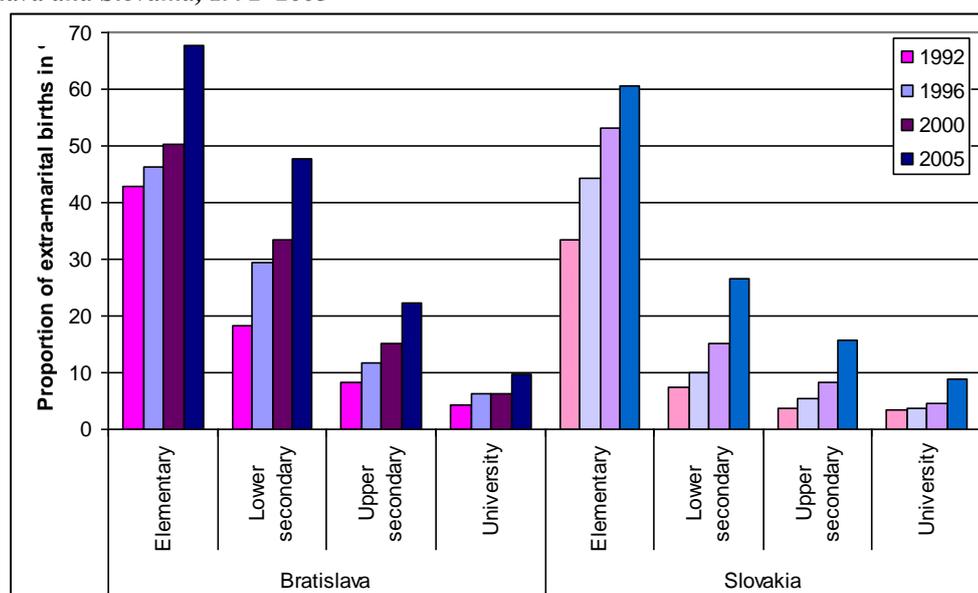
In Bratislava, alike in Slovakia, least non-marital children are born to the university educated mothers (Figure 6.8, Table 6.9). During the 1992–2005 the proportion of non-marital births has increased least among them. Most extra-marital births are on behalf of low educated women, to

Figure 6.7: Proportion of non-marital births in Bratislava and Slovakia, 1971–2005



Data source: ŠÚ SR, author's computations

Figure 6.8: Proportion of non-marital births by highest attained level of education of mother at birth, Bratislava and Slovakia, 1992–2005



Data source: ŠÚ SR, vital statistics, author's computations

whom most non-marital children were born already in 1992. In 2005, 68 % of children born to women with elementary education were non-marital (compared to 60 % in Slovakia). In non-marital childbearing several differences are apparent comparing Slovakia and Bratislava. The proportion of non-marital children of women with vocational education was 2,5 times higher in 1992 and almost double in 2005 in Bratislava compared to Slovakia. Furthermore, women with secondary education bear non-marital children more frequently in Bratislava than in Slovakia.

Table 6.9: Proportions of non-marital births by highest attained level of education of mother at birth, Bratislava and Slovakia, 1992–2005

Educational attainment	Extra-marital births in %			
	1992	1996	2000	2005
Bratislava				
Elementary	42,8	46,27	50,38	67,65
Vocational	18,2	29,40	33,43	47,81
Secondary	8,3	11,63	15,11	22,23
University	4,3	6,21	6,17	9,75
Slovakia				
Elementary	33,5	44,21	53,25	60,68
Vocational	7,5	9,98	15,10	26,67
Secondary	3,8	5,52	8,18	15,85
University	3,3	3,79	4,58	8,84

Data source: ŠÚ SR, vital statistics, author's computations

An important feature of changing reproductive behaviour is weakening institutionalization of reproduction into marriage, which used to be very strong during the 1970s. However, already during the 1970s proportion of children conceived prior to marriage was increasing and a reproductive strategy of stepping into marriage and giving birth in wedlock was dominant solution to the situation (Chapter 7.3). Formerly unusual reproductive strategies emerged, namely, childbearing out of marriage and childbirth prior to the wedding. Although the vital statistics do not provide sufficient data to support the previously stated arguments, qualitative

case study discusses increasing heterogeneity in reproductive careers among younger cohorts of women living in Bratislava compared to merely universal strategy of entering marriage in case of non-marital conception during the 1970s. Naturally, qualitative data do not provide any information on the extent of such behaviour in the population and we also do not know how relevant alternative strategies are to women living in rural areas and other regions of Slovakia. Regional data suggest that high institutionalisation of childbearing into marriage persists in districts with high highest proportion of Roman Catholics, while in other areas we observe a rapid increase in non-marital childbearing (Jurčová 2003 and 2005). Furthermore, ever higher proportion of pregnancies of teen-age girls leads to extra-marital childbearing and this trend is apparent in both urban and rural areas (Šprocha 2008).

6.6 Induced abortion and contraceptive use

Due to data scarcity the analysis of induced abortion faces several restrictions, in particularly as a result of short time-series of more detailed data on induced abortion, which are at hand since 1987 only. The analysis before 1987 is restricted to the use of abortion indices and cumulated numbers of induces abortions and miscarriages. Abortion index was double the Slovak average in Bratislava at the beginning of the 1970s and one in two pregnancies ended in abortion (either spontaneous or induced) (Figure 6.9a). Over the 1970s abortion index dropped to minimum of 55 % in 1977 and started increasing again in the 1980s. The trend in abortion was contrasting to the fertility trend until the end of the 1980s, which points to the existing unmet need for effective contraception since most abortions were induced. Number of abortions per 100 births was steadily increasing until the 1990, when it reached maximum in both Bratislava and Slovakia: abortion index increased to 118 % in Bratislava and to 70 % in Slovakia. Induced abortion index increased to 109% in Bratislava and remained above 100% during the years 1988–1991 (Figure 6.9b). Abortion indexes dropped over the 1990s in both Bratislava and Slovakia, and the difference between the two was least pronounced in 2005 (29 versus 26 induced abortions per 100 births, see also Table 6.10 for comparison).

Figure 6.9a: Abortion ratio in Bratislava and Slovakia, 1971–2005

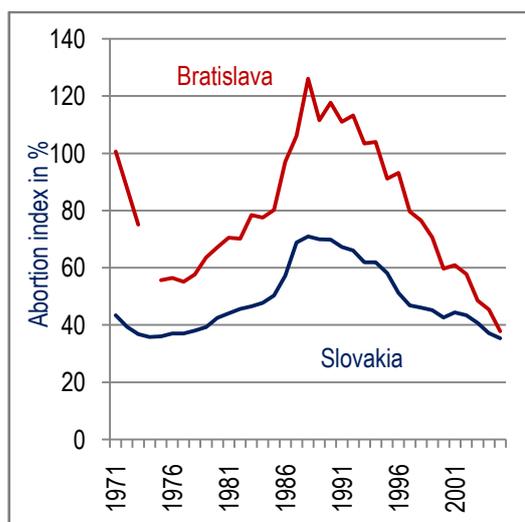
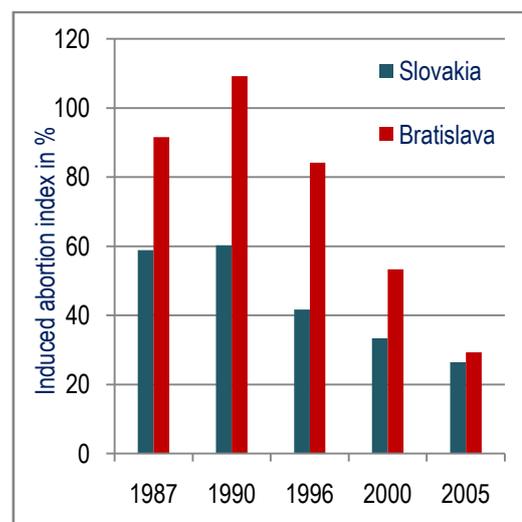


Figure 6.9b: Induced abortion ratio in Bratislava and Slovakia, 1987–2005



Data source: ŠÚ SR, vital statistics, author's computations

Due to spreading effective modern contraceptives since the 1990s induced abortion index as well as total induced abortion rate (TIAR) fell close to Slovak average in Bratislava. In 1996 TIAR was 32 % higher in Bratislava compared to TIAR in Slovakia (Table 6.10). In 2005 TIAR in Bratislava was nearly equal to the one of Slovakia. During the 10 years TIAR in Bratislava decreased from 0,826 to 0,361 induced abortions per woman. Hence, the drop of induced abortion rates was more rapid in Bratislava which suggests swifter acceptance of new attitudes towards responsible parenthood. Data on prescribed contraceptives (Figure 6.10) prove a spreading use of the pill.

The changing structure of induced abortion applicants points in the direction of a swift change in contraceptive behaviour. It is clear that induced abortion used to take a role of fertility regulation instead was used instead of effective contraceptives until they became widely available since the beginning of the 1990s. In the early and mid-1990 a married woman with two or more children was typical induced abortion applicant in both Bratislava and Slovakia. However, in 2004–2007 a proportion of single childless and married women with at least two children equalled in Bratislava, while the older pattern persists in other Slovak cities and regions (Šprocha 2008). The structure of induced abortion applicants in Bratislava, hence, resembles the structure common in the Western European countries, where single childless women dominate (Velická 2001).

Table 6.10: Total induced abortion rate in Bratislava and Slovakia, 1996–2005

	Average number of induced abortions per woman									
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Bratislava	0,826	0,713	0,655	0,589	0,520	0,507	0,486	0,417	0,404	0,350
Slovakia	0,627	0,551	0,518	0,487	0,449	0,438	0,421	0,392	0,367	0,345
<i>Difference</i>	<i>32%</i>	<i>29%</i>	<i>27%</i>	<i>21%</i>	<i>16%</i>	<i>16%</i>	<i>15%</i>	<i>6%</i>	<i>10%</i>	<i>1%</i>

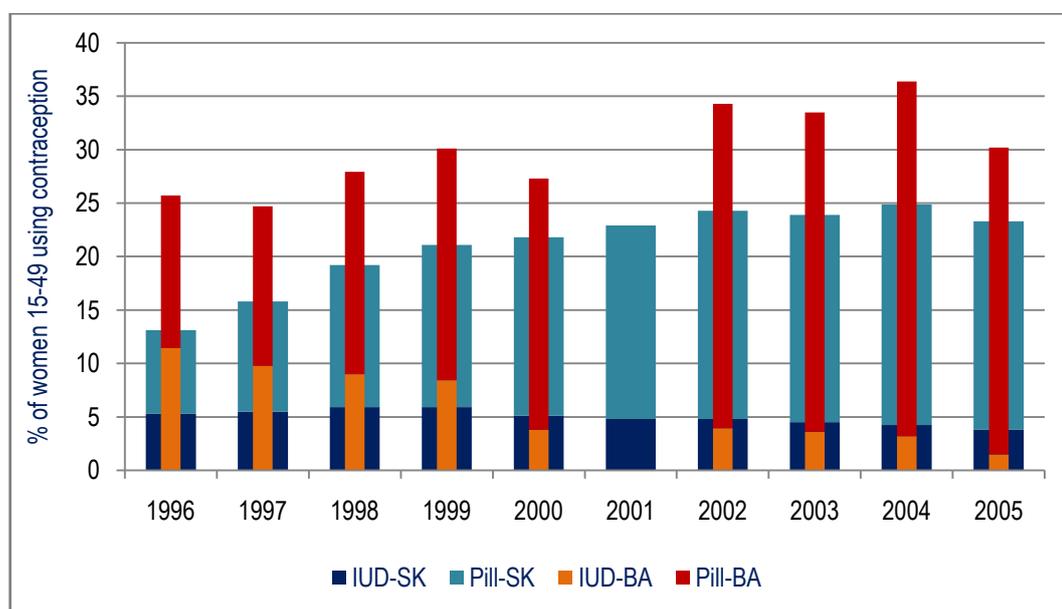
Data source: ŠÚ SR, vital statistics, author's computations

Higher incidence of induced abortion in Bratislava can be partially explained by more secularised social context of the metropolis. Induced abortion is unacceptable especially for religious women and practising a religion is a barrier of induced abortion. Induced abortion rates and indexes of the districts with 90 % of Roman Catholics show at least for the past 10 years (Jurčová 2006). In Bratislava about 26–30 % of women are non-religious according to censuses 1991 and 2001. Proportion of Roman Catholic women was 56 % in 2001, compared to 86 % in Slovakia. Surely, secularisation cannot be the only explanation of the trend. Also higher proportion of highly educated women can affect induced abortion levels since university educated women and women with secondary education are less likely to experience induced abortion as data for Slovakia show (Vaňo 2007). However, it is difficult to identify other than structural factors leading to higher induced abortion in Bratislava using statistical data.

Data on contraceptive use are not available for Bratislava city only and data for NUTS 2 – Bratislava are referred to. Available data series are at hand since 1996 and they can be used as an approximation of the latest trends in the capital city, although the exact values may differ to some extent. In any case, the difference between NUTS 2 Bratislava and the average of the Slovak republic is remarkable. In Bratislava more women of fertile age use prescribed contraceptives and the pill is far more popular than compared to the average for Slovakia. In

1996 the proportion of women in fertile age using prescribed contraceptives was almost double the Slovak average in Bratislava NUTS 2. This difference is lessening due to more dynamic increase in Slovakia in the following period. Proportion of women using contraceptives was about 35 % in 2002–2004 in Bratislava. Contraceptive use decrease in 2005 in both Slovakia and the capital city to the level recorded prior to year 2002. This decrease may be a result of starting recuperation since a considerable proportion of women who were previously avoiding conception may intend to have a child and stopped using the pill. Although contraceptive use is higher in Bratislava compared to the average of Slovakia, the level is still lower compared to about 40–55 % of women in fertile age using IUD or the pill in the western European countries (Frejka 2008b).

Figure 6.10: Use of prescribed contraceptives by women of fertile age, Bratislava (NUTS-2) and Slovakia, 1996–2005



Data source: UZIS, author's computations

It is difficult to judge whether the contraceptive use was more widespread in Bratislava also during the 1970s. High proportion of highly educated women in Bratislava makes the hypothesis plausible. Overall, the contraceptive use was low during the 1970s and induced abortion was widely used means for controlling the family size also in Bratislava. A spread of modern, effective and high quality contraceptives suppressed induced abortion levels in Bratislava as in the rest of Slovakia. Despite the higher prevalence of the use of highly effective contraceptives among women in Bratislava region total induced abortion rate is similar to the average of Slovakia and not lower.

6.7 Summary

The analysis revealed several particularities in reproductive behaviour of women living in Bratislava. During the 1970s the main difference was in lower fertility rates. Faster reaction to the pro-population measures had lead to upswing of fertility rates and advancement of childbearing. As a result of lower period fertility rates also lower competed fertility rates can be

expected among women in Bratislava. Parity composition of married women in 1980 showed a remarkable orientation towards the two-child families, lower proportion of women having three and more children and more women with a single child or childless. Induced abortion was a widespread means of birth control and intensity of induced abortion was remarkably higher in Bratislava compared to the Slovak average.

In the 1990s, fertility rates dropped faster in Bratislava and postponement of childbearing became the most widespread reproductive strategy. Consequently, recuperation of fertility rates started earlier and it is proceeding more visibly in Bratislava. High proportion of university educated women in population is one of the factors leading to more pronounced postponement of births. Highly educated women study longer and postpone the transition to motherhood towards higher age, compared to women with lower educational attainments, but despite the longer postponement they tend to catch up faster (Kantorová 2004). Fertility rates of the university educated women are one of the highest in Bratislava and similar to Slovak average according to 2001 data. On the contrary, low educated women are typical with low fertility in Bratislava. Low educated women also more often bear children out of marriage, while among university graduates is non-marital childbearing rather unusual. Most similarities between women in Bratislava and in the whole Slovakia are in non-marital childbearing, with respect to both quantum and prevalence among women with different educational attainments.

With respect to family planning, women from Bratislava region more frequently use the pill, which is very likely correlated with high proportion of women of higher educational attainments. Use of effective contraceptives facilitates postponement of childbearing. Spread of modern contraceptives has led to a sharp decrease of induced abortion, which has dropped from levels almost double compared to the average of Slovakia to the Slovak average to the 2005 intensity similar to Slovak average.

Results of the analysis of reproductive behaviour and structural characteristics of female population in Bratislava are important reference for the sample composition of the qualitative case-study. Differences in reproductive behaviour of women living in Bratislava compared to the average of Slovakia, which are manifested in using macro-level indicators and data will be most likely apparent on the micro-level. Perceptions, rationalisations, reasons of the postponement of motherhood and decision-making in sphere of reproduction may be particular for the context of a biggest city in Slovakia and its opportunities structure.

7 QUALITATIVE CASE-STUDY RESULTS: REPRODUCTIVE CAREERS OF TWO GENERATIONS OF SLOVAK WOMEN IN BRATISLAVA

Reproductive careers can be approached from different perspectives: with focus on timing of motherhood and other reproductive life events, ordering and sequencing of life events, interplay with other life careers, focusing on family planning and contraceptive use and so on. In this study, we first describe and compare patterns of reproductive trajectories of urban middle class women born during the 1970s (generation of the daughters), and of women who became mothers in the 1970s (generation of the mothers) and place them within the context of findings from statistical data. In the next step we discuss, first, relationship between marriage and childbearing; second, ordering of life events in transition to motherhood and interplay of reproductive choices with other life careers; third, we focus on social meanings of age and age norms in timing of childbearing.

The analysis is restricted to transition to first birth and does not discuss motivations to have another child(ren), family intentions of the interviewees and factors influencing timing of subsequent births. The main reason for this decision lays in different meanings and factors relevant in motivation and decision to become a parent for the first time and to have another child(ren). In comparison to first-time parenthood, financial constraints and housing situation as a barrier to childbearing were emphasised more when discussing motivation to and timing of second child in family. The motivation to have a second child was not linked to the needs of the parents (emotional – a desire to have a child, normative motivation to become a parent etc.) but to the needs of the first child to have a sibling⁴⁶. Interviewees of both birth cohorts believe that having a single child is selfish and has a negative impact on the personality of the child. Typical image of single children was that they are selfish, more problematic than children who have siblings, they require more attention of the parents and raising them can be more demanding. In contrast, those interviewees who were in favour of having the only child emphasised long-term financial costs of children, economic constraints, and the need for more autonomy and intimacy in their partnership.

It is not surprising that motivations to having a first child and subsequent children differ. Becoming a parent is an important status transition. Parenthood is perceived an important part of a normal adult life course and in particular motherhood is seen as an integral part of an adult female biography. Motherhood is closely linked to feminine identity and women become “complete” and fully mature by this life transition (Potančoková 2007, 2009a, Šalingová 2003). The concept of normal female life course which includes motherhood is deeply internalised by

⁴⁶ This need was often not articulated by the child, it was the parents’ perception on what their child needs and what is good for the child.

women. Also our interviewees believed that childless women and women who become mothers differ. Childlessness was described as in a way abnormal phenomenon and voluntarily childless women as selfish, materialistic, too much career-oriented⁴⁷, incomplete or abnormal⁴⁸. Childlessness is also believed to be a reason of union disruption. Interviewees often expressed pity for childless people. All these aspects reveal that norm on motherhood remains strong in Slovak society.⁴⁹

7.1 Patterns of reproductive careers: A descriptive look

In this section we describe ordering of reproductive life events within women's reproductive careers and we compare the two cohorts. Analysis of statistical data showed that marriage and childbearing were nearly universal during the 1970 and transitions to marriage and motherhood occurred in an early age. In contrast, women born in the 1970s postpone these life transitions and childless phase in life prolongs. However, it was not possible to reconstruct types of event-histories from the macro-data. Although the qualitative sample is not statistically representative, we are able to identify several important changes in reproductive life course from this data.

Altogether 6 types of reproductive careers were identified among the representatives of the generation of the daughters and 3 types among the maternal generation of women who experienced family formation during the 1970s (Table 7.1). The sequences of events were identified from the biograms that were constructed by the respondents and confronted with their life stories. We include information on ordering of life events within reproductive and partnership career and the sequence is terminated at first childbirth. Naturally, the qualitative sample is restricted in size and not all possible types of reproductive careers are represented.

Table 7.1: Patterns of reproductive careers among the interviewees of two generations

Sequencing of reproductive life events	Mothers		Daughters	
	N = 12	%	N = 25	%
Dating - Marriage - 1st conception - 1st birth	7	58%	9	36%
Dating - 1st conception - Marriage - 1st birth	4	33%	4	16%
Dating - 1st conception - 1st birth	0	0%	4	16%
Cohabitation - Marriage - 1st conception - 1st birth	1	9%	3	12%
Cohabitation - 1st conception - Marriage - 1st birth	0	0%	3	12%
Cohabitation - 1st conception - 1st birth - Marriage	0	0%	2	8%

Note: Two childless interviewees from the generation of the daughters were excluded. Both childless women lived in cohabitation.

⁴⁷ "Cos' for sure, if someone is voluntarily childless then it means they put first either the career or money. So they do not want to give up the standard they're used to." Anastazia, G2, marr, 1B 27. (nickname, G2 = generation of the daughters, partnership status: marr = married, re-marr = re-married, cohab = cohabiting, 1B 27 = age at first birth)

⁴⁸ „She hates children. And when I showed her photos of the small grandson she was not interested at all. AT ALL! No children. I don't know – a woman? And no interest at all.“ Margita's mother-in-law, G1, marr, 1B 22 (original emphasis)

Transcription rules and meanings of transcription symbols are summarized in the Appendix 5.

⁴⁹ We assume that since we found strong norm on becoming a mother in highly urban context of the capital city and among women of high educational attainments, the norm will not be weaker in rural context and among low educated women, who tend to express more conservative attitudes to parenting and gender roles (ISSP 2002).

Single mothers are not present among the older generational cohort although we know from statistical data that 5 % of children were being born out of wedlock during the 1970s.

Nevertheless, biographies of the older women are more uniform compared to variety of reproductive careers of the younger women. Single motherhood and premarital cohabitation were marginal phenomena in the 1970s. Direct marriage followed by childbearing and marriage as a solution to extra-marital pregnancy were dominant types of reproductive careers. Both, statistical and qualitative data support high institutionalisation of childbearing into marriage. We further discuss mechanisms leading to these reproductive choices in the following sections of this chapter.

Ordering of reproductive life events is much more variable among respondents of younger birth cohort. Spreading premarital cohabitation has led to broadening heterogeneity in reproductive careers of younger women. Increasing proportion of the interviewees of younger cohort experienced cohabitation, however, only one interviewee declared an intention to cohabit without a perspective of getting married. Thus, cohabitation is accepted by the younger respondents almost exclusively as a premarital phase and it is restricted to this phase of the family cycle. Cohabitation was a marginal phenomenon in the 1970s and most women entered marriage directly, without an experience of co-residence with their partner. Non-residential partnerships are entitled “dating” for the purpose of this study.

Non-marital childbearing is on the rise due to less pressure to step into marriage and/or due to cohabitation. Three out of 6 extra-marital children in the qualitative sample were born to cohabiting couples; however, only in one case the conception was intended. Partnerships of interviewees who had conceived in unstable unions and were not cohabiting at time of conception resulted in union dissolution already during the pregnancy. Although the sample is too small to conclude that only about half of the children born out of wedlock are being born to cohabiting couples, it is possible this finding is not too far from reality. A recent survey on extra-marital childbearing in the Czech Republic came to the same conclusion⁵⁰ (Hamplová 2007). This would mean that increase in non-marital childbearing is not only a result of spreading cohabitation and single motherhood is on the rise as well. Single mothers in this study, who conceived unintentionally, were reluctant to step into marriage if they perceived partnership unstable. Thus, the rise in extra-marital childbearing is a result of weakening normative pressure to step into marriage even in case of unstable partnership, which was the case a few decades ago (see a discussion of the findings in section 7.3.1).

One third of interviewees of the generation of the mothers experienced premarital conception. This value is a little lower compared to statistical data according to which 40 to 50 % of conceptions occurred out of marriage in the 1970s (the proportion was rising during the decade). Premarital conceptions decreased over the 1990s to 29 % in 2005, which equals the proportion of younger interviewees who experienced premarital conception – either with a non-resident

⁵⁰ At this point it is important to emphasise that although the proportion of extra-marital births is higher in the Czech Republic, the structure is similar: extra-marital childbearing is highly prevalent among women of lower educational attainments while the lowest proportion of non-marital children is born to university graduates. Similarly, capital cities and larger cities show proportion of extra-marital childbearing below national average.

partner or in cohabitation. The information in the interviews enables to distinguish between shot-gun marriages provoked by the bride's pregnancy and cases, when couples intended to step into marriage before the pregnancy occurred. Out of 4 premarital pregnancies of the older interviewees, 3 were provoked by the unintended pregnancy. In two cases pregnancy occurred after a mere 2 months of dating and these partnership unions were not stable. The situation differs among the younger interviewees. Out of 8 pre-marital pregnancies⁵¹ more than a half occurred in stable (and often long-term) partnerships and the interviewees declared they were already in the phase of wedding preparations or they intended to step into marriage with their partner sometime in future and pregnancy merely speeded-up the marriage. In only two cases we can speak of a shot-gun marriage provoked by the bride's pregnancy. When we include those extra-marital pregnancies which took place within unstable unions and did not result in a shot-gun marriage, but in extra-marital childbearing, it is likely that shot-gun marriages are on decrease (at least among urban women who have attained at least secondary education).

We observe broadening heterogeneity in reproductive careers among the women born in the 1970s. Growing variety of reproductive pathways takes place due to spreading cohabitation and reluctance to step into marriage with an unstable partner even in case of extra-marital pregnancy. However, marriage remains the preferred institution to bear children into in opinion of majority of the younger interviewees (Chapter 7.3). The following sections discuss changing partnership forms and institutionalization of childbearing within marriage in more detail.

7.2 Partnership, cohabitation and marriage: Comparing generations⁵²

7.2.1 Timing and nature of first partnership unions

Despite the often pronounced belief that entry into first partnership is shifting towards ever-younger age across subsequent birth cohorts of women, the data on this issue are scarce. None of the surveys that addressed reproductive behaviour (FOCUS 1997, Matulnik et al. 2003 and 2006) asked explicitly about the age at entry into first partnership union. Much more attention has been devoted to attitudes towards premarital sex and cohabitation. We can only indirectly assume on approximate age at entry into first partnership from the age at first sexual intercourse. Among women in Slovakia, sexual debut typically takes place within a partnership and not accidentally: 60 % of women aged 15 – 44 years declared that they experienced first sexual intercourse with a partner whom they were dating with, and additional 21 % had their first sexual experience with their husband or fiancé⁵³ (FOCUS 1997). Among women aged 35 – 44 years, who roughly correspond to the generation of the mothers in this research, 23 % experienced first sexual intercourse at age 15 – 17, 39,6 % at age 18 – 19 and additional 24,2 % at age 20 – 21 years. Data on sexual debut roughly fit the distribution of age at entering first

⁵¹ One premarital pregnancy that resulted in miscarriage (Emma) is added to 7 premarital pregnancies that resulted in childbirth.

⁵² The following analysis is based on the in-depth biographical interviews only. 11 interviews with women from the generational cohort of the mothers and 18 interviews with women from the generational cohort of the daughters enter the analysis. 10 focused interviews conducted in the mother centers were not used in this analysis, since questions on cohabitation were not asked systematically to these respondents. Moreover, the issue was too intimate to be discussed in focused interviews, which were typically undertaken in a public setting.

⁵³ Exact phrasing of the question: "What was your relationship to your first sexual partner?" Options: husband, fiancé, we lived together, we were dating, my friend, a chance acquaintance, I was raped, it was someone else.

partnership of the interviewees from the generation of the mothers: 50 % of the interviewees declared first partnership at age 18 or 19 and 20 % being 17 or younger. First partnerships typically occurred before finishing secondary education or shortly afterwards. Our research shows that among the interviewees of the generation of the mothers the first partnerships often turned into marriage. Out of 12 women in the subsample, three (25 %) have started a relationship with their later husbands and fathers of their children being 18 years old or younger and 7 (58 %) at age 19 – 21.

Survey data (FOCUS 1997) show that sexual debut shifts towards age 15 – 17 years among younger cohorts of women. 49 % of women aged 18 – 24 at survey (born 1972 – 1978) declared age at first sexual intercourse at age 17 years or younger and additional 34 % had first sex at age 18 or 19 years. Interviewees from the younger birth cohort were rather reluctant to declare age at first partnership. A very few of them married or entered motherhood with their very first partner: only 3 (out of 18 biographical in-depth interviews) married their first partner. Most interviewees born during the 1970s cohort had several short-term or long-term partnerships before entering into union with the partner whom they had a child with⁵⁴. Nine (50 %) of the interviewees of the younger birth cohort entered union with this partner being 25 years old or older and only 4 (22 %) at age 20 or earlier.

Results clearly show that the phase of searching for a partner and the phase of involvement in partnerships without a procreative intention prolongs among the younger birth cohort born in the 1970s and these women often experience several partnership unions before stepping into marriage or having a child. Consequently, entry into motherhood shifts towards more advanced age. Clearly, lower age at entering motherhood and higher proportion of interviewees in the generation of the mothers who had a child with their first partner is linked to less control over the reproduction women had in the 1970s due to the absence of effective contraception (Srb and Vomáčková 1972, Srb 1979d).

First partnerships typically take up a form of dating – partners live in separate households, often still in parental home, meet with their partner on the regular basis and both partners are mutually sexually exclusive. (We cannot speak of LAT - living-apart-together, a situation when partners consider themselves being a couple, however, each of them resides in own household - in any of the cases). In case partners step into marriage after a phase of dating, without experience of cohabitation, we speak of a direct marriage. Direct marriage was a dominant pattern in the 1970s and it seems to be on decrease among the interviewees of the younger birth cohort (Table 6.1). Direct marriage was preferred by those interviewees of the generation of the daughters, who were practicing Catholics (or their partners were). These interviewees did not approve of cohabitation. Other interviewees of the generation of the daughters, although they experienced direct marriage, were in favour of premarital cohabitation. Religious identity seems to play a role in choices on type of partnership.

All but one of the interviewees of the generation of the mothers experienced direct marriage. Cohabitation was a marginal phenomenon among never-married persons in the 1970s and it was more widespread among divorced or widowed persons (Pilinská 2005). Interviewees of the

⁵⁴ This holds also for the two unmarried childless interviewees who lived in stable partnership with a cohabiting partner since several years.

generation of the mothers often expressed that cohabitation used to be unusual among young never-married persons.

*“Well, before [in the 1970s] it was kind of WEIRD because, (.3) before it was the way that * people did not have a reason to live out of marriage. They even had advantages when they got married. They could take newly-wed loans and that was an important thing.” Tanja’s mother, G1, marr, 1B 25 (original emphasis)⁵⁵*

Unfavourable housing situation was a barrier to spreading cohabitation. Married couples with children were given priority to obtain housing and newly-wed loans encouraged young couples to step into marriage instead of living in consensual unions. State’s family policy and welfare programs, thus, played a role in inhibiting cohabitation among never-married persons. Moreover, in the view of some interviewees of the older birth cohort cohabitation was not it was linked to deviant behaviour, such as promiscuity and it was disapproved.

“In those times, it did not exist that partners would live together not being married. That did not exist. Simply, all people I know would look at me- they would think I was a slut. (...) because a woman should live with a man only after marriage.” Livia, G1, marr, 1B 24

“Everyone was married and the one who was not was unstable. Like there was a woman who lived one month with one man, then next month with another and so on.” Tanja’s mother, G1, marr, 1B 25

Awareness of the negative perception on cohabitations was one of the mechanisms of social control contributing to cohabitation remaining a marginal phenomenon in the 1970s. Livia’s statement shows that the sanctioning power of public opinion was relevant for some social actors’ decision not to cohabit. The only interviewee who experienced premarital cohabitation in the 1970s speaks about a direct pressure not to cohabit which was the reason she stepped into marriage.

“We started dating and then also COHABIT, well, and after about 2 years of living together ehmm my mother-in-law was kind of unsatisfied with it, that it’s something inappropriate, well, so we GOT MARRIED. (...) Mother-in-law, she was like, she was from a catholic family, so she didn’t like it.” Hana’s mother, G1, marr, 1B 30 (original emphasis)

Religion remains a reason not to cohabit and not to approve of cohabitation still at turn of millennia. Interviewees of both cohorts, who were practicing Catholics, expressed negative opinion on cohabitation and explicitly told that they do not tolerate cohabitation because of religious reasons. This was the case also with those non-religious interviewees who had religious partners. The pressure to step into marriage instead of cohabitation came from the

⁵⁵ Transcription rules and meanings of transcription symbols are summarized in the Appendix 5. We choose the best articulated statements for presentation of the findings. Statement of similar meaning can be found across more interviews. Since narrating skills vary greatly among the interviews it is possible that some interviewees are quoted more often than the others.

partners or from the parents or parents-in-law. Also according to surveys (Matulník et al. 2003, Matulník et al. 2006) religious persons are least tolerant to cohabitation⁵⁶.

Although no accurate data on prevalence of cohabitation exist in Slovakia up to date, data from censuses 1991 and 2001 show that cohabitation among never-married persons is on the rise⁵⁷ (Potančoková et al. 2008). In the previous section we identified cohabitation as one of the causes of the increasing heterogeneity in women's reproductive careers. Half of the interviewees of the generation of the daughters experienced premarital cohabitation (Table 7.2). Moreover, majority of those who did not have experience with cohabitation had positive attitude towards it.

7.2.2 Attitudes towards cohabitation: The main categories of approval

Surveys and our findings show that acceptance of cohabitation differs across cohorts. According to surveys, older cohorts, and in particular women, do not approve of unmarried cohabitation of their children, while men tend to be more tolerant (Matulník 2006, ISSP 2002). Turning to our research study, several interviewees of the younger cohort expressed that their parents were negative about them cohabiting. However, disapproval of parents was not effective if the interviewee did not live in parental home.

Table 7.2: Experience with cohabitation and attitudes to cohabitation among interviewees of the two generations, biographical in-depth interviews only

	Mothers (N=11)		Daughters (N=18)	
	N	%	N	%
Experienced cohabitation	1	10%	9	50%
Attitude towards cohabitation:				
Negative (total)	7	64%	5	28%
- negative due to religion	3	27%	5	28%
Positive	3	27%	13	72%
Ambivalent	1	10%	0	0%

Only 3 out of 11 interviewees of the generation of the mothers approved of cohabitation and one was ambivalent⁵⁸ (Table 6.2). In contrast, 72 % (N=13) of the interviewees of the generation of the daughters were positive about cohabitation. Analysis of the life course patterns of the younger interviewees shows that cohabitation is being established as a premarital phase in the family cycle. Only one interviewee of the younger cohort expressed she intended to cohabit without an intention to get married. This woman eventually stepped into marriage, after she gave birth to her second child, due to direct pressure from her mother to enter marriage.

⁵⁶ Respondents were answering the following projective question: "Imagine a situation that your adult son / daughter would like to live in one household not being married. What would you think of this, would you mind it?"

⁵⁷ Data on cohabitation in the censuses are incomplete. The census data refer to permanent residence, however, place of residence of the cohabiting couples and permanent residence of the cohabiting partners may differ.

⁵⁸ This interviewee in general disapproved cohabitation due to religious reasons and regarded cohabitation an irresponsible behavior towards the partner; however, in a different part of the interview she named several advantages of premarital cohabitation of partners who cohabited with a decision of entering marriage.

Disapproval to cohabitation as alternative to marriage among the older cohorts stems from the opinion that children should be raised in marriage (pages 136-137).

It seems cohabitation becomes a widespread premarital experience among never-married persons while cohabitation as alternative to marriage remains a marginal phenomenon, even in urban context and among women of higher educational attainments. Surveys support these findings. Slovak population is indeed more tolerant to premarital cohabitation than to cohabitation as alternative to marriage. According to the ISSP survey (ISSP 2002), 50 % of women and 45 % of men disagreed to couples living without marriage, while 44 % of women and 52 % of men approved cohabitation before marriage⁵⁹. Married women expressed higher level of disagreement (52 %) to couples living together without marriage. Disagreement was weaker among the university graduates (46 % agreed)⁶⁰. It seems that women of higher educational attainments tend to be more tolerant to informal unions; however, they prefer marriage and marital family when it comes to the real behaviour.

Approval to premarital cohabitation is a little higher compared to cohabitation as alternative to marriage. Again, agreement is higher among the university graduates (52 % agreed). Approval to premarital cohabitation was highest among never-married persons – two thirds of never-married women agrees to premarital cohabitation.

Those interviewees of the older cohort (generation of the mothers), who approve of cohabitation agree to premarital cohabitation only. Most of the older interviewees agree to premarital cohabitation only if the couple cohabits with an intention to step into marriage later.

*“Of course it’s absolutely ideal and lovely when two young people have a chance to share a household since the beginning. It’s super. When they plan it like, let’s say, they would finish the university and the finances and when they decide, it’s lovely, when they furnish the apartment and then- Those are beautiful moments I think. (...) And when they don’t get married * they deprive themselves of many things.”* Maria’s mother, G1, marr, 1B 23

Among the older interviewees, Livia’s perception on premarital cohabitation as a “trial marriage” is similar to how younger interviewees understand the purpose of cohabitation. She also emphasised the difference to the era of the 1970s.

“Today it’s different. Today a girl or a boy would get an apartment, they would live together, if they don’t get along they would break up, and I find it easier, like kind of fine, because they would get to know each other before the wedding and they would get married only when they are sure that they really belong together. But this was not possible at all.” Livia, G1, marr, 1B 24

Younger interviewees understand cohabitation as a next phase in their partnership after some weeks or months of dating. The purpose of premarital cohabitation is to try out marriage by

⁵⁹ Slovak population is one of the most conservative within Europe with respect to approval to non-marital living arrangements (Chaloupková and Soukupová 2007, Chaloupková and Šalamounová 2004).

⁶⁰ Exact phrasings of the questions: “To what extend do you agree or disagree to the following statements: It is all right for a couple to live together without intending to get married. It is a good idea for a couple who intend to get married to live together first.” The response was measured on scale strongly agree – agree – neither agree nor disagree – disagree – strongly disagree.

living together in one household before making a long-term commitment. Cohabitation is ideal for the partners to test whether they can get along in a daily life and in problematic situations.

“I think that it is a very valuable experience. To test in this way to live together before they have kids and get married. Because wedding is more kind of a social event, it does not play such a role, but before they have a child, they should definitely try it because it’s something totally different.” Margita, G2, marr, 1B 25

While interviewees agree that living in one household is the important transition in partnership, they differ in opinion whether this transition should be coupled with marriage or not. Majority of the interviewees of the generation of the mothers think that cohabitation is unnecessary and some of them think that (long-term) dating is sufficient to test whether the partners get along. (*“They have enough time to do so while they’re dating, whether they fit together or not.” Tanja’s mother, G1, marr, 1B 25*) In contrast, most interviewees of the younger generation of the daughters disagree to this point of view and find dating insufficient to get to know negative traits of their partner and to find out how they would get along in daily life. Some of the younger interviewees emphasised that the cohabiting phase should last at least several month to meet its purpose.

“If people want to live together, and they take their relationship seriously, they should definitely move in together [before getting married] to find out what are they are up to. They should cohabit at least half a year I think. During that time they would get to know each other the best. Because it’s not only about going to the movies and for a drink time to time, but (.2) it’s about going shopping and doing everything together or at least to share that somehow.” Silvia, G2, single mother, 1B 26

Most of the younger interviewees thought cohabitation should become a universal premarital experience. (*“I think that * each marriage should be preceded by cohabitation.” Eva, G2, cohab, childless*) This view was held not only by those interviewees of the generation of the daughters who have experienced cohabitation, but also by those who could not cohabit because of the direct social pressure. Many of the younger interviewees believe cohabitation can prevent divorce.

“Because once you start living together with him, you’ll find out his weak sides and mistakes and either you accept it and get used to that, or you’ll have to break up. Because if you want to get married and those differences are big, then you cannot get along in long term. So I think that cohabitation is a good thing.... And I would say it is something GOOD and maybe something that SHOULD BE done.” Emma, G2, marr, 1B 32 (original emphasis)

Bumpass (1990) argues that spreading premarital cohabitation is linked to the increasing divorce. When people are in general less confident about marital stability, it makes sense for the young couples to avoid (direct) marriage. This view was indeed held by the interviewee who wanted to cohabit instead of stepping into marriage:

“I do not see any difference between cohabiting and married people, only the latter ones have that piece of paper on top of that. And I think that piece of paper does not mean anything and

would not change anything, cos' if that man wants to, he would leave anyway and no paper can hold him back." Kristina, G2, marr, 1B 31

The following statement shows that despite marriage can be highly valued and the interviewee can have a very positive attitude towards marriage, it does not mean that the person will behave accordingly. *"I take marriage very seriously. To me marriage is something absolute, but I do not know if I find such a partner who would also take it so seriously. Because nowadays many people take marriage as a kind of sport or something." Silvia, G2, single mother, 1B 26*

The perceived marital instability can hinder decision to enter marriage on the one hand, and result in increasing cohabitation on the other hand. Spreading cohabitation is linked to the prevalent perception of increasing marital instability and increasing divorce rates. Statistics on divorce presented in media very likely contribute to the changing family cycle. Thus, spreading cohabitation should not be interpreted as a consequence of increasing individualisation and westernisation and marital stability should be taken into consideration as an important factor.

7.2.2 Attitudes towards cohabitation: The main categories of disapproval

Our findings show, that disapproval among older interviewees is caused by no experience with cohabitation and frames of interpretation internalised in young adulthood. Older interviewees interpret cohabitation with categories they internalised in different historical period and context. The analysis of the categories of disapproval to cohabitation shows that religious reasons were a widespread obstacle in acceptance of cohabitation. Negative attitude towards cohabitation is closely linked to disapproval from religious reasons among interviewees of both generations who were practicing Catholics. All interviewees from generation of the daughters who disapproved to cohabitation mentioned religious reasons.

Reasons of disapproval other than based purely on religion, split into following categories:

1. No legal protection, unclear practices how to split property in case of union dissolution
2. Irresponsible behaviour towards the partner
3. High risk of union dissolution
4. Tradition – not a normal phenomenon in our society

Older interviewees who disapproved cohabitation (7) mentioned much broader variety of reasons of their disapproval to cohabitation and often named several categories of disapproval. Among 5 younger interviewees who disapproved cohabitation all mentioned religious reason, two high risk of union dissolution and two thought cohabitation is irresponsible towards the partner.

The most widespread reasoning to negative perception on cohabitation was that such behaviour was considered *irresponsible towards the partner*. This category occurred in perception of all interviewees but three younger interviewees who disapproved cohabitation. Older interviewees interpreted life in cohabitation as a lack of trust towards the partner and consequently a weak motivation to make commitments and step into marriage. Cohabiting unions are in their view unstable and that is the reason partner live in cohabitation and not in marriage. In the perception of most of the older interviews would the couple take the relation seriously and would they intend to live with the partner in future, they would enter marriage (and not cohabit). Older

interviewees think that partners chose cohabitation instead of marriage because they do not want to live in a “serious” partnership and they are reluctant to make commitments to their partner because they are not sure they found the right partner. The following quotation is a typical example:

*“Cos’ if I want to live with someone and I don’t like that piece of paper * there is no security that I really want to live with that person. That piece of paper is like * (...) based on love and not on a temporary arousal. Because that’s how it seems to me, that people are usually afraid that they would get married and it would have to be forever.” Maria’s mother, G1, marr, 1B 23*

High risk of union dissolution is closely linked to the above discussed concept of irresponsibility. Older interviewees, and also some of the younger ones, find cohabitation risky because separation is easier than divorce. Typical image of cohabitants, supported by various narratives told by the interviewees, was that cohabitants separate even in case of minor problems, that they cannot handle critical situations and make compromises. This behaviour was perceived very negatively.

*“I do not like it because like (.2) they have an argument and they separate. * I think that’s irresponsible. Because when any, like, a small problem arises one of them runs away. (...) I say, once a person is married and has a certain commitment and responsibility, he/she wouldn’t run away. * After the first argument. * would not give up.” Tanja’s mother, G1, marr, 1B 25*

“And also in every marriage, there are ups and downs. (...) One has to know how to forgive, to forget and life goes on. We have an argument and life goes on. But in those loose partnerships, I don’t know. There’s that feeling like, if you don’t like this, I leave and that’s it. And there has to be some responsibility, I think that’s important.” Sonja, G1, marr, 1B 21

Some respondents believe that proportion of cohabitations leading to union disruption is higher compared to separations of married couples⁶¹. This is in their perception exactly due to less pressure to solve problems and make compromises in cohabitation.

In case of union disruption there are no clear practices how to split the property of the partners and, also, there is no legal protection. Older interviewees told numerous stories of break ups they knew about which resulted in a situation that one of the cohabiting partners was cheated. Klara’s mother was unhappy with her daughter’s cohabitation exactly due to these reasons. She required that the partners should either get married or make a prenuptial agreement.

“...they bought the apartment and how will they take care of the finances? I did not want to step into that, but what would they do if they break up? (...) I think they should agree on some kind of prenuptial agreement...” Klara’s mother, G1, marr, 1B 21

“...because they are not protected by any laws. And I know many such people, they have lived together for 3-4 years, and they broke up suddenly and that boy has left with a single bag. (...)

⁶¹ See Manning 2004 and Manning et al. 2004 for more details on higher union disruption of cohabiting unions compared to marital unions.

The stronger one wins. And there's no legal safety involved. And what is that about?" Sonja, G1, marr, 1B 21

Marriage is perceived a safety net especially for the more dependent partner. In Anastazia's mother view it is the woman, who puts herself into risk if she lives in cohabitation.

*"Once you get married, you must take care of the wife, when she'll be sick, when she'll be on maternity leave, when she'll be taking care of your children, you'll have to MAKE A LIVING for her. * And you don't have to make it with a girlfriend. And girls nowadays are stupid that they let men cheat them in this way, because nowadays NO ONE KNOWS. What does she think - that he would be taking care of her?" Anastazia's mother, G1, marr, 1B 22 (original emphasis)*

Other interviewees thought negatively about cohabitation simply because they find it weird, unusual and think it is not a normal phenomenon in our society. They typically had no experience with cohabitation and knew anyone of their generation who would live in premarital cohabitation.

"I think (cohabitation) should not be something normal. I would say in our society marriage is normal." Maria's mother, G1, marr, 1B 23

"But once we decide to LIVE together, to COHABIT, that's about living together. And once I decide to share my life, why should I not use the institution that's proved, codified and that has its rules, proved over the centuries?" Danica's mother, G1, marr, 1B 21 (original emphasis)

Tanja's mother changed her negative view on cohabitation when her daughter started cohabiting. This woman interprets the situation as a necessity provoked by unfavourable financial situation of young adults, weak family support from the state and a lack of certainties. She thinks young people do not get married because there are no external incentives to do so. However, her view was not shared with other interviewees of the older cohort.

"Well, before I have thought of that negatively, but now that my daughter lives with her boyfriend, I think it's a necessity because of the housing situation. (...) And I do not wonder people do not want to make commitments nowadays. (...) But I assume they would get married if she was pregnant. What for would they marry now?" Tanja's mother, G1, marr, 1B 25

Why a detailed analysis of meaning of cohabitation was included and how it relates to investigation of reproductive careers of women? Experience with (premarital) cohabitation has been identified as an important feature in changing reproductive careers of women born in the 1970s. Cohabitation was a factor of the increased heterogeneity of reproductive careers and it was a substantial difference in reproductive careers between the two generations. It seems that cohabitation is getting institutionalised as a phase in family cycle and widespread approval to premarital cohabitation will very likely contribute to further spread of cohabitation in future. Disapproval of the maternal generation and direct social pressure to step into marriage has influence on matrimonial behaviour of their daughters. Since urban women of younger cohorts tend to approve cohabitation, social pressure not to cohabit will very likely diminish in future.

Our results show that among women in Bratislava born in the 1970s premarital cohabitation becomes a normative phase of partnership development and those who agree to cohabitation think that a testing phase before marriage is a valuable experience. Developments from other European countries show that cohabitation first spreads as a “ short pre-marital experience – a sort of trial marriage, or as a part of the courtship process (Sobotka and Toulemon 2008: 99). Wide adoption of premarital cohabitation among young adults can result in cohabitation becoming a majority practice and prolonged duration of informal unions can result in less cohabitation being less frequently turned into marriage (ibid). More research is needed to show whether cohabitation is an urban phenomenon, how frequent premarital and permanent cohabitation is and in which situations cohabitation is being turned into marriage.

Also, cohabitation was a topic frequently spontaneously brought up by the interviewees of both generations without any probing. It means the topic was highly relevant to interviewees and it was often discussed in great length. This proves that social actors perceive changing process of family formation and partnership and they felt the need to express their either negative or positive attitudes towards the ongoing change. The interviewees provide rich material for the analysis and since no detailed surveys focused on cohabitation are available in Slovakia, we decided to include our findings into the case study. Surveys measured approval to cohabitation (Matulnik et al. 2003 and 2006) and its various forms (ISSP 2002) but they did not explore the reasons to either approval or disapproval. Thus, our research study brought new insights that help to interpret the difference in approval of cohabitation between the birth cohorts of women. Of course, categories of approval and disapproval may be different in rural areas and among men. However, our research findings can be helpful in formulation of meaningful questions in questionnaires of representative surveys which would show if and how categories of dis/agreement differ among respondents according to their characteristics.

7.3 Marriage and childbearing: Children ought to be born into marriage

In this section we discuss changes in institutionalisation of childbearing into marriage and investigate whether resolution of non-marital pregnancy changes. Again, we compare behavioural strategies of the interviewees of two generations in response to the occurrence of non-marital and premarital pregnancy. We investigate why they chose the strategies they did and how they are related to the meaning of marriage and partnership.

Tanja’s mother’s statement at the end of the previous section demonstrates an important finding. A child remains a strong incentive to turn cohabitation into marriage. Cohabitation is recognised as a temporary premarital phase and not as a type of partnership union compatible with parenthood. Also those interviewees (of the generation of the daughters) who were childless and living in cohabitation at the interview admitted that pregnancy would be a reason to step into marriage. While premarital cohabitation is approved at least by some of the older interviewees, cohabitation of couples with children is largely disapproved. Interviewees of both generations thought that marriage is an institution meant for a family life and having children out of marriage is no good for the child.

“Marriage is something made to have a family and to bring up children. And I don’t think that such a relationship [cohabitation] is suitable for that.” Danica’s mother, G1, marr, 1B 21 (original emphasis)

“I do not see any problem in that until there’s not a child. But one has to give to the child that kind of stronger security about the parents. (...) It’s kind of logical consequence. Like if a child, then also marriage.” Eva, G2, cohab, childless

In the perception of interviewees of generations of both the mothers and the daughters, marriage is important to legitimise the child. Parenthood remains a strong incentive to step into marriage. Although the interviewees of the younger birth cohort who have experienced divorce claimed marriage has lost most of its importance to them (*“Like, since I had been married once before and, well, that marriage did not end up with an happy end, that piece of paper does not mean so much to me.” Petra, G2, re-marr, 1B 31*), their pregnancy was a motivation to marriage.

The perceived necessity to raise children in marriage is also reflected in the surveys. According to the European Value Study 1999, 77 % of respondents thought that people should step into marriage in case the child is involved⁶². According to the ISSP survey on Family and changing gender roles (ISSP 2002) similar proportion of female respondents agreed (22 %) or strongly agreed (51 %) that people should get married if they want kids. Agreement was stronger among women with elementary and vocational education. However, agreement was strong also among the female respondents of higher educational attainments: 70 % of women with secondary and university education agreed and the proportion was identical among urban population. Agreement was higher among married women, while higher proportion of separated or divorced women disagreed to the statement.

The fact that the society is not tolerant towards cohabitation of the couples with children consequently influences decisions of the social actors over childbearing out or within marriage. Some interviewees admitted they would think of living without marriage even when having children were such living arrangements socially approved.

*“If it was up to me only, and I would not have to take into consideration what my surrounding thinks or so * I would have to be sure about the partner and that we both want a child.” Margita, G2, marr, 1B 25*

Although university educated women and women with secondary education agree less to the necessity to step into marriage in case people want children, they are least likely to have children out of wedlock. Only 5 – 9 % of children born to university educated mothers and 8 – 16 % of children born to women with secondary education were non-marital in 2000 – 2005. It seems that although women with higher education are a little more tolerant, they tend to choose marriage if they have children.

⁶² Respondents were expressing level of agreement/disagreement to the following statement: „People who want to have children out to get married“.

In the following section we compare experience with extra-marital pregnancy and pre-marital pregnancy and explore the reasons women of generations of the mothers and the daughters decided to or not to enter marriage when pregnant.

7.3.1 How to resolve a non-marital pregnancy? Changing norms and behavioural strategies

High proportion of children conceived prior to the wedding, which increased from 42 to 50 % during the 1970s, was an outcome of a widespread acceptance of premarital sexual experience and of the absence of effective contraception. Data on attitudes towards premarital sexual experience in the 1970s and 1980s are lacking, however, FOCUS 1997 survey reveals high level of acceptance of premarital sexual experience among women of reproductive age. Premarital sexual experience was considered acceptable by 75 % of women aged 15 – 44 at the survey⁶³. Level of agreement was consistent across age groups. Acceptance of premarital sex increases with education – 83% university graduates agreed compared to 68 % of those with elementary education. Premarital sex is highly accepted among non-religious women (92 %) and a little less among religious women (73 %). Deeply religious women are the only exception as 65 % of them were opposed to premarital sexual practice.

Increase in premarital conceptions is a standard indicator of the increasing non-marital sexual practice among unmarried persons. In particular young childless women faced problems to access effective contraceptives (Potančoková 2007). Surveys prove high awareness of women about contraceptive methods and risks of unprotected, or poorly protected sex, however, contraceptive practice contradicts the findings (Srb and Vomáčková 1972, Srb 1979d). Couples were relying in less effective traditional contraceptive methods, withdrawal being the most frequently used method to prevent pregnancy since the 1960s until early 1990s (according to the surveys about 40 % of women in Slovakia relied on withdrawal) (Srb and Vomáčková 1972, Srb 1979d, UN 1994). This resulted in high prevalence of unintended or even unwanted pregnancies.

Our results are in line with the survey results: Majority of the interviewees of both birth cohorts find premarital sexual experience normal, natural or even necessary to try out before stepping into marriage (partners should know each other also in sexual way before making such commitment). Even older interviewees, who were practicing Catholics, expressed rather positive attitude towards premarital sex (*“I found it absolutely normal and natural.”* Sonja, G1, marr, 1B 21). Premarital sex was a common practice in the 1970s: *“Of course it was well known that partners know each other also in sexual life, that’s natural. But in that era it was not possible that those two people would live together not being married.”* Livia, G1, marr, 1B 24. The interviewee emphasised an important trait in the process of changing norms on sexual activity between unmarried partners. Unlike in the Western and Northern European countries, loosening sexual norms were not linked to spreading cohabitation (Rogoff Ramsay 1994).

Opinion on premarital pregnancies was not uniform and approval to premarital sexual activity conditioned by the quality of relationship between the partners. Premarital sex was approved with a stable partner, after some duration of the partnership. *“Because it was perceived like, that*

⁶³ The survey asked on premarital sex, not on sex out of marriage. Exact phrasing of the question was: “Do you think is it right or wrong if a man and a woman have sex before wedding?”

it was not allowed, only when the partner was kind of more secure, like a potential husband.” Adriana, G1, marr, 1B 19. Having sex at a chance acquaintance or with unstable partner was (strongly) disapproved. The risk of unwanted pregnancy and single motherhood played an important role⁶⁴. While sexual activity can be concealed, non-marital pregnancy was a clearly visible outcome of such practice. Thus, non-marital sexual activity became a matter of concern in case non-marital pregnancy.

“ehm it was like a shame kind of. Not like the fact she had slept with him, but those possible CONSEQUENCES if they would be.” Danica’s mother, G1, marr, 1B 21 (original emphasis)

In the absence of effective contraceptives pre-marital conception was a matter of chance, as expressed by some of the interviewees:

“I always found it [premarital sex] normal. I was never like- to get married being a virgin. First, I was not and, second, I found it absolutely normal and natural. I have thought to myself, well, someone falls pregnant, someone does not.” Sonja, G1, marr, 1B 21

What strategies did our interviewees chose in case they conceived out of wedlock? Entry into marriage was a nearly universal strategy in the 1970s and it seems that only those women who could not marry a partner did not do so. Therefore, the proportion of non-marital births was very low. Resolution of non-marital pregnancy was more variable among the younger interviewees. Out of 13 interviewees of the generation of the daughters who got pregnant not being married, majority (9 women) stepped into marriage before the birth of their child. A minority of those who conceived in cohabitation chose non-marital birth with or without perspective of getting married in the near future. And, finally, most interviewees who conceived with a non-cohabiting partner and did not enter marriage before the childbirth were single mothers whose partnerships collapsed before or during the pregnancy. Only one single mother had a non-marital child intentionally without having a partner. We can conclude that bearing a child into marriage is a preferred strategy to most women; however, some of those who do not live with a cohabiting partner fail to do so.

Some demographers speculate about some proportion of premarital pregnancies over the 1970s being a result of a waiting strategy of the couples: couples were waiting for an incentive to get married and a child was a very good reason to do so. Thus, although the decision to get married may have been made before, couples would not do so until a stimulus was there. We assume that these pregnancies would happen in long-term partnerships and although they may not have been planned they were more or less expected and merely speeded up the marriage. The other case was a shot-gun marriage provoked by unintended or even unwanted pregnancy. It is likely that shot-gun marriage took place in cases of short-term, unstable or even disfunctionate partnerships. Absence of effective modern contraceptives for childless women in the 1970s and tolerance towards premarital sex would speak for a relatively high proportion of shot-gun marriage.

⁶⁴ This is reflected also in the literature of the 1970s (Potančoková 2007).

It is not possible to make a reliable estimate on what proportion of marriages of pregnant brides were a result of a waiting strategy and what proportion were a result of a shot-gun marriage based on qualitative data⁶⁵. The main problem is not so much the small sample, but rather a retrospective character of the data. A recall bias is high especially among the interviewees who had satisfying marriage although it was provoked by the unintended pregnancy. Only women whose marriage collapsed admitted that the pregnancy was unwanted.

Since unintended pregnancies were quite widespread in the 1970s, it was not so surprising that interviewees spoke of their premarital pregnancy quite openly. However, it is not clear whether those who declared they intended to enter marriage anyway told so because it was the objective truth or because they thought it was a justified answer. In some cases interviewees contradicted themselves: on the one hand they declared marriage was intended and, on the other hand, mentioned at a different part of the interview they did not speak of marriage with their partner prior to the pregnancy. Although it is difficult to distinguish between the speeded-up and shot-gun marriages, the findings clearly reveal that entry into marriage was well-institutionalised and routine rule applied in response to premarital pregnancy. From this perspective, the cause (whether the pregnancy was intended or not) was not important, but the consequences and the reaction to the situation was of great importance.

How to detect that we face an institutionalised strategy? Interviewees speak about entering marriage as of something straightforward, normal, not much discussed, automatically performed. Their statements often contain words and phrases referring to the behaviour being normal and highly expected: *“of course we got married”*, *“we/they had to get married”* etc. When interviewees of the generation of the mothers spoke of their experience with premarital conceptions they usually used similar formulations as Erika did: *“well * so I got pregnant. Well. Then the wedding followed of course.”* Erika, G1, div-cohab, 1B 26

Entering marriage was a routine, rule following decision-making. Routine strategies work well in socially well-recognised situations and they offer socially approved and hence non-problematic solutions. Non-marital pregnancy is clearly such situation since all social actors were well aware what the expected reaction to the situation is. Routine decision-making style has several advantages: it is unnecessary to search for additional information, solution can be taken for granted and the reaction is socially approved (de Bruijn 1999: 109). Entering marriage was desirable even if the relationship between the partners was unstable.

“We were brought up in a way that a woman who would get pregnant must marry the partner she conceived with and, well, it should not have happened before the wedding, she should have got pregnant afterwards. (...) Well, not all of them got married, of course, but I think that almost everyone did. I think, I do not know any girl who would get pregnant and did not get married. She simply must have stepped into marriage. ALTHOUGH she knew that they do not

⁶⁵ All interviewees of the older cohort who experienced premarital pregnancy declared it was unintended: in one case it was more or less expected – the couple intended to get married after husband would have finished university studies – and pregnancy has merely speeded-up the marriage; another three unintended pregnancies resulted in a shot-gun marriage. Another case was an interviewee of the generation of the daughters, Paula, was born to a mother who divorced when Paula was 9 months old and the marriage was clearly provoked by the pregnancy.

get along at all and maybe they would get divorced after three years. But the wedding took place.” Livia, G1, marr, 1B 24 (original emphasis)

The risk of divorce was perceived secondary and legitimating the child (1), avoiding single motherhood (2) and gaining status of a married woman or at least of a divorcee (3) were perceived more important.

(1)

„In any case, I still have an opinion that ONCE THE CHILD IS INVOLVED, those partners ought to get married. Because it is very unpleasant if the child has a different surname to the parents. I do not like it.“ Erika, G1, div-cohab, 1B 26 (original emphasis)

(2)

“My mother told me I do not have to get married. That was, like, taking that era into consideration, I was getting married in 1977, and that upbringing was kind of like, that it cannot be to become a single mother. There was one in our street and everyone gossiped about her. That’s her, the single mother.” Erika, G1, div-cohab, 1B 26

(3)

*“And it was always considered better, when she was a divorcee with a child compared to a SINGLE girl with a child. She was thought being a slut. Like, she had sex and fell pregnant * and she did not have a boyfriend who would marry her and she anyway slept with him, got pregnant and he did not marry her. That girl was not like very much stigmatized, but people did not think of her positively.” Livia, G1, marr, 1B 24 (original emphasis)*

Legitimizing the child and avoiding becoming a single mother were considered important. Rogoff Ramsøy (1994) emphasised that acceptance of illegitimate partnership is interlinked with the acceptance of cohabitation and necessity to legitimate children by father’s name is typical of patriarch societies. In such societies it is women who are objected to sanctioning while the same behaviour is more tolerated among men (different norms on sexuality for men and women etc.).

Institutionalised behaviour is coupled with social norms, social pressure and social sanctions. The analysis showed that entering marriage in case of non-marital pregnancy was motivated, besides other reasons, by the need to avoid sanctioning. Although single mothers were not heavily stigmatised, single motherhood was considered a moral sin and it was shameful. *“And, well, to remain alone with the child, only a few women had the courage to do so. That was a shame to become a single mother.” Adriana, G1, marr, 1B 19*

The fact that it was not possible to find an interviewee of the generation of the mothers who was a single mother, and a fact that most women who experienced premarital pregnancy and got divorced afterwards did not agree with an interview⁶⁶ speaks in favour of this conclusion. Furthermore, two interviewees of the older birth cohort admitted avoiding single motherhood was a strong motivation for them to step into marriage once they were pregnant.

The negative perception of single mothers was linked to norms on sexual behaviour of women. The fact that a woman became a single mother implicitly meant she did not behave according to

⁶⁶ Paula’s mother, who initially agreed to the interview changed her mind since she did not want to speak about that part of her life.

the norm, had a sex with a random or unstable partner, did not suppress her needs and on top of that failed to prevent pregnancy.

“It was like she was so stupid, cos’ she did not know what to do and she was the one who failed and it was her fault. I still think about this in this way nowadays and I think – well if she has a child with someone she did not want a child with, then why did you go to bed with him? Like she could not suppress her lust at the moment and behave herself.” Danica’s mother, G1, marr, 1B 21

Marital unions provoked by the bridal pregnancy were and are perceived unstable, risky with respect to marital dissolution and possibly having negative impact on the child (as a result of divorce). In contrast to the era just several decades ago, entering marriage just because of the pregnancy is looked negatively upon. More emphasis is given on the quality of the relationship between the partners.

“...It is not, like, automatic for me that I have a child with you and I will marry you, that he has to marry me. Life if, that child is mine and I will take care of it, I would have to accept it, but I would not marry a man if I knew I do not want to be with him, or that I do get along with him, just because he is the father of my child. Simply, if I made one mistake I would not make another one and marry him.” Danica, G2, marr, 1B 25

“I do not like it if people get married just because of the child and they, like, do not like each other so much, or they did not know each other much before.” Klara, G2, cohab, childless

Questioning of the routine behavioural strategies is linked to the experience of the generation of the mothers with instability of shot-gun marriages. Women of both generations questioned necessity to enter marriage just to legitimate the child and admitted more options in solution to non-marital pregnancy.

*„...so it happened and the youngsters will get married. They [in-laws] took it kind of automatically and my family, me and my parents, we were considering kind of more alternatives, right? Whether a marriage or a kind of * I don’t know. (...) So it had been more from the other side, from the in-laws, and so it somehow- like he asked me to become his wife and everything went like it should be and it went according to the scenario which is proved to work well.“ Marta, G2, div-cohab, 1B 19*

Although a child is still perceived a strong incentive to enter marriage, childbearing is desirable in stable partnerships. In case partners are not sure about the future of their partnership, younger interviewees found it more acceptable to cohabit or considered becoming a single mother. Single motherhood is not seen shameful in their view. It is perceived more demanding for the mother and disadvantageous due to financial constraints and a lack of help which partnered mothers get from their partners. Younger interviewees did not speak about stigmatisation, social control or sanctioning of single mothers. As a result, entry into motherhood in case of premarital pregnancy is not considered the only acceptable resolution to premarital pregnancy. Obedience to the norms is not such a strong motivation to enter marriage and quality of the partnership is more emphasised.

Consequently, heterogeneity in reproductive strategies increases and the partners are also not in so much rush to step into marriage quickly. They may postpone marriage to the time after birth of the child. Miriam, who stepped into marriage after her child was born in cohabitation, named several reasons for postponement of marriage after birth of the child: She did not want to get married while pregnant, the child could have father's surname at birth and the wedding was costly so they had to postpone it in order to accumulate some savings first. However, she was aware of her unusual behaviour and she was afraid of disapproval to her behaviour.

“I was afraid, sitting in that waiting room, I was afraid to tell her I am not married yet. Like what would she think, that I was a single mother, but she said ‘we are not married yet’ (laughs) and I said neither we are.” Miriam, G2, marr, 1B 27

In contrast to uniform strategy of entering marriage in case of premarital pregnancy (33 % of the older interviewees) and a marginal proportion of women remaining single mothers, interviewees of younger cohort show broader variety of behavioural patterns. Out of 13 interviewees of the generation of the daughters who experienced non-marital pregnancy, 4 were single mothers, another 4 entered marriage (chose previously dominant strategy), 3 conceived in cohabitation and entered marriage and additional two cohabiting interviewees entered marriage after birth of the child.

Increasing variety of options in resolution of non-marital pregnancy may also be linked to changing attitude towards single motherhood. Due to the postponement of childbearing, pregnancies are shifted into higher age, women are often financially independent, have residential autonomy and they can decide over resolution of unintended or unwanted pregnancy with more freedom and less influence from the parents. All interviewees who conceived at an early age admitted their parents had a word into their decision-making and were influential on their decision.

Decreasing normative pressure on entering marriage in case of pregnancy and increasing individualisation are reflected in the attitudes measured in surveys. Respondents are less willing to express straightforward agreement or disagreement and emphasise individual circumstances that influence their dis/agreement to women raising a child without a stable partner⁶⁷. In EVS 1991 42 % of respondents disagreed to such practice compared to 34 % in 1999 and a proportion of those who replied it depends on circumstances increased from 30 to 43 %.

Despite the institutionalisation of childbearing persists strong, approved exceptions emerged and normative pressure to enter marriage in any case of pregnancy decreased compared to the 1970s. An emphasis on the quality of the relationship between the partners and on union stability resulted in acceptance of non-marital childbearing and wider range of solutions to non-marital pregnancy. Non-marital childbearing is on the rise due to less pressure to step into marriage and due to cohabitation. And finally, postponement of childbearing also plays a role in increasing frequency of non-marital childbearing.

⁶⁷ Exact phrasing of the question: If a woman wants to have a child as a single parent, but she does not want to have a stable relationship with a man, do you approve or disapprove? Scale: Agree, depends on circumstance, disagree, does not know.

Perception on instability of shot-gun marriages provoked by the bridal pregnancy and the perceived high risk of divorce contributed to a change in social norms and routine behavioural strategy of entering marriage is being replaced by more options. Single motherhood is not linked to categories of moral sin and social stigma. It is demonstrated also in decreasing proportion of teen-age pregnancies leading to marriage since the 1990s (Vaňo 2001).

In the previous section we argued that premarital cohabitation is approved among younger birth cohorts and it is very likely on the rise. Moreover, wider variety in options of resolution of non-marital pregnancy was found acceptable among younger interviewees. But does behaviour of couples in response to non-marital pregnancy change? If premarital pregnancy is on the rise and more women cohabit it means more women are in risk of non-marital conception. Thus, if more non-marital conceptions take place in cohabitation, increase in non-marital childbearing may be caused by increase in incidence of premarital cohabitation. It does not mean reproductive behaviour of the couples after conception changes. To find out whether behavioural change is taking place, we would have to quantify what proportion of non-marital pregnancies conceived in different types of partnership unions is turned into marriage before and after the childbirth, what proportion of women become single mothers (again depending on type of partnership union) and whether duration from conception/childbirth to marriage changes. If cohabitators respond to non-marital pregnancy in the same manner as non-cohabiting couples and if we do not observe change across cohorts, we cannot speak of change in reproductive behaviour in reaction to non-marital pregnancy. Investigating non-marital childbearing in Russia using GGS data Perelli-Harris and Gerber (2009) found that “the primary cause of the increase in the proportion of non-marital births is not due to the changing fertility behaviour of cohabitators, nor to changes in union behaviour after conception, but due to the increasing proportion of women who cohabit before conception.” It would be interesting to find out whether cohabitators differ from non-cohabiting couples in their reproductive decisions and whether the situation in Slovakia differs from the one in Russia. However, it is not possible until we have a detailed survey data at hand.

7.4 Parallel life careers: Situational and individual preconditions to childbearing

So far we have discussed the structure of reproductive careers of women and described changes in marriage and partnership with respect to family formation. Besides the changing ordering of reproductive life events, timing of events in transition to adulthood changed substantially across the cohorts and time periods. In the following sections the focus will be on timing of first motherhood with respect to those life events and life course transitions that our interviewees perceive relevant for transition to motherhood. In this section we focus on the younger generation and the context of the transforming society.

Contextual changes that influence labour market and other aspects of institutional and economic setting result in changes of fertility quantum and tempo as we have already showed in chapter 5. Transition from the planned towards market oriented economy resulted in complex changes of the labour market, housing market and state's social welfare programmes and family policies. Changes in life domains related to childbearing result in changes in reproductive career due to mutual interdependency of life careers. Substantial changes in timing of first childbearing are

related to other life careers and life transitions, such as leaving parental home or completing education.

Our interviewees of the younger birth cohort (generation of the daughters) frequently mentioned the following prerequisites for having a child: Having a stable partner, completed education, stable job, own housing and finances to afford a child. A view that one should make most of life before having children, enjoy having fun, travelling and perhaps working abroad were also frequently mentioned by the younger interviewees. Conditions our interviewees perceive necessary to achieve prior to entering motherhood split into two groups. First set of prerequisites relates to personal and life course development: Having a partner and reaching psychological and social maturity. Second set of factors includes situational preconditions and these largely correspond to transitions and statuses of the related life careers – educational, residential and professional.

In the following sections we explore the resources and circumstances perceived necessary for childbearing by the interviewees and their influence on timing of first motherhood. We start with preconditions related to partnership status and life course and individual development. Next we move on to situational preconditions, which largely correspond to economic factors in the conceptual framework.

7.4.1 Preconditions to motherhood at micro level: Partnership, individual and life course development

Our interviewees believe that a woman should become mother when she is psychologically mature (*“ready for the child”*) and ready for bearing responsibilities of motherhood. We analyse this in more detail in the next chapter when discussing social meanings of age and age limits related to the entry into motherhood. Majority of the interviewees (of both generations) believe that a person naturally reaches a point in life when a desire to have a child emerges.

“I think it is a life style of those people [childless] and I think that earlier or later it will come, I think that for sure everyone will live to the phase in life when one would like to have a child.”
Maria, G2, re-marr, 1B 30

It means that motivation to have a child is linked to personal, psychological development, which is measured by chronological age. Chronological age determines a turning point between the life phases. It separates a phase of early adulthood when a person enjoys childless life style and a phase of responsibility and settling down. The following statement shows both aspects.

*“Like I started to feel before turning 30 that that kind of life- I am a kind of person who has to have her fun first and then when one had enough one can devote herself/himself to the family and I started feeling that time was perhaps there. I did not enjoy anymore * well, I enjoyed travelling still, but like going out with friends all the time and I felt the need to have something of my own, my own flat and (.6) so we started a family. (...) PROBABLY IT WAS THE AGE and a person has different priorities and does not want to go out the nights or so.”* Emma, G2, marr, 1B 32 (original emphasis)

With increasing age and during the process of getting mature a desire for having a child is expected to appear. Some interviewees spoke of a strong desire to have a child which was a motivation for entering motherhood even in case other preconditions to childbearing were not met. Two single mothers in the sample decided for motherhood because of a strong desire to have a child although they did not have a stable partner and one of them was dependent on family of origin.

“I was going to concerts and I was not interested in anything else besides the job and having fun and then with increasing age, like when I turned 25 I wanted to have a child. It popped up suddenly – I want a child. (...) Like you get up one morning and it’s there out of sudden.” Silvia, G2, single mother, 1B 26

Thus, *affective factors* can under some circumstances prevail over economic or normative factors (a rule that child should be born to married spouses). A strong desire to have a child can lead to earlier timing of motherhood since other preconditions are compromised.

“There was a desire, a strong desire to have a child and it was like difficult to identify what it is. Simply, my biological clock switched on and I do not know why. (...) And we did not have the means [to have child] but now we have cos’ our parents suddenly took out money and made us financially secure. Well, I was ready for a situation that I would have a child and I will not live with my partner cos’ we did not have a place to stay, but it was so compulsive that it had to be and I was not willing to wait.” Danica, G2, marr, 1B 25

A desire to have a child is expected to come and when it does not appear even at later age, normative factors may play a key role in motivation to have a child. In the following statements interviewees explain that a child is a part of normal life course (“*a natural development*”) and that social expectation on having children is a sufficient motivation to enter motherhood despite absent personal desire for having a child.

*“Like I do not feel a desire [to have a child] to tell the truth. (.2) I do not feel it like a desire, rather I take it as a kind of natural development * which should come and will come.” Eva, G2, cohab, childless*

“E: I do not think that everyone has to have a child. I: So childlessness was not an option for you? E: No, not at all. I: Why? E: Because of normal social cliché. (laughs) To have two kids.” Inga, G1, marr, 1B 26

Besides personal development, the child is important for the development of the relationship between the partners. *“...I met my husband and we were dating for two years and then I perceived it being too long, like two years, I already wanted to have a family and have kids so we got married after two years.” Kristina, G2, marr, 1B 31*

When asked about what they think about voluntarily childless partners, interviewees frequently expressed a belief that a child is a tie between the partners and childless couples are more likely to experience union dissolution. Moreover, interviewees distinguished between involuntary childlessness due to infertility and voluntary childlessness which was perceived abnormal.

“Those people who do not want to have children, they split up even if they get married, and those who cannot have kids they do not. Because that suffering and trying to have kids binds them together. But there’s nothing to hold together those people who do not want to have children and after years there’s nothing to tie them together. So they do not have such a strong bond.” Hana’s mother, G1, marr, 1B 30

Childless people were pitied, portrayed as selfish, less emotional and unable of compromise. *“I pity those couples who are childless. Cos’ they deprive themselves about so many things. They deprive themselves and then they for sure start losing those emotions towards each other.” Anastazia, G2, marr, 1B 27*

Thus, a child ties the spouses and gives the meaning to their partnership which becomes stereotypical and meaningless over the years if they remain childless. *“Because those young people, or people who do not want kids * they either live for their profession or for the partner but they have enough of each other after some time and then the stereotype comes. And even if they were having lots of joy it cannot fulfil them. Spouses without kids are not a family. It’s not complete, it lacks the bond which would tie them.” Sonja, G1, marr, 1B 21*

Interviewees though that a child gives a meaning to life and partnership, strengthens the relationship between the partners and forms a family. *“For me a child is linked to the relationship with a partner. Because I think in a partnership, in a relationship I think a child is a logical consequence, to have a child with him.” Eva, G2, cohab, childless*

On the one hand, childbearing is highly expected if partners enter marriage. On the other hand, a stable partnership is perceived a prerequisite to childbearing. Absence of the partner is a legitimate reason for childlessness and postponement of childbearing. Several of the younger interviewees expressed they would have had children earlier had they met a partner earlier. However, we showed that the absence of a partner is not a barrier to having a child. Although having a child with a partner is ideal, the high attributed to children and motherhood makes single motherhood legitimate. With regard to life stories of our interviewees who were single mothers we can conclude that increasing age and perceived increasing risk of childlessness may result in single motherhood.

A desire to have a child as a motivation to childbearing was contrasted to postponement strategies because of situational factors. Interviewees who were motivated to have a child by the desire spoke of their decision being irrational, impulsive and based on emotional needs which prevail over material circumstances. Rational strategies linked to situational preconditions, discussed in the next sections, were often attributed to their spouses and partners who were opposed to having a child if preconditions are not met.

“He has seen it perhaps more like a man, that he has to take care of the family and he wanted us to have a place to live and have some furniture and clean environment cos’ those rented apartments were not very good for the child, but enough for us. And for me it was like I had him and so I want a child and I was not taking other factors into consideration.” Danica, G2, marr, 1B 25

Such argumentation is rooted in a stereotypical perception of women as more emotional compared to men being rational and hence less prone to impulsive decisions. At this point we can conclude that decision-making styles influence timing of childbearing. Impulsive decision-making and emphasis on emotional needs can lead to earlier childbearing while rational decision-making stressing situational preconditions is likely to lead to postponement of childbearing.

7.4.2 Education: Competing to parenting

Prolonging duration of educational enrolment and increasing proportion of women entering tertiary education contributes to the postponement of motherhood. The reason is education and childbearing are seen incompatible, which is the case in most post-industrial societies (Rindfuss and Brauner-Otto 2008). Education is perceived a precondition to parenthood among both birth cohorts of our interviewees. Education and childbearing were perceived compatible only with difficulties. In ideal life course, a woman should complete education first and then enter motherhood.

“So, we were finished with the studies and it was a time for us to get married, so we did.” Inga, G1, marr, 1B 26

“Well, it would have been more ideal if she [her daughter] finished the university first and then had a child, because now she does not have time to finish it. And it makes her unhappy. And she could have avoided this. (...) If she had the school finished she would have one problem less. It is kind of stressful, so it’s better to have it finished.” Hana’s mother, G1, marr, 1B 30

“I had an exact plan. That I finish a university in 23 years, then I go working abroad for a year, then I find a partner and at 26 I start thinking about getting married.” Marta, G2, div-cohab, 19

In the 1970s, opportunities to study at university were often limited for some individuals and depended on the obedience to the regime. Normalisation at the beginning of the 1970s effected opportunities and life plans some of our interviewees as well. Impossibility to study at the university contributed to earlier family formation and childbearing as in case of Anastazia’s mother.

*“I worked and since there was no chance for me to study, well, we will get married and * we will have CHILDREN.” Anastazia’s mother, G1, marr, 1B 22 (original emphasis)*

Furthermore, pronatalist policy measures sequentially introduced during the 1970s introduced a significant financial support to parents who were university students. Rich financial allowances for the studying mothers created better compatibility of educational and reproductive careers and played a role, besides other factors, in advancement of childbearing or at least in persisting early childbearing practice.

*“I had two children during the university studies. (...) I had a social stipend and since I had a merit stipend as well I could have a special stipend on top of that. So I had more money than when I started working. So that was kind of special * ehm and a reason we decided with my*

husband to get married during the studies; he was already finished.” Danica’s mother, G1, marr, 1B 21

This social support to student mothers stopped existing in the 1990s. Interviewees, also those who have not experienced childbearing during the studies, emphasised difficulties to combine both life careers. Both activities are time consuming and competing on financial resources. Students have only limited own income, if any, and have to rely on help of other family members with childcare, finances and housing.

“I did not expect I would have to be involved in something else besides the study. It was a very stressful period for me (...) I did not have an income of course, I was enrolled at the university, I lived at my parents and of course I had nowhere else to go, so if my family would not support me I would have to resolve this [the pregnancy] differently.” Marta, G2, div-cohab, 1B 19

Timing of parenthood conditioned on completed education applied also to men (1), although it was more emphasised for women. Parenthood can influence educational careers of male partners (2) and it is conflicting to the expected breadwinner role of men (3). All interviewees spoke about childbearing during the studies of one of the partner in terms of a stressful and demanding experience due to the necessity to combine multiple social roles and expectations stemming from them as well as due to financial hardship. The following statements reveal synchronic aspects in life careers of the couple.

(1)

*“... I desired having a family. * Though my husband was still attending a university and it was a bit problematic. (...) I wanted to get married, separate from the parents and my husband thought that he should finish the studies FIRST.” Sonja, G1, marr, 1B 21 (original emphasis)*

(2)

“He was studying in the mean time [they had two kinds], so that was a bit stressful. H: Yes, I started studying daily, but then when we like dated for three years at it seemed we’re gonna have a family, then I switched to external study.” Tanja’s mother and her husband (H), G1, marr, 25

(3)

“(I got pregnant) and I was very happy. Well, he was happy a little less, because he studied still. (...) We were not afraid about like oh god what will we live on. I was working and I said I will get a maternity allowance. ” Anastazia’s mother, G1, marr, 1B 22

Importance of tertiary education is emphasised by the interviewees of the younger birth cohort. Employment opportunities depend largely on human capital under the conditions of the market economy⁶⁸. In the view of some of our interviewees higher income is linked to tertiary education.

*“And when you suddenly get employed and start making money you start realising what you can afford and what you can’t with your income and then you realise how important is education. Because of those 5 extra years [university] and you get 20 000 more on your salary. * And that’s a different life.” Paula, G2, marr, 1B 26*

⁶⁸ Great importance of completed education may be more emphasised by our interviewees due to the sample structure consisting of women with at least secondary education.

Moreover, the perceived incompatibility of childbearing and educational enrolment is strengthened by the perception of optimal employment strategies of women as we show in the next section. Thus, an introduction of tempo policies which would increase compatibility of educational career and childbearing would address only one of the mechanisms contributing to the postponement of childbearing.

7.4.3 Employment strategies and situation of women at the labour market

Timing of childbearing was not much an issue with respect to employment strategy during the state socialism: everyone had to get employed after completing education, unemployment was not a threat, mothers were well-protected at the labour market and pregnancy did not disadvantage women as much as at present labour markets. Life transitions of women of the generation of the mothers – entry into labour market, stepping into marriage, transition to motherhood – were often experienced within a narrow time interval and at an early age. Timing of motherhood with respect to employment strategies became an issue for the younger cohorts of women under conditions of market-oriented economy. Our interviewees believe that it is needed and more advantageous for the woman if she has a child after some time of being employed. They prefer this strategy to having children right after finishing studies due to several reasons. Women believe that work experiences decrease the risk of unemployment after maternity and parental leave and that previous work experiences make the return to labour market easier. Employment career contributes to job security: Stable position in job and at the labour market makes comeback easier and the employer is interested to guarantee the position for the woman.

“Well, I wanted to have kids after turning 30. I like that idea. I did not want to have kids early. It was also because of the finances, we still live at my parents, and also because of some work experiences. Because nowadays they hire only experienced people, so I wanted to work first, otherwise it would be difficult to find a job.” Sara, G2, marr, 1B 27

“First the career or to make a name [become someone in the field]. Then when one leaves the labour market, then one has a position to come back, or one can get recommended, I think it’s easier in this way. Because if a person like, I don’t know, gets pregnant right after finishing the education, and then one starts searching and you come to the employer and tell to him like I don’t know, I am 27 years old and I am searching for a job. And what have you been doing? Well, I was taking care of the kids. I do not say it’s not a work, it is a work, but I wouldn’t like to start from the very bottom.” Maria, G2, re-marr, 1B 30

“I kind of spent some time in employment, like, I also made use of some experiences I gathered, because if I went to maternity leave like at 19, well, one does not even have a job, one would complete the school and no job, nothing, I wouldn’t have any job security; I worked for some years in a bank and I think that after I return (from the maternity leave) I will not have any problem to get employed in banking sector. But I think that a woman, who goes to the maternity leave straight ahead, she does not have any job security, and she’ll have problems to find a job afterwards, because I already have some praxis, because I worked for several years in a bank, and I think it’s much better than to start with nothing.” Miriam, G2, marr, 1B 27

Also, maternity allowance depends on woman's previous income and participation at the labour market and stable position in employment is reflected in higher women's income during this period⁶⁹. Some interviewees had stable job position mentioned that the employer increased their salary when they got pregnant and this was reflected in higher maternity allowance (maternity allowance is linked to previous income of the woman).

Interviewees of the younger cohort discussed employment strategies in great length and in detail without any probing of the interviewer which shows a great importance and relevance of this issue. Interviewee's statements presented above show that women often compared two contrasting strategies: Having children right after completing education and starting an uninterrupted professional career afterwards and a strategy to first invest into their human capital and postpone motherhood.

Women think that having children right after finishing education leads to disadvantages at the labour market, although some women speculated that this strategy may be better because the professional career does not have to be interrupted and there is not the dilemma with when to stop postponing motherhood.

"My colleague from the university studies, she had two children right after completing the studies and she's told me that well, you've just returned, I was one year abroad and then I started working, and she's told me that you're doing so fine, you were abroad, now you're studying German, you know the language, you are employed and work and I was home and I will start my first employments when I turn 30 and I have never been employed yet. And then she had great career, because her children were old enough when she's started working." Petra, G2, re-marr, 1B 31

The fact is that long withdrawal from the labour market is a disadvantage at mothers' return to labour market (Křížková and Vohlídalová 2008). It is true especially in case women withdraw from the labour market for several years due to time spent at parental leave with several children. This was the case of one of the younger interviewees who experienced problems getting employed after 9 years at parental leave. An opinion that a woman loses her professional skills and a three year withdrawal negatively influences her professional career is widespread among both men (48 % agreed) and women (51 % agreed) (Šumšalová and Marošiová 2006: 12). Also our interviewees expressed this opinion and some of them spoke about the necessity to stay in touch with the employer and keep their professional skills.

"Actually I offer language lessons during the parental leave, I try to work a bit in order not to drop out of the profession because then it would be quite difficult to return." Margita, G2, marr, 1B 25

Our findings show that timing of motherhood with respect to labour-force participation is an issue for women. They had to develop new strategies that reflect the requirements of the labour market. Their mother's experiences are not relevant to them as they are outdated due to

⁶⁹ Women who are students and those who did not contribute to social insurance are not entitled to maternity allowance and they get parental allowance instead. Parental allowance (cca160 euro monthly) is means-tested and in most cases substantially lower than maternity allowance.

strikingly different labour market. Interviews with women of the generation of the mothers show that timing of childbearing was not an issue with respect to employment in state socialism.

“We have never thought of such thing in socialism [when to have a first child]. We were not made to think about that perhaps and it was not needed to do so. We have simply attended the school, then we met a- in between we have met some boy and it was a majority of my generation, most of my friends and my schoolmates, we have stepped into marriage after completing education and, well, first child then second child.” Livia, G1, marr, 1B 24

We also showed that younger interviewees prefer an employment strategy which leads to postponement of childbearing, but leads to higher job stability in their view. Timing of transition to motherhood is really an issue for these women because they are aware that childbearing makes them less attractive for employers and also that mothers face problems returning to labour market. Younger interviewees incorporated stories of discrimination due to (possible) pregnancy they experienced on their own or heard from other women.

*“I would get employed after finishing the studies, but I got pregnant and I had to go to employment office every month and sign because no-one employed me. No one will employ a pregnant woman. Even * I have a friend who had to lie at the job interview she does not want to get pregnant during the upcoming year.” Hana, G2, marr, 1B 24*

Research on situation of mothers at the labour market which focused also on experiences of mothers with different forms of discrimination confirms our findings (Šumšalová and Marošiová 2006). Our interviewees of the younger birth cohort were well aware of the employers' practices and of disadvantages caused by the withdrawal from the labour market due to childbearing. Thus, they seek to assure a stable job position before they go to maternity leave. That means a longer time of participation at the labour market. In hand with prolonging duration of educational enrollment, employment strategies of women contribute to postponement of childbearing.

7.4.4 Housing and financial resources

Housing was the most frequently discussed problem and at the same time residential autonomy was perceived a necessary precondition to childbearing among the respondents from both generations. In the 1970s families were given a priority in access to housing and state's financial support in form of low-interest loans and child benefits, which were not of as negligible value as at the turn of millennia (see Chapter 4 for details). However, a lack of housing resulted in often long duration of co-residence of young families with parents or in-laws. Eight out of 12 interviewees of the older birth cohort co-resided with parents or in-laws at time of conception. Three of these women lived with parents or in laws in one household for more than 5 years after their first child was born. Younger interviewees think that obtaining housing was only a matter of waiting and emphasise it was less costly compared to the era after the political turnover. Older interviewees stress that getting an apartment was not so easy and automatic and they were not experiencing family formation in ideal conditions. During the 1970s couples developed several strategies how to obtain an apartment (in a reasonable time horizon). One of them was to find a job at employer, which was distributing apartments to employees who signed a long-term contract.

*“At those times to get an apartment was also complicated as it is nowadays, the problem was there was a lack of flats and one had to sign into a company which was giving those apartments. So my husband got employed in a chemical factory, though he had a very good position at a different one, but they did not promise him a flat.(...) * Well, we already had almost 3 kids and my husband got employed in a chemical factory and got a flat.” Anastazia’s mother, G1, marr, 22*

This strategy was mentioned by four interviewees out of 12. Interestingly, it was always a husband who was looking for a position, often at expense of more interesting or self-fulfilling job.

“I wanted to have a child after I have a flat. So we had a job, but not a flat and if my husband would not get a flat from the employer we were already ready for a compromise, cos’ they were offering us two teaching positions in a distant city, so we decided that we would go there if we did not get that apartment. But we were not much in favour of that, but if we were forced to do so, we would.” Inga, G1, marr, 1B 26

Being an employee of the state (in police, army or in a government sector) could also facilitate access to housing. Employees having a permanent residence elsewhere than the place of their employment were also given a priority and having a child on top of that could speed up the process substantially. In contrast, couples having a permanent residence in Bratislava often could not avoid long waiting lists. Starting a family despite a little chance of residential autonomy for a long period of time was a reaction to their situation.

“A person native in Bratislava had a problem to get a flat. To get it, either your parent had to find a place for you, or you had to have connections and get into special waiting lists, or to get a flat from the employer or so. And we did not have any of these, so we had to take the legal way, which meant waiting for years. So we did not want just to wait while my husband would be in military service and then to get married, instead we had one year of waiting over.” Danica’s mother, G1, marr, 1B 21

Interviewees of the generation of daughters emphasised residential autonomy as an important precondition to family formation. It was frequently a dominant reason to postpone family formation or childbearing. Among interviewees of the generation of the mothers leaving parental home often took place after family formation. Interviewees of the older cohort agreed that a couple should have own housing to start a family. Those interviewees of the older cohorts who experienced co-residence with their parents often for prolong period of time approved of the postponement of parenthood in case the couple did not have residential autonomy. Moreover, intergenerational help and financial assistance to support the residential autonomy of their offspring was very common.

“My father, he was saying that when I would need to get independent he would take care of it. And he saw that we were going to have a child, that we were getting married and because of his experience of living with in-laws he knew it’s better if a family is on their own. (...) And so he did not want me to experience this.” Danica, G2, marr, 1B 25

By having a housing interviewees mean owned and not rented apartment, furnished and roomy enough for the family. Rental housing is perceived insecure and costly.

“If there’s the housing at least, I CAN start thinking of having a child. Like not that it should be the most important prerequisite, but I cannot imagine having a child in a rented apartment. ... Because I would lose the feeling of security, that it’s mine, that I can bring up the child there without any problems, that there’s something and if they would kick me out of that place, I don’t know.” Eva, G2, cohab, childless (original emphasis)

Housing was an issue discussed in length in all interviews. Bank loans (mortgages) and financial support of parents enable couples and individuals with stable income to obtain housing fairly quickly, however, housing prices are high in the capital⁷⁰. Consequently, individuals buy small apartments which are not suitable for a family. The interviews reveal that in case of long postponement and high age of the woman housing can be compromised. However, couples are not willing to proceed to more children even if they intend to have more kids. Unfavourable housing situation of young families, thus, influences not only the postponement of transition to parenthood, but may lead to postponement of subsequent births and eventually to smaller family size than intended.

*“Well, we want to have a second child, but * we have to move somewhere. Because this apartment is too small. It is demanding even with one child in a studio apartment and I cannot imagine having two children here.”* Kristina, G2, marr, 1B 31

Another problem is that mortgage payments can get high and low parental leave allowance leads to lower family income. Drop in family income over the parental leave is problematic and some families had to rely on help of their parents or other relatives. Younger interviewees foresee this problem and mentioned it was important for their decision-making on timing of childbearing.

*“I am not a person who would jump into it without thinking ahead. I have to think it over also because of the housing issue, how to do it with the mortgage, * when we will lose one income.”* Eva, G2, cohab, childless

Couples try to solve the situation either by accumulating savings prior to leaving to parental leave (Eva), by paying the mortgage first and postponing parenthood (Petra) or taking risk and suffering financial constraints (Paula). Another strategy was taking no or short parental leave in order not to lose second income (Emma) or a higher income if a woman earned more (Anastazia). In any case, obtaining suitable housing contributes to the postponement of childbearing.

⁷⁰ Prices for housing were 35 % above the Slovak average in Bratislava over the period 2002–2006. Compared to other regions, a price per m² was at least double the prices elsewhere: in 2006 a m² cost on average 40 000 SK in Bratislava and 12000 to 21000 SK in other regions (Cár 2006). Average net monthly income was about 30 % above the national average in Bratislava in years 2002–2006 (SU SR Regdat database).

Employment and regular income are important for timing of motherhood since they entitle woman to maternity leave and improve the financial situation of the family during the maternity leave. Long-term investments into quality of children and the need to provide them good education, foreign language classes, meet their consumer aspirations, pay them leisure time activities, sports etc. were not a factor in postponement of parenthood, but a factor for limiting (intended) family size.

A widespread perception of the worse conditions to family formation during the transformation period compared to the socialist era was another issue related to the postponement of family formation and childbearing. There was not a clear consensus on whether the conditions to family formation are indeed much worse compared to the socialist era. Some interviewees believed it is so, while others think it is rather an effect of the consumer aspirations or the fear of lowering one's living standard during the withdrawal to maternity and parental leave. Younger interviewees perceive their situation in access to housing more difficult and costs of housing and childrearing more demanding in comparison to state socialist era. Most of them thought it was easier to start a family in the 1970s also due less uncertain situation at the labour market.

“I think it was easier. At least because one could be sure that once the parental leave is over she will not be unemployed. Well, tangerines and oranges were only before the Christmas and one had to stand a queue to get them, but on the other hand nowadays most people cannot afford extra stuff and they cannot afford even what normal families could during the socialism.”
Laura, G2, single mother, 1B 32

“I think it is difficult to say, I think the crucial thing in the issue of having a child is to have a place to stay. Then people got the housing and nowadays they have to take care of it themselves.” *Miriam, G2, marr, 1B 27*

Some interviewees of the generation of the mothers share an opinion that starting a family is more difficult in the context of transforming society. Interviewees of the older generation linked the postponement strategy of their daughters to increased uncertainty, threat of unemployment among the young adults, high expenses and less state's support to young families compared to the era of the 1970s and high payments of mortgages and loans.

“I think it is more demanding now for the families because everything is very expensive, there's a lack of employment for the young people and a higher risk one of them will lose a job. If they take loans the interest is high and nowadays to obtain housing and get independent is a big problem unless parents help. (...) Before were newly-weds loans, interest was low and you could get different cheap loans from the employer and that's not possible nowadays.” *Sonja, G1, marr, 1B 21*

Other interviewees of the older generation disagree and think that people of younger cohorts are too much money-oriented, want to have everything at the beginning and young people are afraid their standard of living will decrease when they have a child. In the view of the older interviewees there is no need to postpone parenthood too long because of consumer aspirations.

“I think it’s not because nowadays it’s difficult situation. I think it’s in the aim to maintain a certain living standard. The values had to change, right? Now you have to get financially secured first and then to have kids because it’s about the risk that you will become more threatened or your child will not get the appropriate living standard and your standard will decrease. And I think THIS is causing the stress and that’s why nowadays the time is more complicated to have kids compared to when we had them, cos’ our living standard was substantially lower.” Danica’s mother, G1, marr, 1B 21 (original emphasis)

“They too much, some of them are too much depending on the material circumstances and that may deprive them of other things.” Inga, G1, marr, 1B 26

Several of the older interviewees contrasted their experiences with family formation within the socialist context to the situation at the turn of millennia and emphasised similarities – problems with own housing, the need to take loans to pay for the housing and furnishing and the low living standard of the young families with children. From their perspective the situation has improved in some respects. They linked the material reasons for the fertility postponement to the consumerism and high demands of the young couples.

“I don’t think it’s more difficult [to start a family] nowadays. Quite to the contrary, I would say that the young people are more into soft living. Like, when they do not have the conditions, until I have a housing, a car, a complete furnishing, the child cannot come, that’s all like, I take it, I know it’s ideal if it is like that. But like in a normal life, YOU WILL NEVER HAVE IT ALL. Never. (...) It is ideal when those people get married, have their apt, have the basic stuff, it is enough to have a place to live and to have something to live on and when they’re employed they can achieve a lot. But it will always be about a sacrifice, the family, if someone wants to have a family, it’s a kind of sacrifice. Whether you want it not. Either at a young age or at more advanced age.” Maria’s mother, G1, marr, 1B 23 (original emphasis)

To conclude, older interviewees were emphasising the threat of the dependency of the fertility timing on the material preconditions. Several older interviewees emphasised in their view high consumer aspirations of young people. However, these vary greatly. On the one hand, several younger interviewees talked about a necessity to have a car because it makes daily duties and childcare easier to manage. Younger interviewees who were practicing Catholics tend to agree to too high consumer aspirations of most their counterparts and though that direct cost of children are not so high to be a reason for postponement.

In the previous sections we identify the following situational preconditions found relevant in postponement of childbearing: Enrolment in education, its increasing duration and perception of a difficult combination of both roles; employment strategies and a stable position at the labour market; residential autonomy and financial constrains and the necessity to accumulate savings due to drop in income during the parental leave. We have also described how these preconditions contribute to the delay in childbearing. We have also argued that situational preconditions can be compromised with increasing age of the woman. In the next section we focus on age, its meaning and we will present what age is perceived optimal, early and late for childbearing in the early 21st century.

7.5 Timing of transition to motherhood: The role of age norms

Although at individual level persons may have achieved very different stages in their personal or psychological development, chronological age carries social meanings which define temporal stages in life course. According to Elder (1975), individual life course consists of temporal stages which are socio-culturally defined and their timetables and age patterns are shaped by the age norms. Age norms are age deadlines that define life stages and timing of the life transitions in terms of chronological age. They are constructed upon social meanings attributed to the chronological age. Interviewees' reasoning and argumentations on age childbearing do not reveal only the age deadlines (or age thresholds), but also meanings of the age. These meanings contain understandings of the appropriate and deviant behaviour at certain age, general prescriptions on behaviour and social expectations on behaviour and life transitions at certain age. Social meanings of age change over time in hand with a broader contextual change and development of social institutions.

The concept of norm is frequently used to explain human (and also reproductive) behaviour (Ajzen and Fishbein 1990, Coleman 1990, Marini 1984, Thomson and Goldman 1987, Skinner 1997, White 1998, Bledsoe and Hill 1998 etc). Social norms involve dimension of social approval – disapproval towards behaviour and an evaluative “ought to” dimension. According to de Bruijn (1999), norms have two dimensions: First, they serve as meaning-giving rules according to which individuals interpret the social world; second, as behaviour-guiding rules according to which people should behave in socially defined situations. According to the norms people evaluate behaviour of the others and they are aware of how to behave. To prove the existence of age norm, one should be able to identify that the behaviour is statistically regular, it is perceived as generally accepted and possibly one should be able to identify sanctions or indirect means of social pressure if the normative rule is not followed. Despite the sanctions are according to some scholars a necessary part of the norms (Marini 1984), according to others they are not inevitable (White 1998). Especially if post-modern and individualist values are widespread in society the tolerance towards other than dominant behavioural patterns increases and sanctions may be weak or even cease to exist. On individual level, respondents may not speak of direct social pressure to behave in a normative fashion, but they may speak of the feelings of guilt or shame if they are aware they have broken a norm (White 1998).

Normal behaviour is statistically common as it is generally accepted and approved. Normative views on age at transition are mirrored in age patterns of the cohort fertility rates. Cohort fertility rates for birth order 1 show recuperation after age 25: the more pronounced deficit of fertility below age 25, the more intense recuperation after age 25 for the cohorts born during the 1970s (Potančoková 2008). Individuals tend to order life events in a normative fashion typical for birth cohorts they are members of (Elder, 1975). Birth cohorts experience life transitions in similar context and they have undergone social learning process at about the same time and under similar conditions, which means that their understandings of the world would be similar⁷¹.

⁷¹ Cohort members do not behave in uniform way and within cohort variability is, besides other reasons, an outcome of social stratification. Members of different social groups, sub-cultures hold different understanding and constructs of the meanings.

Some life stages or age deadlines are defined in legislation, for example the minimum legal age for sexual intercourse and age of reaching adulthood. These legally defined age limits may influence social norms, but they reflect them at the same time and change over time in line with institutional changes. Biological age deadlines of menarche and menopause also determine the childbearing and reproductive careers of women. However, menopause is not anymore a limitation to fertility due to progress in the assisted reproduction and its broadening availability to the couples in some countries.

7.5.1 Meanings of the chronological age at the turn of millennia

Rich textual data conducted in the interviews proved relevant for the study of meanings of age and normative aspects related to transition to motherhood. The age, more precisely social meanings attributed to the chronological age, is only one of the factors entering the process of decision-making on entry to motherhood. The first part of the qualitative results section focuses on the social meanings attributed to age and on the age limits of entry into motherhood at the beginning of the 21st century.

The topic of age at childbearing has been frequently brought up spontaneously by the interviewees, in some cases even in the very first sentences. Particularly interviewees of the younger generation who had their first child at about age 30 emphasised their age as a factor that entered their decision-making on entry into motherhood. Petra started the interview as follows: *„I have passed the age 30 so *for me* We are the only couple among our friends who has a child and we have decided for the child because I already had the age and so we thought that *there is nothing else to wait for.“* Petra, G2, re-marr, 1B 31

Although some conversation partners were reluctant to specify the optimal age for childbearing in terms of chronological age, they would discuss what means (too) early or (too) late in great detail. In case the interviewees did not bring the topic of the timing of childbearing themselves, they were explicitly asked to elaborate on when they think is early or late to have a child.

Three age intervals of early, optimal and late age at childbearing were identified from the statements in the interviews. Age 18 to 24 is considered early age, while age 28 or 30 were most frequently mentioned as age deadlines for having a first child. Age 25 to about 28–30 is considered optimal. Most women or couples would have experienced other necessary life transitions (completed education) by the age 30 and also other preconditions to childbearing should be mostly met at this age (job stability, financial security, residential autonomy). Childbearing becomes highly relevant for a childless woman as she is approaching age 30. At this point it is important to emphasise that the age deadlines related to the family formation and childbearing may be defined differently by women from other social classes than the middle class, by women with lower educational attainment (vocational and lower than vocational) and shorter duration of educational enrolment, or by rural women.

7.5.1.1 Early childbearing: women aged 18 to 24

Motherhood prior to age 18, which is the legal age of reaching adulthood, is perceived highly undesirable or even pathological behaviour typical for the lower social strata or socially excluded Roma. Childbearing after age 18 is acceptable, but not generally supported and welcome. Among the women of the generation of the daughters, all pregnancies prior to age 25

were unintended and they were often an outcome of a contraceptive mishap or no contraceptive use. Naturally, that does not mean that all pregnancies below age 25 are unintended. Some women may aim for becoming mothers at lower age.

Becoming a mother at an early age is perceived risky and undesirable mainly due to the *psychological and social immaturity*. This explanation points to the importance of the age in terms of developmental time. Several respondents of the younger birth cohort emphasised that what means early age may differ across individuals depending on their psychological development and maturity. However, only in exceptional cases young women are perceived “*being ready for the motherhood*” at an early age. Talking about the early childbearing, the interviewees reflected their personal situation and experiences of those women who had children at an early age (sisters, friends, other family members). Despite the emphasis on the individual differences, all but one interviewee emphasised negatives attributed to the early age at childbearing.

“Maybe some women do feel it – I also have a friend, who had a child at 19 and she cannot imagine having a child later. For her it was ideal age. For me it was ideal a little later. I cannot imagine I would have had a child at 19. I think I was not mature yet, maybe I was in age, like I was adult.” Miriam, G2, marr, 1B 27

*“It depends on the psychology of the woman; whether she is ready for that [the motherhood]. I think that 18 year old people, they’re children still. Though I know many people, I have two friends who were 20 (when having their 1st child), who were like very serious when 16 years old, * they did not do any crazy things and took life very seriously, but I think they could have waited a little longer.” Silvia, G2, single mother, 1B 26*

“For me to have a child at 19 was nonsense. Total nonsense. I was getting mature for a very long time, I would say that I kept being a child for a very long time. (...) So I was even afraid with respect to having a child, I was not sure, whether it would not be too psychologically demanding to me.” Danica, G2, marr, 1B 25

In an early age young women were considered “*not ready*” for bearing the responsibility of mothering and childrearing by the respondents. Childrearing is perceived in conflict to the personal development of a woman. In other words, they are not expected to be able to perform the role of the mother in accordance to the imperative of a good mother (Potančoková 2009a, Hašková and Zamykalová 2006). Categories of dependency and (ir)responsibility are central to the meaning of the readiness to motherhood.

Dependency on others is part of the concept of social immaturity. Family formation at age when a person is still dependent on parents ought to be postponed. In fact, all interviewees of the younger generation who had a child by age 23 were dependent on the extensive financial help from their parents, they lived in their parental home and other family members extensively participated on the childcare. This applied to both single mothers and partnered women, women with completed education and those enrolled in education.

According to the interviewees, persons enrolled in education, living in parental home and not having a stable employment should not aim for having a child at that stage in their life. Dependency on others is only part of the reasoning why students should not have children yet. Students are expected to enjoy their life and not to bear the responsibility for their own family during the studies. What is considered a responsible behaviour is not expected from them yet. This understanding of the life course phases is another reason why social norms do not support childbearing at age when a person is enrolled in education. Moreover, not only those enrolled in education are expected not to start a family at a young age. A woman should not have a child at an early age because the energy should be invested into her personal development and human capital, not into childcare and childrearing. Early motherhood has an inhibiting impact on women's progress in other life careers according to some interviewees.

*„I always knew I do not want to have a child as a young girl, because * a woman perceives the child being an obstacle to her. It is PREVENTING her from what she could have achieved. But when you are 30, you already have achieved something, you have some experiences and a completed education, a job.“ Paula, G2, marr, 1B 26⁷² (original emphasis)*

The above discussed attributes of the phase of the early adulthood are in line with the concept of „post-adolescence“. This phase of the life course was defined (Heath and Cleaver 2003) as a phase when young adults uptake some traits/ways of behaviour which are attributed to adulthood, while some other traits typical to adulthood are still missing (and not expected from the young adults). During this phase young adults engage in the alternative partnerships, which are not aimed at family formation and reproduction (Tomášek 2006, cited according to Bartošová 2007), entry into parenthood is being postponed and temporary childlessness is the expected status.

Tendencies to *irresponsible behaviour* are another risky factor of the early childbearing mentioned by the interviewees. Young adults in their early 20s are perceived not having enough abilities to responsible behaviour, which is crucial for being a good mother. Mothering abilities of women who have a child at age below 25 years are doubt by the others. These women are expected to perform their role of the mother improperly because they would want to compensate “the lost time” they could have spend living an easy life without the responsibilities of mothering. Also, they would want to conform to the behaviour of other young adults at their age, for example enjoying a night life instead of taking care of the child (which is considered highly irresponsible and contradictory to the imperative of a good mother).

“I did not feel much adult, nor responsible, nothing like that, but I felt I can cope with that [the pregnancy]. (...) Well, it had a huge, huge impact on my life, a big change, and I had problems to cope with that, it took much time until I identified with that, that all my friends will be going to the discos and I will be changing nappies. (laughs) I have to tell, it seemed like the end of the whole world to me, I felt like everything's ended up for me.” Marta, G2, div-cohab, 1B 19

„My sister-in-law and her husband, he was 18 and she was 21 when they had their first child, and they were young and I could see it. Their interests were different at that age, he wanted to

⁷² In fact, Paula thought her motherhood came early and that it was provoked by the direct pressure from her gynaecologist, see quote on page 171.

spend time with his friends and he's started a job. (...) And she also had her own interests, like she would go shopping to the city or so and it was like ok because the grandma would take care (of the child). I would not want to do it this way. " Maria, G2, re-marr, 1B 30

In the view of our interviewees, irresponsible women cannot become good mothers and this disqualifies young women in general, since their young age is associated with a life style which is in opposition to the role of mother. Expectations on behaviour of young mothers are contrasted to the ideal of "intense mothering", which requires mothers to invest their time into childrearing during the first years of the child and mother's almost exclusive care for the child. Young women may find childrearing too stressful, which will prevent them from enjoying their motherhood. Most interviewees of the generation of the daughters believed that a woman who becomes a mother at optimal age can fully enjoy her motherhood, while younger or older mothers face difficulties because of their age.

Early motherhood is perceived risky also because of a *higher risk of divorce or union disruption at an early age*: „I have many friends who got married at 20 and they are divorced when 30. Too many.“ Eva, G2, cohab, childless. In the logic of the previous arguments, union disruption is an outcome of a lack of responsibility and a social immaturity of young couples.

7.5.1.2 Optimal age for entry into motherhood: 25 to 30

Optimal timing for the entry into motherhood is when the preconditions to childbearing are met: a woman has completed her education, has a stable job, the couple is "financially secure", gained residential autonomy (see section 7.4 for details) and the woman is "*mature and ready for the child*". The concept of readiness is meant in terms of psychological maturity and responsibility. Behaving in a responsible way means that a woman can practice the role of the mother according to the social expectations. According to the stereotype, a good mother is responsible, caring, puts her child first and provides daily childcare until the child is three years old (Potančoková 2009a).

Vitality and health were also important to the definition of the optimal age for childbearing. A woman should not be too old otherwise she would not have enough energy for childrearing.

"I am happy I had a child so early, because the older a person is, the more he/she starts to think differently, has own habits, and doesn't take it so easily. If someone thinks that it's ok after 30, ok, I take it. But one needs a lot of energy for the children, so like a 35 year old woman, well, I am 35 and I can see myself that I have much less energy that when I was 26." Jana, G2, marr, 26

Due to the tiredness women are not able to "*enjoy the motherhood / their children*". According to the interviewees of both generations, a healthy, vital mother can fully devote herself to mothering and childrearing. Interviewees emphasised the issues of health and reproductive health being closely linked to the chronological age. Good reproductive health is associated with unproblematic conception and pregnancy, and a good health makes the recovery after the delivery easier.

Timing of childbearing, or the end of the postponement phase, can be linked to the uncertainty over one's ability to conceive and have children. Silvia (first child at 26) claimed it was the

main motivation to her besides the strong desire to have a child at that time. Also, problems to get pregnant and the lowering ability to conceive without a long waiting time to conception are among the perceived risks related to age 30+. Increasing age may, hence, motivate some couples to test their fertility. Maria admitted she was a bit uneasy about her fecundity:

*“I was afraid, cos’ I was not taking any contraceptives, so it was only up to the withdrawal * and it was like that many other people already had an unplanned child and that * we were not doing anything for the child, but it was like theoretically there is a chance to get pregnant. So I have to admit it was there * and I got like subconsciously more relaxed that I can have a child.”*
 Maria, G2, re-marr, 1B 30

Several interviewees were reluctant to define the optimal age at the transition to motherhood as an age interval because they thought it is very individual at what age women or partners reach psychological and social maturity and residential or financial autonomy. Other interviewees specified the optimal age at childbearing more precisely. The chronological age at the entry into motherhood seems to be derived from the approximate timing of the other life transitions.

“It is definitely better, well not at 18 or so, but at 25 is better than at 30 (to become a mother). I think that after the university studies the person is a bit more mature. (...) And during the university studies he/she has had enough time to go to the movies, to the disco, to holidays and so on. So I think that 25, 27 is kind of a golden age, when one should have completed this, and one can start a family or have a child and devote herself/himself to that.” Laura, G2, single mother, 1B 32

Other interviewees defined the optimal age as a rather broad age interval of about 25 to 30 years. However, the reasoning was very similar to the one of Laura and the optimal age has been derived from the approximate timing of completing other life transitions relevant to childbearing. Darina emphasised that definition based on chronological age cannot be universal for all social groups. In her view, duration of the educational enrolment is influencing fertility timing a lot.

“I think that it very much depends on the university studies, because if one completes the secondary school and starts a job immediately afterwards, then those secondary school graduates are 5 years ahead, because they can work and make money.” Darina, G2, marr, 1B 29

“I based it on the fact, age 25 is a kind of a healthy age, that I will not be a child myself anymore, that I will have my own opinions about the life, I will have completed the university and I will not be old for the motherhood yet.” Iveta, G2, marr, 1B 35

The following passages show the individualisation of age. In fact, most interviewees of the younger generation stated that there is no universally ideal age for the entry into motherhood, which may point towards loosening of the social norms.

„I think that each person is individual and everyone feels the right time differently, someone when being 20, someone at 30.” Anastazia, G2, marr, 1B 27

“I think each woman has to feel it [the right age to become a mother].” Miriam, G2, marr, 1B 27

However, normative statements often followed in the argumentation of the interviewees. Although the respondents approved of the individual differences in fertility timing, when evaluating behaviour of other women they knew they expressed opinions in line with the normative views on transition to motherhood. Hence, the effect of the increasing individualisation of age can lay in a limited sanctioning of the later childbearing (see the section discussing the mechanisms of social control). The increasing individualisation may lead to the weakening of the social norms or the sanctions attached to them, but not necessarily to their disappearance.

Normative views on the age at transition to motherhood are mirrored in the age distribution of the cohort fertility rates. Cohort fertility rates for birth order 1 show recuperation after age 25: the more pronounced deficit of fertility below age 25, the more intense recuperation after age 25 for the cohorts born during the 1970s (Potančoková 2008b).

In decision to have a child at a lower age, the *affective factors* played important role. Affective factors can facilitate a decision to have at an earlier age. The interviewees who had a child at 25 or 26 considered themselves a little earlier compared to their counterparts and reflected the “normal” age at first motherhood from the statistics or by comparison to their peers and friends. Though speaking about the concept of the biological clock, Danica (first child at 25) and Sonja (first child at 25) emphasised the emotional need and a strong desire to have a child.

“There was a very strong desire to have a child, simply my biological clock started and I really do not know why. (...) And at that time my partner did not seem ready to me to have a child. And he was saying that we are not secured yet to have a child. (...) But I was not willing to wait, it was very important to me (to have a child).” Danica, G2, marr, 1B 25

Both women expressed that the emotional need was much more important to them at that time compared to generally perceived barriers to early childbearing. Stela also spoke of a strong desire to have a child at even younger age and interpreted her decision not to have a child at that time as a conflict between the rationality and emotions.

“When we were dating for about a year, one of our friends got a child and we went to see her and I DESPERATELY WANTED TO HAVE A CHILD AT THAT TIME, but I was about 21 years old. And that was, I felt it so that now it is the right time. But there was not a right time for him, he wanted to complete the studies first, which was kind of rational, we were both in a third year of the university studies. But then it has broken inside of me, it had passed, and I have never felt such a strong desire to have a child anymore.” Stela, G2, marr, 1B 35

7.5.1.3 Age 30: The “biological clock”

By the younger interviewees most frequently stated age deadline for the transition to motherhood was age 28 or 30. This age deadline defines when to stop postponing the decision to have a child. After age 30 childbearing becomes highly relevant for a childless woman and she should hurry up (see also Mynarska 2007 for the Polish case). While at lower age the

priorities focus on human capital investments, consumer aspirations, financial and residential autonomy, a shift towards childbearing and family formation is expected at or after age 30.

„By age 30 I started to feel that the way of life-, I was kind of a type that has to enjoy life at first and then like the person had enough fun and will have- well one can start caring about the family and I felt the time has come. (...) I think it was the age that started to be like- one started to have different priorities and did not feel like spending the nights out. (...) I think that a 30 year old person is a bit wiser. And kind of satisfied with the life, and I personally feel that I had my fun, I have been to where I wanted to go to and now I can turn my attention to the family.“
Emma, G2, marr, 1B 32

„When I talk to my friends, all of them including myself, we all are totally fed up with the work, because each of us has achieved quite a high position over time and we are not dependent- all of us have a satisfactory income that we do not feel like we couldn't start a family. And I think that all of us who are not married yet at my age 32, all of them would like to get married and start a family.“ Eva, G2, cohab, childless

Some interviewees of the younger generation spoke of the transition to motherhood in terms of a social expectation to proceed to the parental role after age 30. The strong norm on parenting can serve as a motivation to family formation. Eva has admitted she does not feel any personal need neither a desire to become a mother. Her partner's desire to have a child and her perception of parenthood as an integral part of the adult life course contributed to her decision to start planning her first child.

*“I do not feel any desire (to have a child), to tell the truth. I think it's rather a kind of natural development (to have a child) * which **should** come and which **will** come.”* Eva, G2, cohab, childless (emphasis added by the author)

Interviewees of the generation of the daughters who had their children at age 30 or later spoke of the “biological clock” and that they were “running out of time”. The phenomenon of the “biological clock” is frequently discussed in magazines for women⁷³. Despite the explicit link to the “biology”, the term biological clock does not relate solely to physiology, biology or health. Among the risks associated to later childbearing, social aspects play an important role. The concept of the biological clock is a social construct and in different populations or social groups it can consider various age deadlines. Despite most interviewees were reluctant to come up with strong normative statements with respect to the age, the following example expresses the social expectations of the age in a strongest manner:

“It's true, I think, that age 30, when one is approaching 30, that's an age when a woman should have children.” Maria, G2, re-marr, 1B 30

However, the same interviewee admitted that the age deadline is not so strict and some postponement after age 30 is acceptable: *“So, when we were discussing with my former partner*

⁷³ This material requires a content analysis of the media. However, media discourse interplays with the public discourse and it has to be taken into consideration when interpreting data from the interviews.

about this [having a child], I told him that I would like to have a child by 30. But if I had a child at 31 or at 32, that would not be any problem of course.” Maria, G2, re-marr, 1B 30

Besides the risks related to later childbearing, the interviewees of both generations sometimes mentioned also positives of having a child after age 30: economic independence and readiness to the motherhood. Overall, younger interviewees did not see any benefit of postponement substantially after age 30. They focused their reasoning on the risks related to childbearing after age 30 and in particular after age 35. These risks split into *biological risks*, which include health and in/fertility, and *social risks*, which relate to the expected social roles over the life course. Interviewees were well aware that the postponed motherhood may lead to the following health risks: problems to conceive, long waiting time to conception and increasing risk of infertility.

*“When he was born I was 30, well, almost 31, 30,5 years old. So, I was very much afraid that I would not be able to have children and * the doctors would tell me, so keep on trying for 1 year and * come afterwards. So I was very much afraid, exactly like they say, that my biological clock is ticking.” Petra, G2, re-marr, 1B 31*

“I was a little nervous, because for three years we were waiting and waiting (postponing because of the housing) and from the physiological viewpoint, I was telling to myself, what if I will have some kind of a problem, I know people who cannot conceive, but fortunately everything went fine in the end.” Slavka, G2, marr, 1B 28

In terms of health risks, age 35 is perceived as much stronger “age deadline” compared to age 30. Women referred to the discourse of the experts (medical doctors, gynaecologists) at this point and spoke about increasing health risks related to the pregnancy, delivery and health of the child and the mother. Moreover, the interviewees of the younger generation think that women who become mothers at more advanced age have less vitality and less patience for childcare and childrearing.

All other mentioned risk factors relate to the social aspects of childbearing and childrearing. A *generational gap* between the parents and the children has been discussed extensively. Younger mothers are believed to develop closer ties and a more harmonic relationship with their offspring. Interviewees expressed that younger parents understand their children better because they can share similar interest and tastes.

“Younger parents are perhaps better for the kids, they’re better companions and I can see it with my sister and her boys, they get along absolutely super, they listen to the same music and it is a great ADVANTAGE.” Tanja, G2, marr, 1B 25 (original emphasis)

Too long postponement may result in a situation when the mother would be in age when she would need help from her offspring. A *risk of death* before the child’s adult or before having grandchildren were also mentioned.

“My mother had me when she was 34 and my mother is not alive anymore, she did not even live long enough to see her grandchildren. But despite this risk, we decided to wait a year longer, because of the finances.” Petra, G2, re-marr, 1B 31

Postponement can negatively *impact on fertility intentions* concerning the family size. The interviewees were well aware of this. Several interviewees, who intended to have more than two children, have explicitly told that a woman should start early enough if she aims for a larger family.

“Now I kind of pity that we have not started earlier, when I see now that, for example, I will not manage to have so many children. And it is a bit more demanding. Also because the body reacts a little differently and it takes more time to get fit. After the second delivery I felt that the body kind of suffers.” Stela, G2, marr, 1B 35

Starting at latest shortly after age 30 is perceived crucial for the optimal spacing of births.

“I would have had children earlier (if she had a partner). I would be happier with that, because I would think of myself being still young. (...) But now, when a person is older, one is kind or under pressure to have a second child, third child.” Kristina, G2, marr, 1B 31

*“We did not want to wait because we got married when I was 25, almost 26, and I knew that if we waited long, the age would keep increasing. And * I am aware that nowadays most first time mothers are about 30 years old, but I did not want to have one child each year. And I did not want to have my last child at 45. That would not be good.” Anastazia, G2, marr, 1B 27*

At age over 30 some of the necessary preconditions for childbearing can be compromised. At higher age the couples may be willing to lower their standards on housing, “financial security” or consumer aspirations.

“My husband wanted us to be financially secured first and only then to have children. And I was telling him that we will never be financially secure enough in order to have children, I mean regarding the housing, furniture or I don’t know. So we have given up on that and everything does not have to be totally perfect in order to start a family.” Kristina, G2, marr, 1B 31

Also, the requirements related to the optimal timing of childbearing may seem too demanding and very difficult to achieve for the young adults. Couples or women decide not to delay transition to parenthood any longer when they do not see the horizon of the postponement or the horizon seems unrealistic with regard to family formation.

„Me and my husband decided to have a baby before he got the better job he has now, because we thought that if we wanted to aim for being secure first, we would have had the child when turning 40 or so.” Margita, G2, marr, 1B 25

Paradoxically, long horizon of the postponement in combination with social pressure may lead to early childbearing (the case of Margita).

7.5.1.4 Perceived ultimate age limits to (first) childbearing: Age 35 and 40

Interviewees of the generation of the daughters intended to organise their childbearing plans with respect to the perceived age deadlines. Age 35 was frequently mentioned age deadline for having a first child and age 40 was indicated as a terminal age deadline for childbearing

altogether. While the age deadline at age 30 is mostly socially defined, age 35 is more a “biological” age deadline. All interviewees, who spoke of age 35 as a deadline to childbearing, based their argumentations on the discourse of the experts (medical doctors) and referred to physiological factors a woman should concern after age 35. Also the interviewees who did not think there is an age limit on childbearing in terms of the chronological age argued that the health risks are those to be taken into consideration.

„I do not think there is an upper age deadline. If people want to have kids at 40, 50, let them have kids. Until there’s an assumption that the child will be healthy, why not? (...) I think that the upper limit is only about the health. It’s not about how one feels like.“ Maria, G2, re-marr, 30

In this passage, the interviewee contrasted the nature of the age limits on the initiation of childbearing and its termination. The initiation of childbearing is dependent on the readiness to motherhood (“*how one feels like*”), while mother’s and child’s health are crucial for upper age limit to childbearing.

Although the interviewees emphasised the role of biological and health factors in construction of the age deadlines to childbearing, several social factors proved relevant to the perception of the age 35 and 40 as an ultimate age deadlines to childbearing. Among the social factors, *a role confusion* is a good reason for not having a child at too advanced age. Being addressed as a grandparent and not as a parent of the child is shameful. Not to get into such situation is a good reason for not postponing too long. Interestingly, this was the only risk which women considered relevant to the fathers also.

“My aunt, she’s had a child quite late, she was not 50 yet, but almost, like 47-8, I do not know exactly. And I think it’s late because I know that when she goes shopping, my cousin is like 10 years old, and when they’re together people address her as a grandmother.” Klara, G2, cohab, childless⁷⁴

Similarly to the early childbearing, late childbearing (above age 40) is regarded as irresponsible behaviour towards the child. The interviewees thought that women should anticipate how old they will be when their child would become independent and consider optimal age for childbearing with respect to the needs of the child. Advanced age and parenting can get into conflict if a parent is too old for fulfilling the expectations of the social role. Intergenerational help from parents to their children during the young adulthood and with childcare was highly valued by the interviewees and emphasised as a traditional model. Also, the interviewees anticipated the duration of educational enrolment of their children and the duration of time the children were expected to be dependent of the parents entered the reasoning on the negatives of late(r) childbearing.

*„Having a first child at 40 is in a way **daring and irresponsible**. Because the woman does not have enough physical strength and when I consider that the child would be 15, a teenager, and I would be 55 and I am after menopause, that’s something very different. Maybe it’s only my personal screwed opinion, but I think they would have a problem to understand each other.*

⁷⁴ In fact, Klara’s aunt was 42 when she had her first and only child. This information came out in the interview with Klara’s mother, who also extensively discussed the age limits of childbearing.

(...) *I think that 40 is a kind of threshold, when the woman both physically and mentally is not prepared (for the motherhood).* “ Laura, G2, single mother, 1B 32 (emphasis added by the author)

However, period and cohort fertility rates show the transition to motherhood becomes ever more widespread above age 35 (Potančoková 2008). Interviewees who had experience with later childbearing or who knew such women were more likely to push the age limit for childbearing to later age than the interviewees who became mothers at younger age. Women also reformulate and adjust their mental schemes on fertility timing during the life course as an outcome of the postponement process and other life experiences.

“Because, for example, in my 20s I thought that a 30 year old person is old and at 35 it’s over and I was convinced that was THE DEADLINE. When I was 25 I though it does not make sense at all to even try to have children. Well, and now I have shifted that limit. (...) I had an age deadline at 40, that was that upper limit and now that I see how many women bear successfully and has healthy children, I started thinking myself that I will see.” Iveta, G2, marr, 1B 35 (original emphasis)

“It is more risky after 35, so I will see, with respect to the health. Like, it is written everywhere that- although I have many friends who gave birth after being 37, or at 35 and there was no such problem.” Emma, G2, marr, 1B 32

Hence, a spreading strategy of the postponement even beyond the age 35 may influence re-articulation of the perceived age-deadlines to childbearing. The above listed statements provide enough evidence to conclude that in the future a shift in perception of age deadlines to (first) childbearing. Although the women are aware of the health risks related to later childbearing, they contrast the information from the media and medical authorities with experiences of their friends and other women who became mothers at more advanced age.

7.5.2 Flexibility of age norms and mechanisms of social control

7.5.2.1 Approved exceptions

How strict are the age norms? In case of the problems to conceive, in absence of a suitable partner and if the financial situation of the family is unfavourable the postponement well above age 30 can be accepted. These results are identical to those of Mynarska (2007) for the Polish situation. The age norms become irrelevant in case of infertility. However, infertile women face social pressure towards social parenthood or towards the assisted reproduction (Hašková and Zamykalová 2006).

Age norms and the biological clock are less relevant in case of the *absence of a suitable partner*. In accordance with the concept of the biological clock, a search for the right partner becomes increasingly relevant with an increasing age of the woman.

„At age about 26, 27, 28, the time was running and it was written everywhere that your biological clock are on. But, you cannot start a family with anyone. It was important to find someone, and if I had not met my husband, maybe I would still be single.” Emma, G2, marr, 32

„When I was like younger, there was no partner with whom- Well, there wasn't any partner at all. (laughs) So i was waiting for the partner. The one for the whole life. (...) And since I did not have any such boyfriend, that it came like later on, everything got postponed.“ Kristina, G2, marr, 1B 31

The absence of a partner leads to longer postponements and with an increasing age single motherhood may become a solution considered. It is, though, a marginal strategy discussed by 2 interviewees and found relevant to one university educated woman, who chose becoming a single mother after her marriage collapsed. Adoption was a choice considered by more interviewees, and almost all interviewees (of both generations) stated they would consider such option in case their efforts to have their own children failed. The results show that becoming a parent is highly expected and norms towards the motherhood remain strong in the Slovak society.

Difficult financial situation is another exceptional case making longer postponement legitimate. However, some interviewees emphasised it is very individual in which cases the financial situation is difficult enough to be an accepted reason for the postponement. In the view of the respondents, the line between the lack of finance and the consumer aspirations is very subjective. Also, the social actors are aware of the norms and they can produce socially acceptable excuses in order to avoid social pressure. Thus, financial situation as an excuse for not having a child yet can be doubt by the others or perceived insufficient reason. This was often emphasised by the religious interviewees who were practicing Catholics.

7.5.2.2 Mechanisms of social control

The analysis revealed two main mechanisms of social control on the timing of entry into motherhood at the turn of the millennia: A sanctioning power of the public opinion and a direct social pressure. Indirect influence of the peer groups, discussed by Bernardi (2003) for the Italian context, was difficult to detect. Social actors believed the decisions they made were their own and that they were not indirectly influenced by the others⁷⁵.

Sanctioning power of the public opinion was found relevant for both, early and late childbearing. Interviewees of the younger generation who had their children at age about 20–25 were confronted with the age norms. In general, early childbearing was not a reproductive strategy women born over the 1970s would aim for. Younger mothers were confronted with the judgements of the others – if not in reality than at least they were confronting themselves with what they thought the anonymous others may think of their early motherhood. Even if they did not have an experience with a direct stigmatisation, they would spontaneously confront themselves with the social norms they were aware of.

„Well, people want [to have children] as late as possible, until they are financially secured, until they complete the education. I would not have had a child myself, but well, it's not that I would be kind of irresponsible, but it has been a mishap.“ Lara, G2, single mother, 1B 22⁷⁶

⁷⁵ Different research designs or interviewing of more members of the interviewee's social network may reveal more evidence on the influence on reproductive decisions.

⁷⁶ When Lara detected her pregnancy and decided for an induced abortion the doctor told her it was too late.

Younger mothers themselves admitted they were rather exceptional and did not follow the reproductive careers typical for their cohort members and peers (friends, schoolmates, sisters or other family members of a similar age).

“One of my friends from the secondary school has told me “only 25 and you already have a child!”. Margita, G2, marr, 1B 25

Sanctioning of late(r) childbearing was more difficult to detect. However, it was apparent in some cases, when the interviewees were evaluating the postponement strategies and the duration of postponement of other women they knew.

“Many people say that they must have a housing first, and my cousins say so, but they are planning and planning and in the end they will overdo it, in my opinion. She is already 29 years old, in a few months she will be 30.” Danica, G2, marr, 1B 25

The above mentioned risks related to childbearing after age 30 may be perceived serious enough to avoid them. The possibility of having a child after age 40 was usually strongly rejected by the interviewees and evaluated as an irresponsible behaviour towards the child. It was closely linked to the risks of role confusion, intergenerational gap and a risk of death before the child gains own autonomy.

Although the later childbearing may not be sanctioned, since parenting is highly valued and desired, perception of the risks may prevent (too) late transition to motherhood (see also Mynarska 2007). Also, there is not a consensus among the social scientist over the necessity of sanctions. According to White (1998), some norms may have sanctions while some may not be sanctioned at all. Also, the strength of the sanctions may vary over time.

Several interviewees of the younger generation mentioned *streams of direct pressure* to become mothers in younger age. Social pressure to make a decision to have a child considered both married and cohabiting women. Most frequently this pressure came from *close family members* who were women – either a mother or a mother-in-law and gynaecologists⁷⁷. The pressure can get strong if the parents of one of the partners consider themselves in appropriate age to becoming grandparents and they do not have any grandchild yet. The case of Margita is an example of the situation when two age norms coincide:

“My mother-in-law was pushing me, ‘you’ll be 25 soon and I am very much looking forward to having a grandchild; I want a grandchild, my colleagues already have some!’. And I don’t like this kind of manipulation, but it has worked a bit. [I had a child] at 25 and in fact I see that my university colleagues have children LATER.” Margita, G2, marr, 1B 25 (original emphasis)

“And [her mother] sometimes kind of reminds me that her colleagues already have grandchildren.” Klara, G2, cohab, childless

⁷⁷ Mynarska (2007) has also found the same means of direct pressure towards earlier motherhood for urban women in Poland.

A social pressure towards (earlier) family formation was detected towards the age 30. Usually, it was initiated by the family members and it considered both the entry into marriage and the childbearing.

“At home, they say, ‘when will you get married? When will you find someone?’ And I say ‘don’t worry, don’t worry’. (laughs) A person will reach an age when they start asking. And after turning 30, that’s even worse, that does not make sense [to ask] anymore, she’s an old maid already.” Eva, G2, cohab, childless

“My parents were telling us [the interviewee and her sister], ‘you will not have children at all, you are already too old, you want just to have your comfort’, that’s what my mum was saying. But anyway I think that nowadays age 30 is absolutely ideal age.” Sara, G2, marr, 1B 27

The second means of direct pressure on fertility timing considers *gynaecologists*. The pressure increases in case health problems were detected, particularly if these may terminate in childlessness. In this case women and their partners reconsider their childbearing plans or even change their decisions on fertility timing.

“Most of all, I was frightened by the gynaecologist. I was there three times for a check up and he was pushing me three times to have a child AS SOON AS POSSIBLE and a second one soon after, if I want to have two children. (...) My partner agreed to that. Although, at that time we did not want a child and we wanted to enjoy life a little longer, maybe accumulate some savings and, well, this is how it ended up.” Paula, G2, marr, 1B 26 (original emphasis)

In general, gynaecologists consider all women above 25 being old first time mothers, because they have passed physiologically optimal age for the first childbirth⁷⁸. The discourse of the experts points towards a disharmony between the physiological and socially constructed optimal age for the transition to motherhood.⁷⁹

“The doctors, they considered me being an old first time mother, and I felt offended a lot, cos’ for me it was an absolutely ideal age. I would not change anything, not earlier, not later.” Slavka, G2, marr, 1B 28

*“A healthy person can bear a healthy child at 30 without any problems, (...) [although] in physiology the ideal is to have children by 25, and this was kind of a support to me that with respect to both the physiology and the psychological development, one should be mature enough * to handle having a child. (...) I was always telling that I would like to have a child when 28.”* Margita, G2, marr, 1B 25

In spite of the discourse of some medical authorities, who call for earlier age at childbearing or at least emphasise the risks or later childbearing, the strategy of the postponement of childbearing is spreading across younger birth cohorts of women and particularly in the urban setting (Potančoková 2008, Šprocha 2008). None of the interviewees identified with the notion

⁷⁸ Perelli-Harris (2005) found the same opinion widespread among the Ukrainian doctors and relevant to the perceptions of timing of childbearing among women in Ukraine.

⁷⁹ Experts demonstrate their opinion in the women’s magazines. Hence, women are well aware of the opinion of most gynaecologists and medical authorities on the proper timing of the motherhood.

of childbearing in age below 25 being a desirable strategy. The discourse of medical authorities seems to have more impact on the perception of the age deadline to childbearing than on the timing of its onset.

7.5.3 Postponement, childlessness and the image of the postponers: View of the younger generation

Did the interviewees identify themselves as the postponers or are they addressed in this way only by the experts? Eighteen biographical interviews with women of the younger generation provide enough information to analyse the question and to make the distinction between the interviewees' intentions and the real behaviour. Evaluation of the timing of entry into motherhood of the 16 interviewees who already had at least one child displays Table 7.3. Both interviewees who had their first child before reaching 25 years of age considered their pregnancy mistimed, and so did 2 women who had their first child at age 26 and 27 years. These women expressed their original intention to postpone childbearing to the age interval 25–28 years.

Majority of the respondents of the generation of the daughters who became mothers at age 25–29 considered the timing optimal, although 3 of them spoke of their entry into motherhood as optimal, but postponed in comparison to their counterparts, friends or with respect to their personal wishes. None of the interviewees who had a child prior to age 30 explicitly said they were intentionally postponing the pregnancy. Some expressed they may have had a child earlier if they met the right partner a little earlier. However, should the statement on the possibility on an earlier childbearing were the circumstances a little different (housing, partner) be understood as postponement? In the table these cases are not put into the postponement category, because it is impossible to evaluate how these women would behave under different circumstances. Also, it is possible they would postpone childbearing anyway because of different reasons – job stability, financial security or other commonly mentioned motivations to postpone.

Table 7.3: Perception of the timing of the entry into motherhood by the interviewees who already had their first child at the interview (biographical interviews only)

Age at first birth	Mistimed - early	Optimal	Postponed
-24	2	0	0
25-29	2	5	0
30+	0	2	5

Note: Semi-structured interviews were excluded from this analysis because it was not possible to identify the perception on one's fertility timing from all semi-structured interviews.

Postponement was linked to motherhood at or after age 30. Postponement was perceived a "normal" strategy among the peers or with respect to statistical average. Only 2 of 7 interviewees who had a child being 30 years old or older considered the timing of their entry into motherhood optimal without linking it to the postponement strategy. The additional two childless women in the sample did not share a common view of the postponement. A 32 year old childless woman considered age 30+ optimal for childbearing and for her personally, while the 26 year old woman thought age 28 was optimal. The results show that childbearing after age 30 is generally viewed as postponed motherhood, as well as childbearing after age 25 in some cases.

Interviewees spoke of the postponement with respect to age limit (the biological clock) and with respect to the strategic postponement, which was linked to other life transitions, employment strategies or the housing constraints.

“We were in age to have a child. (...) Although, if he was not unplanned, I think, I told my mother yesterday, that I would still like ‘and not yet, there’s work, and we have not reconstructed the apartment yet, and we still do not have this loan paid, and we would still be thinking about it only, and in the end I would have a child at 35. And now it has also been a normal time when other women have children.” Miriam, G2, marr, 1B 27

The postponement of childbearing is considered a highly relevant strategy with respect to the context of the reproduction in the transforming society. It is conceptualised as a rational response to both, the constraints (housing, job insecurity) and the opportunities (progress in a professional career, travelling or working abroad) young adults have on the labour market and with respect to the self-fulfilment.

“We were postponing because we waited for the housing. If we had a housing earlier, we would probably have kids earlier. But we have enjoyed life, which was nice, because we didn’t have children immediately, so we have travelled a bit, devoted our time to one another, got used to each other. Mainly the first year (of the relationship) it was ok that we got used to each other and it was not so stressful like if someone gets married and immediately they have a child.” Slavka, G2, marr, 1B 28

“Nowadays, people want to gain experiences, complete the university studies, have a good job, travel a bit perhaps. And the children are being postponed to later.” Kristina, G2, marr, 1B 31

Stela spoke of a bit different mechanism of the postponement. She emphasised that for her the postponement was an outcome of her satisfaction with her childless life and success in professional career. A similar qualitative study focused on the childlessness in the Czech Republic (Hašková 2009) identifies gradual postponement as one of the strategies leading to the childlessness. However, Stela linked the postponement to the importance of other life transitions as well.

*“We were dating for about 4 years or so and I kind of questioned whether I want to get married at all, (I thought) that I was satisfied with the way it was, that I had my freedom; that was when I was about 30 years old. And I had my daily routine, my work, and a success in my job. I felt I was leading a successful life. And what for would I introduce any complications, or did any change? And I stayed in this kind of state for quite a long time and only later I realised we have to do something. It wasn’t like I would that would not want any children but * it was like I did not want to get married and hence not to have children.” Stela, G2, marr, 1B 35*

The postponement of childbearing is referred to as a matter of fact and sometimes it is linked to negatively evaluated behaviour. Women who postpone are stereotypically seen as careerist⁸⁰ persons or persons who do not want to openly claim childless intentions.

*“We have friends and they are, I would say, typical careerists. * They, that girl she says she cannot imagine having a child NOW, not like in the future * but that now they do not have the loan paid yet and she’s successful in her job and that when she WILL have a child she will still keep on working and that she cannot imagine taking care of the child now, so she still keeps postponing.” Petra, G2, re-marr, 1B 31 (original emphasis)*

“Nowadays there are many young people who do not want or postpone childbearing for later. Because they want to build their career or they do not have enough finance in order to gain independence, or they simply do not want any children.” Anastazia, G2, marr, 1B 27

A risk of involuntary childlessness due to postponement of childbearing is among the risks discussed by demographic studies. This argument is supported also by the qualitative data. Laura has described the strategy of the gradual postponement being the mechanism which may lead to childlessness.

„[After a certain age] one considers pros and cons, and if one doesn’t make it until some horizon, then one starts to think that probably not anymore. Because, for example, when I turn 50 my daughter will be 18. Well, that still is an age horizon, mine and hers, when we would understand each other and I will be economically active and able to pay her the education, perhaps the university studies.” Laura, G2, single mother, 1B 32

When speaking of the postponement, some interviewees based their argumentations over the postponement strategy on the gender stereotypes: *“He was more realistic ... he was looking at it from the perspective of a man, who is a breadwinner and he has to take care of the housing for you.” Danica, G2, marr, 1B 25*

“After two years we got married and my husband he was like, in this respect, he wanted us to be [materially] secured first and only later to have children. And I was always telling him that we will never be secured enough like with respect to the housing, or to have a car, furnished apartment or I don’t know. So afterwards he has refrained from that, and one does not have to have everything totally perfect in order to start a family.” Kristina, G2, marr, 1B 31

According to these interviewees women are more likely to make emotional decisions while men make rational decisions. These different decision-making styles were applied when elaborating on the timing of childbearing. Some interviewees emphasised the emotional need for having a child which was in contrast to the intentions of their partners, who put the economic and housing conditions first. These women agreed that the postponement of childbearing was a rational strategy and some have even speculated it is a way of thinking more typical for men.

⁸⁰ This expression has a pejorative connotation in Slovak language.

7.5.4 Perceptions of the older generation on the increasing age at first birth and on the postponement strategy

How women of the older cohorts understand and interpret the postponement strategy? Interviews with mothers of the younger interviewees and representatives of the same generation reveal the reflection on their daughters' reproductive careers and the topic of age at motherhood. When evaluating the timing of first motherhood of their daughters, women of the older generation reflected their own reproductive decisions and experiences. With an exception of one case, all women of the older generation defined a broad age interval of optimal age for entry into motherhood starting in age 20 till 30. Moreover, most of them preferred age 20 to 25 for the first childbearing, which was in accordance with the reproductive experience of most of them. Entry into motherhood at age 25–30 was accepted as non-problematic still. However, the interviewees from the older generation are stricter over the age deadline of motherhood and they are more in favour of transition to motherhood by age 30.

“I think that those people who want children should have them till turning 30, because then person changes.” Anastazia’s mother, G1, marr, 1B 22

The understandings and meanings related to either late or early onset of childbearing were similar to those mentioned by the younger generation of the interviewees. However, the age deadline mentioned for early childbearing was at age 20 for the interviewees from the older generation. The younger interviewees perceived a higher age of 25 years as an age limit to early childbearing. While the interpretation and the meanings of the early childbearing stay the same, the age limit has shifted. The older interviewees believed early childbearing was problematic and irresponsible as well as the younger interviewees did. The reasons to this perception were the same as those described by the younger interviewees.

“In my opinion, early [childbearing] means before turning 20. Young people should enjoy the life, gain experiences and also joys in their life, and later gradually grow into those another joys. And many young people then PITY they did not have their fun and start to behave so when they already have kids. ... And I think those two phases in life should not overlap. (...) So after turning 21 or 25, that cannot be said exactly, until then the life should be easy and without responsibilities and later it should be more responsible.” Hana’s mother, G1, marr, 1B 30

Evaluations of the postponement strategy – either of their daughters or as a general reflection of the spreading postponement strategy in the society – reveal negative views on the postponement after age 30. Positives related to later childbearing – responsibility. Postponement is approved during the studies.

“There’s an assumption that people will take the parenthood more responsibly then. Like if one-even if you think of yourself when you were 20, you had different opinion on many things compared to 5 years later. A person feels more responsible, and the children are responsibility.” Maria’s mother, G1, marr, 1B 23

“[My daughter] got married and after a year she got pregnant and now she still did not take the final examination at the university. She cannot find the time to do so. So, that was a kind of a minor mistake we did.” Hana’s mother, G1, marr, 1B 30

On the one hand, the interviewees accept that some postponement of childbearing can have positive effect because the woman is ready for the motherhood, both in physiological and psychological manner. On the other hand, interviewees from the older generation emphasised the negatives and the risks related to the childbearing after age 30 much more than the younger interviewees (among them their daughters). Most of the perceived risks of later childbearing fall into the same categories as described for the younger generation. However, some risk factors – among them the biological risks -were emphasised more by the older women - similar to those of the younger interviewees.

Most interviewees from the older generation believed that women's ability to conceive declines after age 30 and the risk of infertility and involuntary childlessness increases rapidly after this age. In terms of the biological risks the older interviewees were more strict about the age deadline for the entry into motherhood at age 30 compared to the younger women in the sample.

*“The natural ability of a woman to have kids is from 20 till 28 years of age, well, at least I think, that a woman is kind of in condition to bear healthy kids. But, unfortunately, nowadays times are a barrier to this. It is against the natural state of the matters. Because **it can happen that when 30 a woman will not be able to have kids**. Women should have kids from 20 to 30, but nowadays they do the career from 20 till 30 and it will end up that they will not be able to have kids at all in the end.”* Tanja's mother, G1, marr, 1B 25 (emphasis added by the author)

Tiredness and vitality and subsequent problems with childcare and harmonisation of work and childrearing were related to childbearing at later age as well. The limits to childbearing were perceived as given and biological – and hence impossible to influence. Some interviewees who had children at younger at later age emphasised the increasing tiredness and psychological demands of the pregnancy. However, most of these women did not reflect the possible difference in experiencing the first, second or third pregnancy after age 30.

“Well, I say that everything has pros and cons. Nowadays the young people say that they enjoy their youth, but that's not everything. Because the older a person is, and well, the child is SMALL. The life perspective is different, and the person is older, more tired. The health is not perfect, the tiredness proceeds. And it starts after turning 30. At 40, 50 is a real turnover. And if a woman has a child at 35, at 50 she's worn out.” Sonja, G1, marr, 1B 21 (original emphasis)

*“I think no one can trick the nature. Really, until 25 the age is kind of productive, until 30 it's like ok, but after 30 I think that also the ability to conceive drops a lot and I think that also that a woman * can perceive it like a heavier load, also psychologically, each pregnancy, I don't know if you were pregnant, but each pregnancy restricts you.”* Danica's mother, G1, marr, 1B 21

Younger women were believed to be more patient and flexible to bear the duties related to the childbearing and childrearing. In contrast, higher age was seen as risk factor for the decision-making on entry into motherhood. Older interviewees believed that the longer women postpone the decision to have a child, the more difficult the decision-making gets. Older women are perceived as those less willing to change their lifestyle and sacrifice own comfort for childbearing.

*“I think that young people are more patient, they have more patience and they tolerate the duties better than those who already started some way of life and then suddenly they have to interrupt it. (...) Cos’ if a person has an easy life and does only what she/he wants * until 30 and suddenly the child comes, who cries and needs to change nappies, needs this and that and one cannot get sleep * those (older) women are not tolerant to this.” Anastazia’s mother, G1, marr, 1B 22*

The interviewees believed that older women may adapt to the role of mother with more difficulties and this may be particularly true for women with professional aspirations. Also women who were work-oriented emphasised that each pregnancy and drop out of the labour market may be difficult and it can become a barrier in decision-making.

“And if a woman is independent a lot and she is someone in her profession, well, she feels it like a PRISON. Like a real prison. I do not know what the young girls were telling you, but I think they are totally down cos’ they’re locked in and they cannot do anything, that they can talk only of the nappies and they’re afraid – that’s the PRISON.” Danica’s mother, G1, marr, 1B 21 (original emphasis)

Some interviewees from the older generation were in favour of early family formation and advised women with aspirations in professional career to have children early because of the positives of the uninterrupted professional growth afterwards. They also believed that early childbearing prevents from the dilemma of when to interrupt the career, which in their view is the reason of the fertility postponement among the younger birth cohorts.

Other interviewees saw the professional career and self-realisation of women in profession problematic. Especially the interviewees who were family oriented thought that a professional career is not good for the woman because it is a barrier to childbearing. In general, women who were described in terms of *“too much work-oriented”* or *“aiming for a good career”* were seen as typical postponers. Having a job is beneficial to the family and it brings the second income, but according to some family-oriented and adaptive interviewees woman should not invest into her profession at expense of the family and her children.

“And also one should bear in mind what’s more important. A big career is also not good for the woman, cos’ of the kids and if she will not go for a career at all they will be poor.” Tanja’s mother, G1, marr, 1B 25

In nearly all interviews, professional career and childbearing and childrearing were described as conflicting aspirations. The solution of the conflict was put as a matter of priorities and a woman should put childbearing first. Some interviewees linked the postponement strategy to the unwillingness of women from the younger cohorts to accept the *“natural duty of a woman”*.

*„I think that if a woman has a partner, with whom she wants to live, and get old, she does not have any reason to wait [with the entry into motherhood]. (...) You’re [your generation, meaning the younger cohorts of women] thinking too much. And the children – it seems they’re not on your list. For me, children were very important. And you say that * once everyone will*

have kids, we will also have them. But it's ONCE." Danica's mother, G1, marr, 1B 21 (original emphasis)

A few interviewees of the older generation linked the postponement of motherhood to the wide availability of the modern effective contraceptives, namely the contraceptive pill. On the one hand, they admitted the positives of the pill in avoiding the unwanted or mistimed pregnancy, on the other hand they emphasised that it can consequence in too long postponement because of the problem to decide for the entry into motherhood. Effective contraceptive allow for the perfect timing of the pregnancy, however, it may be difficult to decide when the perfect time is.

*"I think that often and I don't know how it would have ended up in my case, when it, when it's taken, then it's postponed, postponed and then it's too late. That's something I can imagine. And that, that could have happened to me maybe. * (...) But like that, to STOP taking the pill, that, to do that one needs then really * and most of the time those women say and not now and now I must do this, and that to achieve and also this to achieve and not in the summer not in the winter, no and the other summer also not." Erika, G1, div-cohab, 1B 26 (original emphasis)*

The postponed entry into motherhood is closely linked to the risk of having a single child in the perception of some interviewees of the older generation.

*"I really think that girls from 22-23 till 28 years old * that's kind of an ideal age to have the first child, to find out what it's about because they take it easier afterwards. Cos' when she's 30 she get one * and bye, she does not want to have the second one at all." Anastazia's mother, G1, marr, 1B 22*

Having a single child is not optimal in the perception of most of the older and younger interviewees. First of all, it is not good for the child. Single children are attributed many negative traits such as egoism, problems to get along with other children and they are believed to be deprived of a happy childhood and to suffer loneliness because of the missing sibling. This perceptions support the two child family norm, which got well-established in Slovakia during the state socialist era (Potančoková et al. 2008).

In spite of the strong normative general statements, the mothers of the younger interviewees generally approve of some postponement of childbearing. Though, they do not approve for a too long delays in entry into motherhood. At the same time, they encourage their daughters to take chances of university studies and the professional career to some extent. To some of them, the possibility of university studies and professional career was not open during the normalisation era. The approval for the postponement strategy was also linked to the reproductive experience of the women from older generation. Interviewees from the older generation considered their reproductive experience irrelevant for the nowadays context of reproduction and they would not advocate early entry to motherhood also because it was not intended or mistimed in many cases.

*"...like TO PLAN IT SOMEHOW I didn't plan it actually, because I was, I was considering myself being too young then, though I wasn't that young, and because my mother was 35 when she had the first child, * so I was also thinking that I have time still." Erika, G1, div-cohab, 1B 26 (original emphasis)*

The necessity to think of timing of pregnancies emerged in the context of transforming society. Completing education was the only factor perceived relevant for timing of motherhood in the 1970s. Changing labour market and broader opportunities for self-realisation brought up the issue of timing of parenthood. Several of the interviewees of older generation emphasised they did not think about timing of pregnancy and transition to motherhood and took it as a matter of coincidence. Some of them emphasised that notions on timing of motherhood are a new element in reproductive strategies, not relevant for the socialist context of reproduction.

*“I did not have any idea [when to have a child]. I really admire today’s girls, young girls, that they DO HAVE an idea, they have an idea about the kind of husband they want to look for, when they will get kids * that they will get an apartment or a little property first, I did not – IN MY TIMES, in my generation, in socialism, we did not think of this at all. Perhaps we were not taught to do so, it was not necessary.” Livia, G1, marr, 1B 24 (original emphasis)*

When comparing the reproductive experience of themselves and their daughters, the older interviewees were speaking of their own experience as irrelevant to the context of the transforming society. They saw the postponement strategy as a corresponding one to the changed conditions of reproduction, even despite disapproval to later childbearing expressed by some of them.

“We have never thought of such thing in socialism (when to have a first child. We were not made to think about that perhaps and it was not needed to do so. (...) Nowadays the kids are being brought up, like they think more about the future than WE DID. (...) I have never heard any of my schoolmates or my friends saying “I am not READY for motherhood YET”. I have NEVER come across this when I was young. And I have never thought of that either. And nowadays when I ask a young girl “when will you get married” or “when will you start a family”, “well, I am not ready to have children yet” like I do not have this and that yet. Simply, those young girls nowadays they are wiser and they think more about the future.” Livia, G1, marr, 1B 24 (original emphasis)

Discontinuity of the social context of reproduction created a convenient environment for re-articulation of social norm and routine behavioural strategies. Changing social context and new stimuli lead to questioning of the rules for behaviour and the necessity to adapt previously routine behavioural strategies to correspond better to the new situation. If older cohorts perceive their experiences irrelevant to their daughters, social control over their behaviour decreases and tolerance towards adapted behavioural strategies increases, especially if the social actors approve of them due to their own experiences on which they base their attitudes (the case of increasing approval of non-marital childbearing). Changes in timing of childbearing are interpreted similarly to the view of the younger generation although interviewees of the older generation put more emphasis on the risks related to the postponement of motherhood.

7.6 Summary

The findings presented in the Chapter 7 present subjective views of women of two generations on transition to motherhood. Reproductive decisions of these women were located in different context of reproduction: the state socialism of the 1970s and in transforming society. We have focused on circumstances and processes leading to first childbearing.

At the beginning we emphasised increasing variety of reproductive careers and transformation of partnership. Cohabitation is a source of the increased heterogeneity of reproductive careers. We have also observed more options in resolution to non-marital pregnancy. However, a representative survey is necessary to quantify how widespread are the identified patterns of reproductive careers.

The meaning and approval of cohabitation differs across cohorts. Women born in the 1940s and 1950s interpret cohabitation as a lack of commitment and trust towards the partner, emphasise a high risk of dissolution of informal unions. Cohabitation was a marginal phenomenon among unmarried persons in the 1970s and direct marriage was a common experience. Older interviewees interpreted cohabitation in accordance to the frames they acquired during their young adulthood and most of them find cohabitation unnecessary. In contrast, cohabitation is widely approved among urban women born in the 1970s and it is getting institutionalised a premarital phase. Younger interviewees regard cohabitation a valuable experience and they believe it can reduce a risk of divorce.

Emphasis on stability of partnership is influential on approval of single motherhood and changing norms of resolution of non-marital pregnancy. In the 1970s non-marital pregnancy was routinely followed by marriage even in case the partnership union was unstable and marriage lead to early divorce. Legitimizing the child and avoiding stigma of single motherhood were among motivations to give birth in wedlock. Single motherhood is not linked to social stigma in the perception of younger interviewees. Moreover, they disapprove of marriage provoked by the pregnancy if partnership union is unstable and non-marital childbearing is in their view a better option. Therefore, emphasis on stability of partnership union and the perceived high instability of marriage (perceived high incidence of divorce) contribute to weakening institutionalisation of childbearing into marriage and identify situations when non-marital childbearing is approved.

Only a few respondents agreed that self-fulfilment in other life careers is acceptable for postponement or even voluntary childlessness. All interviewees thought that each woman would feel a desire to have a child sooner or later. We find that affective factors (a strong desire for a child) may work against the postponement mechanisms and lead to earlier childbearing if the individual preconditions are met (maturity, reaching a phase in life course development when childbearing is acceptable) and if situational preconditions (housing autonomy, financial security) are compromised.

To prevent problems linked to later childbearing young women should anticipate this and think of the optimal onset of childbearing. Both, the university graduates and women with secondary education with a high school diploma preferred childbearing after age 25 years. It is possible

that women with at least secondary education hold negative attitudes towards early childbearing also because they may want to distinguish themselves from the women with less education.

The shift to higher age norms among the higher educated women is linked to the changes to market economies. In the market economies it is more difficult to establish oneself in the labour market (Rindfuss and Brauner-Otto 2008), and women with higher education can make better use of the opportunities that opened up after the political turnover (Kantorová 2004). The preference for residential and financial autonomy and all the other essentials for childbearing have changed significantly as the society passed from state socialism to market economy. Sequential view of the life course, placing parenthood at the end of the sequence – completed education – stable job – residential autonomy and ‘financial security’ – constructs the rationale for the postponement and underlies this process. Besides the situational factors mentioned above, search for the partner and the perception on the individual life course development contribute to the postponement of motherhood.

The concept of the biological clock identifies the age after which postponement of motherhood is not desirable anymore. Women of the younger generation do not see any advantages of postponing after age 30 and social as well as health risks related to childbearing after age 30 were emphasised. Thus, childbearing becomes highly relevant for a woman with approaching age 30.

Mothering abilities of young women (younger than 25 years) are doubted, and also childbearing of women at age above 40 is considered irresponsible. Health risks are emphasis after age 35, however, we observe increasing fertility rates at age above 35 (Chapter 5). Interviewees of the younger generation who had experience with later childbearing or who knew such women were more likely to push the age limit for childbearing to later age than the interviewees who became mothers at younger age. Women also reformulate and adjust their mental schemes on fertility timing during the life course as an outcome of the postponement process and other life experiences. Therefore, a spreading strategy of the postponement even beyond the age 35 may influence re-articulation of the perceived age-deadlines to childbearing.

Discourse of experts (medical doctors, gynaecologists) influences the perception of the age limits for childbearing, and hence the construction of the age norms. Statistics also influence the perception on what is perceived normal and what is not. In fact, the statistics on mean age of women at childbirth, which get cited in the media, contribute to the articulation of the age norms. Some of the interviewees explicitly referred to the statistics of age at childbearing at the national level or to the age they thought as of the statistical average.

We also identified two mechanisms of social control that result in pressure for earlier entry into motherhood. This social pressure comes either from female family members belonging to older birth cohorts, who experienced early childbearing under state socialist era (mothers and mothers-in-law) and from gynaecologists who emphasise physiologically optimal age-span for first childbearing (up to age 25). However, the physiologically optimal age for the first motherhood is in contrast to socially constructed optimal age, which takes into account progress in other life careers. Besides the direct social pressure, affective factors are influential on early timing of childbearing if they prevail over normative and situational factors.

Interviewees of older generation perceive their experiences irrelevant to their daughters and interviewees of both generations perceive postponement a rational strategy in response to the context of reproduction in a transforming society and market economy. Reasons to postponement and views on optimal age for childbearing are linked to human capital investments, employment strategies and position of women at the labour market, perceived necessity of residential autonomy and functioning of the housing market as well as to normative views and social meanings of age, as we showed in the analysis. Statements of the younger interviewees point towards the individualisation of age which is very likely related to a limited sanctioning of later childbearing. Interviewees of the younger generation were more tolerant towards single motherhood and cohabitation, which contributes to the increasing heterogeneity of the reproductive careers among younger women.

8 CONCLUDING DISCUSSION

The main goal of this research study was to explore changes in the women's reproductive life course and gain understanding of the processes leading to transition to motherhood. We focused on timing of first motherhood and seek an in-depth understanding of the postponement strategy. The postponement of childbearing has been spreading among female birth cohorts born since the 1970s and in particular among women of higher educational attainments (Chapter 5). The pace of the postponement has been the most rapid in the capital Bratislava (Chapter 6). Postponement of childbearing has led to a drop in period fertility rates to unprecedented levels in both, Slovakia and Bratislava.

Transition from early towards later childbearing and other changes observed in reproductive behaviour of the population occurred in response to the rapidly changing context of reproduction after the political turnover in 1989. Postponement of other life transitions, for example marriage, has been observed as well. Numerous factors are responsible for these developments. The effect of economic and ideational factors on decreasing fertility and marriage and on the postponement of life transitions has been extensively discussed. Due to a rapid societal transformation it is difficult to disentangle the factors and quantify the magnitude of their effect. Researchers generally recognise that economic transformation typical of high unemployment, job instability, housing problems, increasing social stratification and increasing importance of education and human capital investments has been of high importance while ideational factors were of less importance in particular in the early 1990s. However, ideational factors should not be neglected as "there is nothing mutually exclusive about the operation of economic and cultural factors. In fact, they may be interwoven and mutually reinforcing" (Lesthaeghe and Surkyn 2002).

In this study we seek to gain in-depth understanding of the changes in reproductive life course of women in Slovakia. We investigated changes in ordering and sequencing of reproductive life events comparing reproductive experience of two contrasting birth cohorts of women. We employed a life course perspective to comprehend transition to motherhood in the state socialist society in the 1970s and during the societal transformation in the late 1990s and at turn of millennia. Analysis of statistical data presented in chapters 5 and 6 describe main traits in reproductive behaviour in these two periods and identify changes in fertility across birth cohorts of women.

We complement these analyses with a qualitative case-study, which has focused on investigation of respondent's motivations and factors relevant in transition to motherhood (Chapter 7). Biographical interviews provide rich data suitable for investigation of reproductive choices of women and their embedding in a specific context of reproduction due to their holistic

nature and contextualism. The turn from statistical to qualitative data meant a change of perspective from macro to micro level and towards subjective understandings of the social actors. We were interested in women's perceptions, motivations and barriers in transition to motherhood. Comparing two contexts and generations allowed us to identify innovative ideas and behaviours related to family formation and childbearing. Our interviewees come from the capital Bratislava, all were middle class women, well-educated, differing in timing of their motherhood, reproductive and partnership histories.

We identified an increasing standardisation of the life course, orientation towards a two-child marital family and decreasing childlessness among women of higher educational attainments over the state socialism. Life histories of the women who experienced childbearing in the 1970s reveal high level of co-occurrence of life events in transition to adulthood: finishing education, starting a job, getting married and becoming a parent for the first time. The transition from adolescence to adulthood commonly took place in the early 20s. We observe similarity in reproductive experience of women in the state socialism. Shanahan argues that standardisation of the life course coincided with the modernisation process (Shanahan 2000). The state socialist society of the 1970s provided a relatively risk free, predictable setting of a guaranteed employment and often limited opportunities in education, professional career and involvement in public sphere as well as incentives for early family start. Strategies of coping with various situations (for example the strategy of being attributed an apartment, for coping with non-marital pregnancy) got well-institutionalised over time. Institutionalised made decision-making easier and offered a socially acceptable response to the situation.

New opportunities opened after the political turnover, many of them competing to parenting. Balancing childbearing and childbearing and other life careers remains a challenging task. Looking at ordering of the life course events we find broadening variety of reproductive careers due to spreading cohabitation and heterogeneity in response to non-marital pregnancy among women experiencing childbearing during the societal transformation. Definitely, women born since the 1970s have more choice and more control over their bodies due to spreading effective contraception which is a technical means necessary for the postponement of motherhood. They perceive childbearing and motherhood an integral part of an adult female biography, concept of a normal life course. Our interviewees believe that each person lives into a stage of life when a desire to have children emerges. In other words, respondents perceive childbearing a natural element of their lives. But when is the right time to become a mother? Our respondents of the younger generation believe that to create good conditions for childbearing, young people should complete their education, establish themselves at the labour market, become 'financially secure' and have their own flat. The above stated preconditions to childbearing relate to external conditions of childbearing, in contrast to individual-related preconditions (psychological maturity, readiness to motherhood). These situational factors relate to life careers parallel to reproductive career. Balancing of childbearing and childrearing is considered a challenging task in view of our respondents and meeting the prerequisites to childbearing is not easy to achieve. Sequential view of the life course and the perceived incompatibility of childbearing and educational career and establishing oneself at the labour market are the engines of the postponement of motherhood towards more advanced age.

Situation of women at the labour market is influential. Younger respondents prefer achieving job stability and a certain degree of job stability, which should guarantee employment and easier return to labour force after parental leave. Employment strategies of women reflect their often disadvantaged situation at the labour market. Childbearing is linked to a prolonged withdrawal from labour market and employers as well as public opinion believe that women lose their qualification during the long parental leave, mothers face increased unemployment and discrimination at the labour market (Marošiová and Šumšalová). Our findings mean that tempo policies addressing shorter duration of educational enrolment and labour market policies resulting in more secure situation of young adults, and women in particular, and policies addressing better compatibility of parenting with employment and educational enrolment may have impact on earlier timing of childbearing.

Interviewees born in the 1970s found childbearing at age 25 to 30 optimal. Social meanings of chronological age optimal for childbearing reflect the above mentioned prerequisites and emphasise responsible parenthood. The concept of the biological clock identifies the age after which postponement of motherhood is not desirable anymore. Women of the younger generation do not see any advantages of postponing after age 30 and social as well as health risks related to childbearing after age 30 were emphasised. Our respondents identified several benefits of childbearing prior to age 30: psychological readiness, vitality, health and patience with childrearing. Age above 30 and in particular above 35 is related to health risks on the side of the mother and the child, increasing risk of problems to conceived and risk of involuntary childlessness, generational gap between the parents and the children, tiredness that prevents the woman to enjoy her motherhood, a role confusion when the parent is address a grandparent of the child and the risk that a parent will be too old and possibly dependent before the child is adult. Health risks were increasingly emphasised towards higher age and childbearing after age 40 was perceived irresponsible. However, women who became mothers at more advanced age or who knew women who had children after age 35 without any complications tended to shift limits to childbearing towards higher age. Thus, if ever more women experience childbearing towards later age the age limits of childbearing may shift further and the age norms may be more in favour of later childbearing.

Parenthood is only one of the life transitions which are being postponed and sociologists speak of the emerging new phase of the life cycle – a postadolescence (Bynner 2005, Vaskovics 2001). In this life phase, young adults take up some traits attributed to adulthood, while other traits typical for the adult life course, such as the family formation and parenthood, are still missing. Moreover, childbearing and family formation are not expected to occur during this stage in the life course. Social meanings attributed to early age at childbearing point towards this interpretation. Bartošová (2007) who studied childbearing after age 30 in the Czech Republic comes to the same conclusion. Transition to adulthood shifts towards later age and it is a process considering several transitions (finishing education, starting a job, leaving parental home, entering a stable partnership union and marriage and becoming a parent for the first time) which are not coupled in close co-occurrence, but take place within a prolonging duration of time and constitute a separate stage of the life course between adolescence and adulthood.

Discontinuity of the social context of reproduction created a convenient environment for re-articulation of social norm and routine behavioural strategies. Changing social context and new

stimuli lead to questioning of the rules for behaviour and the necessity to adapt previously routine behavioural strategies to correspond better to the new situation. Interviewees of older generation perceive their experiences irrelevant to their daughters and interviewees of both generations perceive postponement a rational strategy in response to the context of reproduction in a transforming society and market economy. Although the older respondents emphasise more the risks related to later childbearing, at the same time they encourage their daughters in pursuing their educational and professional goals and taking chances of travelling and self-realisation they could not take advantage of or had to compromise in the state socialist era.

If older cohorts perceive their experiences irrelevant to their daughters, social control over their behaviour decreases and tolerance towards adapted behavioural strategies increases, especially if the social actors approve of them due to their own experiences on which they base their attitudes (the case of increasing approval of non-marital childbearing). Changes in timing of childbearing are interpreted similarly to the view of the younger generation although interviewees of the older generation put more emphasis on the risks related to the postponement of motherhood. Thus, attitudes of the older cohorts and their silence contribute to the re-articulation of the social norms.

Does the irrelevance of the childbearing and family formation experiences and behavioural strategies speak for a social anomie hypothesis? Social anomie has been one of the explanations of the extremely low fertility rates and abrupt changes in reproductive behaviour in the post-socialist societies (Philipov, Speder and Billari 2006). At individual level anomie is associated with indecisiveness, uncertainty, discomfort and lacking institutional control (ibid). Thus, if the Slovak society at the turn of millennia was in state of social anomie, our respondents would express that they were not sure how to behave, which strategy to take in transition to motherhood as a consequence of lacking behavioural scripts. Behaviour of our younger respondents does not correspond to anomie. Quite to the contrary, they speak of emerging strategies for coping with non-marital pregnancy and optimal timing of childbearing. That means that these coping strategies were already articulated and our findings show that they are getting institutionalised. Coping strategies and behaviour performed by the cohorts who were first to respond to the changing context of reproduction served as behavioural options for the subsequent birth cohort during their social learning process. Those strategies which were found relevant were further adopted by younger women. It is possible that at some earlier point of transformation process we would be able to identify traits of social anomie; however, in the early 21st century this is not the case anymore. Transition to the new patterns in reproductive behaviour was rather a rational response to the changed context of reproduction. Irrelevance of the old coping strategies could contribute to the swift transformation of the reproductive behaviour. The disapproval of the older birth cohorts to some new traits in partnership formation and reproductive behaviour is found irrelevant by the younger interviewees and the changed and differing social context is given as an excuse for not respecting the views of the older generation. The fact that older respondents themselves find their experience irrelevant to the nowadays context contributes to their approval to the new patterns of behaviour and a weaker social pressure on their daughters to behave differently or in accordance to old behavioural patterns.

As any research study this work also had its limitations. We have approached a broad topic of reproductive behaviour in its complexity and focusing on a partial phenomenon would bring more pregnant results. One of the disadvantages of the case study is the impossibility to generalise our research finding to other than urban context and the social strata our respondents come from. A large representative survey is needed to test the relevance of our finding to other setting and to quantify how frequent are the types of reproductive careers we identified in the population and its subgroups. However, our research findings can be helpful in preparation of the survey questionnaire. The categories and meanings we identified relevant in transition to motherhood, the main categories of approval and disapproval to social phenomena such as cohabitation, marriage and single motherhood, can be used in formulation of survey questions and offered for evaluation to the respondents to find their relevance in a representative survey.

Naturally, our research findings raise questions for further investigation. What is the meaning of marriage and is it changing in response to spreading non-marital cohabitation? Is non-marital childbearing on the rise because more women cohabit and or are strategies of non-marital pregnancy resolution changing? Do coping strategies of cohabiting couples differ from those who do not live together at the time of conception? How women of less education and in rural areas think of timing of childbearing? We know that the mean age of mothers at first birth remains four years lower compared to the one of Bratislava (Šprocha 2008). Does the perception of women on the postponement strategy differ among women in rural areas and how? There are many open questions and some of them can be approached making use of qualitative methods, although they do not belong among the main research tools in demography.

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Appendix 1

Sample characteristics – information about the interviewees

Interviewee (nickname)	Year of birth	Age at first birth	Intended / unintended 1st birth	Marital status at first conception	Partnership/marital status	Number of children	Intended family size	Attained education	Siblings	Occupation(s)	Religious identity	Housing situation at conception	Life course sequence*	Work-family orientation	Dyad partner
Biographical in-depth interviews															
Inga	1943	26 (1970)	intended	within wedlock	married	1	2	university	1	research	Protestant, not practicing	residential autonomy	D-M-1C-1B	work oriented	No
Hana's mother	1945	30 (1975)	intended	within wedlock	married	2	up to 3	university	3	journalist	none	tenants in rented apartment	C-M-1C-1B	work oriented	Yes
Tanja's mother	1946	25 (1971)	intended	within wedlock	married	3	3	secondary	2	artist	none	parental home	D-M-1C-1B	adaptive	Yes
Maria's mother	1949	23 (1972)	intended	within wedlock	married	2	4	secondary	4	administration	Catholic, practising	residential autonomy	D-M-1C-1B	adaptive	Yes
Erika	1950	26 (1976)	mishap	premarital conception	divorced, cohabiting	1	1 or 2	university	0	lawyer	none	parental home	D-1C-M-1B	adaptive	No
Sonja	1950	21(1971)	planned	within wedlock	married	2	2	secondary	2	administration	Catholic, practicing	parental home	D-M-1C-1B	adaptive	No
Livia	1952	24 (1976)	intended	within wedlock	married	2	2	secondary	1	administration	none	residential autonomy	D-M-1C-1B	adaptive	No
Margita's mother-in-law	1952	22 (1973)	intended	within wedlock	married	3	3	secondary	0	administration, services	none	parental home	D-M-1C-1B	family oriented	Yes**
Anastazia's mother	1955	22 (1977)	unintended	premarital conception	married	4	"a big family"	secondary	2	administration, services	Catholic, practicing	parental home	D-1C-M-1B	family oriented	Yes
Danica's mother	1956	21 (1977)	intended	within wedlock	married	3	3	university	1	research, entrepreneur	none	parental home	D-M-1C-1B	work oriented	Yes
Klara's mother	1958	21 (1978)	unintended	premarital conception	married	2	2, maybe more	secondary	1	nurse	Catholic, not practicing	dormitory, parental home	D-1C-M-1B	adaptive	Yes
Stela	1965	35 (2001)	intended	within wedlock	married	2	2, maybe more	university, PhD.	1	research research, government sector	Catholic, practicing	residential autonomy	C-M-1C-1B	work oriented	No
Iveta	1967	35 (2003)	intended	within wedlock	married	2	3	university	2	research, government sector	Catholic, practicing	residential autonomy	D-M-1C-1B	family oriented	No
Laura	1968	32 (2001)	intended	out of wedlock	single	1	1 or 2	university	1	engineer	none	residential autonomy	D-1C-1B	adaptive	No
Tanja	1971	25 (1996)	intended	within wedlock	married	3	2 or 3	university	2	part-time in administration	none	parental home	D-M-1C-1B	family oriented	Yes
Kristina	1973	31 (2004)	intended	within wedlock	married	1	3	secondary	1	administration	Catholic, practicing	residential autonomy	D-M-1C-1B	family oriented	No
Petra	1973	31 (2003)	planned	premarital conception	2nd marriage	1	2, maybe more	university	2	administration	none	residential autonomy	C-1C-M-1B	adaptive	No
Emma	1973	32 (2005)	intended	in cohabitation	married	1	2	university	1	management	Catholic, not practicing	residential autonomy	C-M-1C-1B	adaptive	No
Eva	1973	x	x	x	cohabiting	0	2	university	1	administration	none	x	x	adaptive	No
Marta	1974	19 (1993)	mishap	premarital conception	divorced, cohabiting	1	1 or 2	university	1	manager	Catholic, not practicing	parental home	D-1C-M-1B	adaptive	No
Maria	1975	30 (2006)	intended	premarital conception	2nd marriage	1	1 or 2	university	1	IT	Catholic, not practicing	residential autonomy	C-1C-M-1B	adaptive	Yes
Paula	1976	26 (2002)	planned	within wedlock	married	1	0 or 1	secondary	1	administration	none	residential autonomy	C-M-1C-1B	adaptive	No
Miriam	1977	27 (2004)	unintended	in cohabitation	married	1	1	secondary	1	bank-administration	Catholic, not practicing	residential autonomy	C-1C-1B-M	adaptive	No
Silvia	1977	26 (2003)	intended	out of wedlock	single	1	1 or 2	secondary	5	services	Catholic, not practicing	parental home	D-1C-1B	adaptive	No
Anastazia	1977	27 (2004)	intended	within wedlock	married	2	4	university	3	administration	Catholic, practicing	residential autonomy	D-M-1C-1B	family oriented	Yes
Hana	1979	24 (2004)	unintended	within wedlock	married	1	3 or 4	university	1	none	Catholic, practicing	tenants in rented apartment	D-M-1C-1B	adaptive	Yes
Margita	1979	25 (2004)	intended	within wedlock	married	1	2	university	1	teacher	none	residential autonomy	D-M-1C-1B	adaptive	Yes**
Danica	1979	25 (2004)	intended	premarital conception	married	1	1	university	2	IT, arts	none	tenants in rented apartment	C-1C-M-1B	work oriented	Yes
Klara	1980	x	x	x	cohabiting	0	2	university	1	teacher	Catholic, not practicing	x	x	adaptive	Yes
Focused interviews conducted in the mother centres															
Adriana	1958	19 (1978)	unintended	premarital conception	married	2	2	secondary	1	services	none	parental home	D-1C-M-1B	x	x
Zuzana	1970	32 (2002)	intended	within wedlock	married	1	1, maybe more	secondary	1	nurse	none	residential autonomy	D-M-1C-1B	x	x
Jana	1970	26 (1997)	intended	premarital conception	married	3	up to 4	university	3	teacher	Catholic, not practicing	residential autonomy	D-1C-M-1B	x	X
Slavka	1970	28 (1998)	intended	within wedlock	married	3	up to 4	university	1	teacher	Catholic, practicing	residential autonomy	D-M-1C-1B	x	x
Darina	1974	29 (2003)	unintended	premarital conception	married	1	3	university	2	highly skilled professional	Catholic, not practicing	residential autonomy	D-1C-M-1B	x	x
Lucia	1975	30 (2005)	intended	within wedlock	married	1	2, maybe 3	university	3	administration	Catholic, practicing	residential autonomy	D-M-1C-1B	x	x
Gabika	1976	27 (2003)	unintended	in cohabitation	cohabiting	1	2	university	1	bank-administration	none	tenants in rented apartment	C-1C-1B	x	x
Kveta	1976	23 (2000)	unintended	premarital conception	married (forced by her parents)	3	up to 5	university	1	medical doctor	none	residential autonomy	D-1C-M-1B	x	x
Sara	1976	27 (2003)	intended	in cohabitation	married (forced by her parents)	2	2	secondary	3	services	none	parental home	C-1C-1B-M	x	x
Lara	1982	22 (2005)	mishap	out of wedlock	single	1	2 or 3	secondary	1	services	none	parental home	D-1C-1B	x	x

Notes: * meanings of the abbreviations: D = dating; C = cohabitation; M = marriage; IC = first conception; 1B = first birth.

** In this case the dyad partner was not a daughter, but a daughter-in-law, because the mother-in-law was influential on decision-making on childbearing.

Appendix 2

Leaflet and announcement at the website for contacting interviewees



PŘÍRODOVĚDECKÁ FAKULTA UNIVERSITY KARLOVY V PRAZE
KATEDRA DEMOGRAFIE A GEOGEMOGRAFIE
ALBERTOV 6, 128 43 PRAHA 2, ČESKÁ REPUBLIKA
PHONE: +420 221 951 418
E-MAIL: DEMODEPT@NATUR.CUNI.CZ

HLADÁME RESPONDENTKY K VÝSKUMNÉMU PROJEKTU

ŽENY AKO MATKY

Zámerom výskumného projektu je preskúmať **životy žien–matiek** a dozvedieť sa o ich **skúsenosti s materstvom a zakladaním rodiny** v súčasnosti a počas štátneho socializmu. Ako ženy žili svoje životy vtedy a dnes? Ako si založili rodinu a mali deti?

Cieľová skupina:

ženy-matky vo veku približne 30 rokov pochádzajúce z Bratislavy a blízkeho okolia v prípade možnosti a záujmu aj Vaše matky – babičky (nie je nutnou podmienkou)

Nebude jednať o dotazník, ale o **osobný rozhovor**, počas ktorého by som si rada vypočula Váš životný príbeh. O tom, ako ste sa stali mamičkou, aký bol Váš život predtým, vtedy a teraz.

Trvanie rozhovoru je približne 1 až 1,5 hodiny, môže prebehnúť aj na viac stretnutí **kdekoľvek a kedykoľvek Vám to vyhovuje** – u Vás doma, v práci,... záleží len na Vás. Jedinou podmienkou je, aby to bolo miesto, kde sa Vy budete cítiť dobre. Rozhovor bude nahrávaný na diktafón a v súvislosti s tým zaručujem absolútnu anonymitu a dôveryhodnosť.

V prípade záujmu zúčastniť sa alebo ak máte otázky ma môžete kontaktovať na:

Tel. číslo **0907 524 751**, email: **potancokovam@hotmail.com**

alebo **môžete nechať svoj kontakt v materskom centre.**

Mgr. Michaela Potančoková

Katedra demografie a geodemografie, Univerzita Karlova v Praze

Appendix 3

Interview guideline

Topic	Questions
<i>Leaving parental home</i>	When did you leave parental home? How did it happen?
<i>Family of origin</i>	Tell me about relationships within your family. What were the family you grew up in like? Are you from a religious family? How do you imagine an ideal family?
<i>Siblings</i>	How many siblings do you have? Are you in touch with them? Do they have a family? Did they start a family earlier than you? Can you remember what did you think about your sister when she got pregnant/got married? Did you think it was the right time for her to start a family? How did you think about starting your own family at that time?
<i>Mother / daughter</i>	How is your relationship to you mother/daughter? Have you ever talked about family, children or motherhood? What was her opinion on the timing of your motherhood? When did she have children? Do you think it was early/late, too many/too few? How do you perceive differences/similarities in your transition to motherhood? Has your mother ever told you about how she started her partnership and had children? Do you remember any such dialogue? When and how did it happen?
<i>Intergenerational help</i>	Is your mother/parents helping you out with anything? Are/were they involved in childcare? Do you help your mother/parents with anything? What do you think about help with childcare by the grandparents? Who should be helping you with childcare/mothering? What are the duties of a good grandmother?
	In case an interview with the dyad partner was not possible: Could you tell me about your mother's/ daughter's life and experiences with childbearing?
<i>Education</i>	After finishing your education, did you want to keep on studying? Why did/didn't you study further? Have you enjoyed your study?
<i>Work</i>	When have you started your fist job? What was it like? How long have you work there? Have you enjoyed your work? Was your work important for you, in which sense? How was it in your work when you announced your pregnancy? What were the reactions of your boss/colleagues? How do think of work-childcare reconciliation? What is your experience with it? How would you define a good mother?
<i>Partner</i>	How have you got to know your partner? How was the relationship developing? Did you have some other boyfriend before? How is your current partner? How do you get along with his family? How do your parents like your partner? How did he react to your pregnancy? Does he have any siblings?
<i>Cohabitation</i>	Have you lived together before you got married? How did it come about? Do you think of getting married? How were the reactions of you parents? Do they like/dislike you living together not being married? What do you think about cohabitation/trial marriage? Do you see any positives/negatives in it?
<i>Marriage</i>	Tell me about how did your marriage came about? Why have you decided to get married? Did you have civil/church wedding? How were the reactions of you parents to your decision? How was your life before/after stepping into marriage, has anything changed?
<i>Childbearing</i>	Could you tell about how did it happen that you became mother? Can you remember when, at which stage of your life/partnership did this question become important to you/your partner? Have you talked about children with your partner? Who brought up the issue? When did it happen? What/how did you talk about it? Was your partner involved in decision-making on you becoming parents? What did he think about timing of childbearing? Did you share similar opinion? How many children would you/he like to have? Do you share an opinion on number of children? Did you have any idea about the number of children/timing of childbearing before you met your partner/got married/started trying to conceive? When did you think about having children the most? Have you panned your pregnancy? How many children did you want to have when you were younger/before you got a child/ren? Do you think you became mother early/late/just right? How do you perceive timing of your pregnancy? What do you think about postponement of childbearing? Do you see any positives/negative of the postponement? What do you think about young mothers? What do you think about older mothers? Do you think there exists an ideal time to become mother? When do you think it is (too) early/late to become mother/have children? What are the advantages/disadvantages of having children at an early/late age? What was important for your decision to have a child? Have you perceive any barriers to childbearing? (Probe for: money, housing, moving on the relationship, pressure to have children, ...) How did your parents/friends react to your pregnancy?

<i>Pregnancy and delivery</i>	Tell me about your experience with your (first) pregnancy? Have you been afraid of anything? Have you ever thought you were pregnant and you were not? What were you thinking about? What solution to the situation have you considered?
<i>Childlessness</i>	Can you imagine you wouldn't have any children? Have you ever thought about that? What would you do about it? What do you think of childless people/couples? Do you know anyone like that in person?
<i>Contraception</i>	Do you prevent pregnancy? Did you prevent the pregnancy before you had your children? Tell me about how was the situation like in terms of contraceptives when you were young? Were you aware of any contraceptive method when you were a young girl? Which methods have you ever used? When/why have you decided to use/stop using this method? Probe for: prior to pregnancy, between pregnancies, at present, individual methods, involvement of the partner. How did you get to know about this method? Where have you been getting the information on this? Have you ever talked about sexuality/contraception with your mother?
<i>Abortion</i>	What do you think about induced abortion? Have you ever experienced miscarriage? Did it change anything in your life?
<i>Social support</i>	How do you perceive social support by the state to the families? Did/does it help your situation? What would you change/improve? Do you think maternity/parental leave/allowance is sufficiently long/paid?
<i>Socialism</i>	To the older cohorts: When you compare the situation of the families/circumstances for starting a family when you were starting yours and nowadays, what are the main differences you see? To both: Do you think it was easier/more difficult to start a family and have kids then/nowadays?
<i>End of the interview</i>	How do you think about your life in the future? What would you like to achieve? Is there something I forgot to ask you about? Do you want to add something?

Appendix 4

Identification of the interviewee

This identification was filled in by the interviewee or interviewer at the end of the interviewing sitting

Info		Notes
1.	Number	
2.	Date of birth [Age]	
Information on the interview		
3.	<i>Subsession 1</i>	
	Date:	
	Duration:	
	Place:	
4.	<i>Subsession 2</i>	
	Date:	
	Duration:	
	Place:	
Information about the interviewee		
6.	Place of birth	
7.	Residence [from date]	
8.	Marital status	
9.	Education	
10.	Employment	
Information about the partner		
	Age	
	Place of birth	
	Education	
	Employment	
	Notes:	
12.	Duration of marriage/cohabitation	Date of divorce if divorced
13.	Other marriages	
14.	Children [sex, age, date of birth]	Fertility intentions – family, etc.
15.	Mother Age, MS Siblings Edu	
16.	Other:	
	Religious identity	

Appendix 5

Transcription rules

*	A short pause in the speech.
(.2)	Longer pause in the speech. The number gives the duration of the pause in seconds.
SHOULD BE	Emphasis: words or expressions emphasised by stronger intonation, aloud.
(...)	Omitted sentence or part of the text from the full version of the verbatim transcription. Omitted parts do not change the original meaning. Often the original transcription was too long because the interviewee changed the topic (and got back to it later on) or spoke in detail.
[in the 1970s]	Author's remarks putting the statement into the context, adding the unspoken information relating to the parts of the transcript not quoted in the statement.
Like-	A hyphen means that speech was cut and the interviewee immediately switched the topic of added explanatory words without finishing the previous sentence.
E: No, not at all.	E: stands for the interviewee and I: for the interviewer.
I: Why?	The abbreviations are used to attribute statements if a part of conversation is quoted.