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Research Article

Hungary: Secular fertility decline with distinct period fluctuations

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Hungary: Secular fertility decline with distinct period fluctuations

Zsolt Spéder[1]

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Abstract

In this study, we demonstrate from different angles that Hungarian fertility basically decreased between 1965 and 2005, but also clearly fluctuated, and showed different patterns in the different periods within this epoch. As a result, the clear communist-era family pattern of "early marriage and childbearing with two children" was replaced, but new family model(s) have not yet fully emerged. We could show that profound changes in partnership behaviour –divorce and cohabitation– started before the change of the political regime, but also that changes in partnership relations accelerated after 1990, and that partnerships have become more fragile. In addition, Western-style values of "empty individualism" and consumerism were clearly present under socialism, but their motivating force was tamed by the communist system, in which population policy played a significant role. Of these institutional changes, we ascribe the greatest importance to the expansion in the educational system and the changes in the labour market. We show that, following the changes in the economic system, the conflict between family and work intensified. The synchronic consideration of values, labour market relations, economic development, and population policy; and the relationship of these factors to fertility and nuptiality trends, enabled us to formulate a developmental scheme of four phases concerning the evolution of fertility since 1965.

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1. Introduction

Over the past century, Hungary went from having an essentially growing population with a balanced age composition, to having a population that was gradually aging, and then declining. Population numbers almost doubled within a century, from 5.3 million in 1880, and reached a maximum of 10,709,000 people in 1980. Population size has been decreasing steadily since then, albeit with varying levels of intensity, falling to 10,066,000 at the beginning of 2007. This represents a decrease of about 650,000 (6%) over a quarter of a century.

The fluctuating, but basically declining fertility trend and the high level of morbidity may have also played a role in the early appearance of natural population decrease, which can be regarded as early even in a European comparison. The period total fertility rate (PTFR) dropped below the replacement level as early as the end of the 1950s, and in the first half of the 1960s, when most European countries were experiencing a "baby boom," the Hungarian total fertility rate fell below 1.8, a uniquely low value even on a global scale. The improving trend of mortality after the Second World War came to a halt in the mid-1960s. During the "epidemiological crisis" of the following decades, life expectancy at birth for women increased a little, though intermittently, while life expectancy among men decreased significantly, and did not reach and exceed the level of three and a half decades earlier until the early years of the new millennium.

Consequently, it was not accidental that population decline – or, more precisely, the problem of low fertility – often became the subject of social debates in Hungary.[3] There was a perceptible degree of public awareness of the issue, and concerns about population decline resulted in political action after the mid-1960s. The appearance of low fertility relative to other European countries no doubt contributed to increased awareness of population related issues, as did the fact that the re-drawing of the borders of Hungary after the two world wars radically reduced the country's territory, and millions of members of Hungarian communities became disconnected from their homeland and citizenship. Since the end of the 1960s, politicians have been formulating population goals, framing and initiating population measures cyclically, and in an incoherent fashion. However, it would be hard to claim that the problem of low fertility has been continuously at the centre of political action.

[3] Considering important social issues before the second World War does not belong to the objectives of the present paper; however, it is worth noting that the assumed diffusion of "singletons" (the system of having only one child in a family) as a sign of a declining nation, and as a reason for the shrinking population, was continuously kept on the agenda by a group of progressive intellectuals between the two world wars (see, e.g., Fülep, 1929, Ilyés, 1933).

Population measures that evolved in the second half of the 1960s, and that intensified further in the 1970s, temporarily halted the decline in fertility, and even resulted in fertility above the replacement level for a few years. The 1.8 value of PTFR that characterised the 1980s was above the European average, but it was not sufficient to compensate for the effects that the high level of mortality had on population decline.

While the role of governmental measures – presented in detail in *Section 7* – has hardly been negligible in the development of Hungarian fertility over the last half century, the change in the political and economic system[4] starting in 1989–1990 had a major role in the basic transformation of fertility conditions, and in fertility pattern change, as was the case in other ex-communist countries. These changes have created radically new conditions for everyday action, altered the system of opportunities for individual behaviours, and the ranking of preferences. Obviously, the circumstances of fertility choices and life course decisions were modified as well. In order to understand the shifts in fertility around the change of the political regime, we provide an overview of selected facets of economic transformation in detail, and compare the operation of the labour market before and after 1990, and its relation to childbearing. In addition, we discuss the potential effects of sudden changes in the supply of consumer goods on the desire to have children, and take into consideration the effects of educational expansion on the life course (*Section 5*).

Value orientations and attitudes play key roles in modern societies as individuals choose among socially available options related to shaping and ordering the course of their lives, including choices about whether or not they have children, when they have children, and how many children they have. Obviously, values not only affect individual decisions about childbirth; rather, there are a number of choices that narrow, widen or rearrange the conditions of childbearing. It is, therefore, necessary to identify when and what kind of shifts took place in this over the last quarter of a century (*Section 6*). A systematic overview of the trends in values and attitudes is impossible because we lack a standard instrument for the measurement of values, and because surveys of values are quite rare. Based on available surveys, we may be positive that value changes were not triggered by the change of political regime in Hungary, a country which may have been regarded alongside Yugoslavia as the most open among the former socialist countries from the mid 1960s ("the happiest barrack," as it was often called by journalists).

Owing to the change of political regime, the new structural conditions, the diffusion of values, and the impact of these values on the new set of circumstances, the ever-changing system of institutions of family and population policy encouraged and made the emergence of a *new fertility pattern* possible. In line with European trends,

[4] For a detailed discussion about the social, political and economic transition, see the volume of Admaski, et al., 2002, and the paper of Spéder, et al. 2002 about Hungary in the same volume.

childbirth has shifted to a higher age, and the number of extramarital births continues to grow. There are signs indicating that, not only the postponement of childbirth, but also a substantial *differentiation* of fertility behaviour is taking place; i.e., that *new patterns of childbearing* are emerging. This still incomplete pattern change led to the decrease in the level of fertility of 40% in the 1990s, and the level has remained unchanged at around 1.3 since 1997.

The starting point of our analysis is *the accurate documentation and analysis of fertility trends* (*Section 2*). It is essentially based on the analysis of vital statistics data and the fertility database that Kamarás has compiled from the data (KSH 1996, KSH 2006a). Survey data are only used as a complement to this analysis. The analysis of birth control (*Section 3*) also partly rests on the available vital statistic data, but is largely based on the results of special cohort analysis of induced abortions (KSH 2007). Unfortunately, survey data on the practice of contraception are only available from an earlier period, and for a population with limited representativeness.

We have also devoted ample space to the presentation of partnership trends, about which the data of the *Hungarian Generation and Gender Survey* (HGGS), the so-called *"Turning points of the Life Course"*[5] provide indispensable information (*Section 4*). Hungary, on the verge of the Hajnal line (Hajnal, 1965), was characterised by the general practice of early marriage until the 1980s. This behaviour pattern started to change in the 1980s, and it has been fundamentally transformed over the past 15 years. The values of total first marriage rate (TFMR), around 0.8–0.9 during the 1970s–1980s, was almost halved in the 1990s, and has remained stuck at around 0.45 in recent years. With the aid of HGGS data, we are able to track the spread of cohabitations, which have become dominant in the establishment of first unions. Importantly, cohabitating unions are less stable than marriages; consequently, they certainly reduce the childbearing propensity of couples living in partnership.

In the concluding section of our chapter, we attempt to periodise fertility tendencies of the last 50 years (*Section 8*). In general, we agree with those who claim that the change of political regime marks a sharp break in fertility trends in former socialist countries (Sobotka, et al. 2003). At the same time, the analysis of data on fertility and nuptiality, taking social structural conditions into consideration, as well as the identification of value changes and the overview of political measures, motivated us to segment the fertility conditions of the last half century into four separate phases. We suppose that, during state socialism, the long *period of active population policy*, the seeds of alternative family formations had already appeared, and then disembogued into an *incubation period*. The development of the characteristic fertility behaviour under the new, stabilised socio-economic regime (which is often manifested by a shift towards later timing of childbearing, commonly labelled as 'postponement') was preceded by a

[5] For more information about the concept of the survey see, Spéder 2001.

period of institutional vacuum/anomie,[6] when routine and non-conformist behaviours coexisted. Numerous characteristics of the new childbearing practice manifest themselves in the fourth transformation phase; however, we think that fertility pattern change has not yet reached its end.

2. Fertility

2.1 Fertility trends

The Hungarian fertility of past decades is characterised by a strongly fluctuating, but basically decreasing trend. The secular decreasing trend could be attributed to the longstanding fertility transition and, arguably, to the two fundamental political regime changes during the second half of the twentieth century: to the 'introduction' of communism after the Second World War, and to the political transformation to the market economy at the end of the century. The considerable fluctuations in fertility, apparent in the repeating pattern of peaks followed by troughs, are largely the result of social policy endeavours aimed at affecting and changing the basically decreasing trend by applying "external" means, sometimes in the form of restrictions (prohibition of abortion), and sometimes using incentive measures.

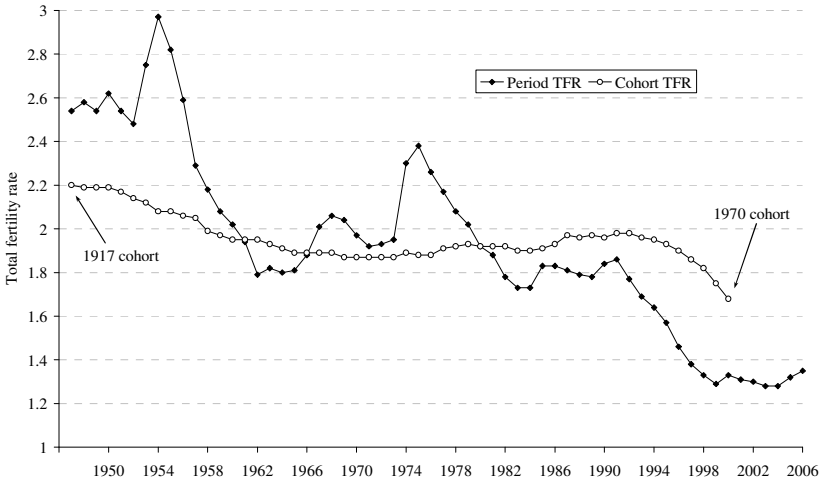
Hungary was the first European country in which the period total fertility fell below the replacement level following the Second World War, and, except for a four-year period, fertility has remained below replacement level for the last 50 years. The baby boom of the mid-1950s was mainly the outcome of the strict prohibition on abortion that lasted for a few years; however, after this period, the level of fertility decreased by 40% between 1954 and 1962, and the total period fertility rate (PTFR) of below 1.8 at the beginning of 1960s was, alongside Estonia, the lowest in the world. Policy measures, which resulted in a sudden but temporary increase in fertility rates, contributed to the comparatively large size of the baby boom birth cohorts of the mid-1970s.[7] The PTFR of around 1.8 of the 1980s, however, fell behind governmental expectations and goals, but it was above average in a European comparison. From the beginning of the 1990s onwards, there was a significant and permanent drop from this level. Principally, the phenomenon of 35 years ago was repeated: namely, the level of PTFR decreased by 40% within eight years. The PTFR sank below the 'lowest-low'

[6] We agree that rising anomie was important for fertility decisions, as emphasised by Philipov (e.g., Philipov et al. 2006), however, we suppose that this role was only valid for one particular period of the transition from communism to the market economy. Since post-communist countries have not gone through the same routes of transition, the role and content of anomie, and its duration may differ in them.

[7] Details of the population policy measures introduced in 1973 are discussed in Section 7.

level of 1.3. In the new millennium, a slow but hesitant move was perceptible from this historical nadir that resulted in a PTFR of 1.35 in 2006 (Figure 1.)

Figure 1: Period (1947–2006) and cohort (1918–1970) total fertility rates



Source: Vital statistics data, Demographic Yearbooks HCSO. Completed cohort TFR: Census 1970 for birth cohorts 1917–1921; Fertility database for birth cohort 1921–1970.

Note: The time lag between the period TFR and cohort TFR is 30 years. Cohort TFR for birth cohorts 1960 through 1970 until the age reached in 2006.

There is no sign of strong fluctuations in the cohort total fertility rate (CTFR), but the fundamental trend of fertility decrease is interrupted by a slight upward trend among the generation born around 1960. Female generations born during the First World War completed their fertility at around 2.2 children per woman; however, cohorts born between 1940 and 1944 completed it at a lower level. The difference is 15%, which can be considered significant, but which does not even approximate the fluctuations of period fertility. It is noteworthy that the CTFR stabilised among generations born after the Second World War, and that a small increase was perceived among cohorts born at the beginning of the 1960s. The profound change in fertility pattern manifests itself first among generations born at the end of the 1960s. There seems to be significant fall in cumulated fertility of younger cohorts across their childbearing ages which may not be overcome in the near future, and thus a further decline in their completed TFR can be envisioned.

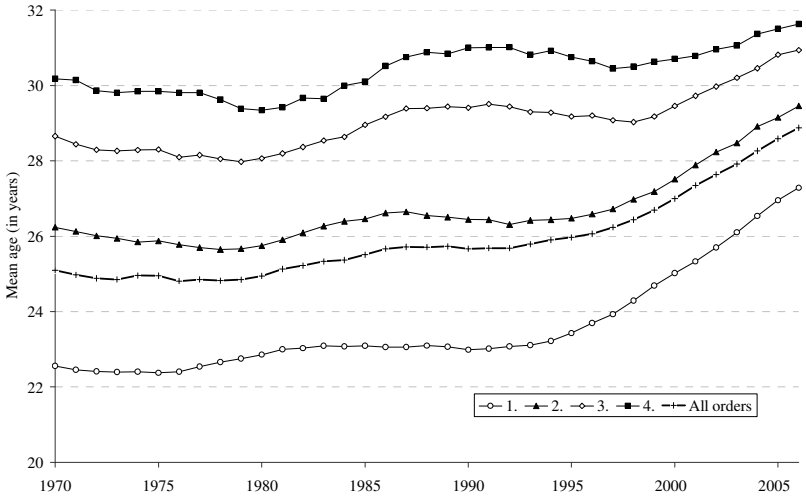
2.2 The mean age of mothers at birth

For a long period, Hungarian fertility was characterised by entry into motherhood at a young age. During the previous century, the decrease in fertility was accompanied by mothers becoming younger; after the number of higher-order births started to fall, the ratio of families with four, five, or more children declined radically. The mean age of mothers at birth was under 25 years in the 1970s: their first child was born when they were 22–23 years old, and on average, they gave birth to their second child before turning 26. The dual earner family with two children became the general model, which meant that women and couples basically realised their planned family size by the end of their twenties. The fertility of teenagers was high, and the most frequent age of mothers at birth was between 20 and 24 years. The fertility of women under 25 years of age amounted to 60% of the total period fertility rate, while the fertility of women under age 30 numbered 85% of PTFR.

The signs of change were already apparent in the 1980s, but became explicit from the mid-1990s onwards. The new phenomenon of delayed motherhood set in and gradually rose in prominence. This trend, in turn, negatively affected period fertility rates for the first time. Whereas during the 20 years between 1975 and 1995, the mean age of mothers at birth increased by only slightly more than one year, it rose by nearly three years during the following decade. The lower the birth order of the child, the higher the increase in the mean age; in other words, the birth of the first and second child at a later age plays the most significant role in the increase in the mean age of mothers. In 2006, the mean age of mothers at the birth of their first child was 27.3 years; at the birth of the second child, the mean age was 29.5 years. Compared to the mid-1990s, these ages represent increases of four and three years, respectively (Figure 2.)

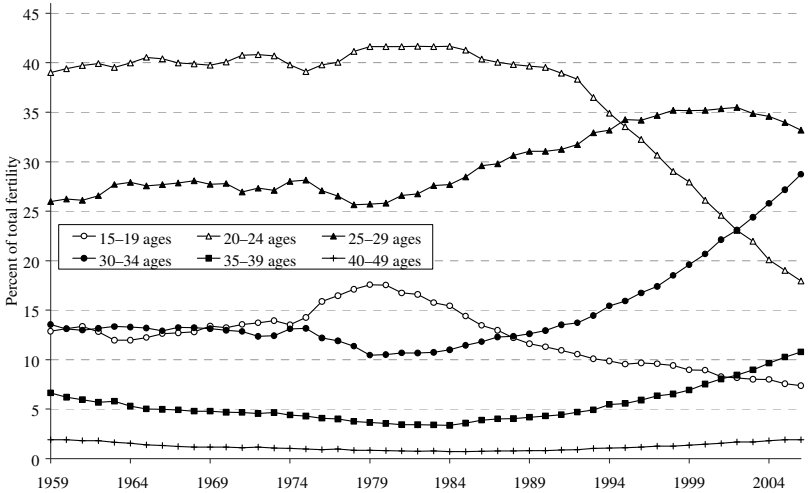
With the rise in the mean age at childbirth, the role that particular age groups played in the annual births and their contribution to the total period fertility rate changed significantly. Since the second half of the 1970s, the fertility of teenagers has fallen by almost 75%; meanwhile over the past 15 years, the fertility of those between 20 and 24 years of age, formerly the most fertile age group, has decreased by more than 66%. These changes were accompanied by the fact that childbearing of women under 25 lost its determining importance in period fertility. Until the beginning of the 1990s, the fertility of women under 25 contributed to more than half of PTFR; however, this age group only contributed one-quarter of PTFR in 2006. (Figure 3) In other words, the remarkable decline in fertility in the 1990s was almost exclusively due to the significantly decreasing childbearing rates of younger age groups. It is not yet clear to what extent this trend is due to planned strategy – namely, to the postponement of childbearing, or to the decision not to have children.

Figure 2: Mean age of mothers by birth order 1970–2006



Source: Vital statistics data, Demographic Yearbooks HCSO.

Figure 3: Fraction of period total fertility rate contributed by age groups of women, 1959–2006

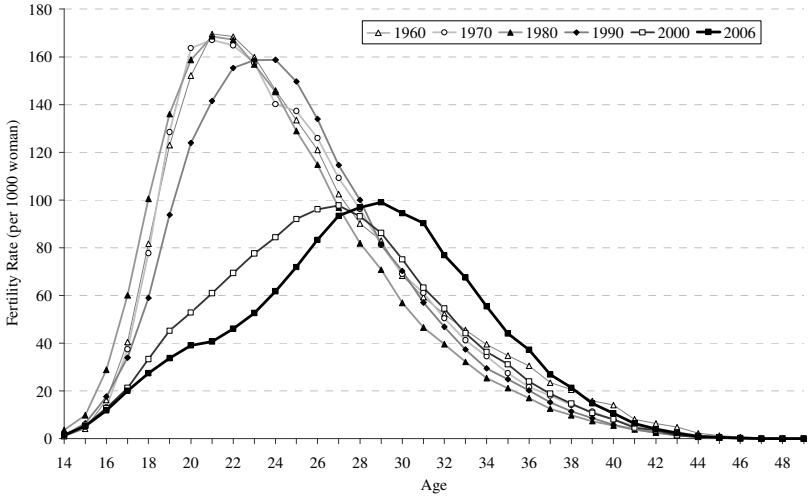


Source: Authors' computation based on vital statistics data, Demographic Yearbooks HCSO.

2.3 Age-specific fertility

Despite the strong oscillations of period fertility, there was no fundamental change in the age-specific profile of fertility until the 1990s: at times when fertility suddenly increased or dropped, this shift was manifested across all childbearing ages. The first signs of change may be perceived in the age-specific distribution of 1990; later, the profile of the curve radically changes, increasingly resembling normal distribution. Parallel to the rapid decrease in fertility, the modal age shifts to an increasingly later age: in 2000, childbirth was most frequent at the age of 27; while in 2006, most mothers were 29 years old. The fertility curve for 2006 already showed signs of the 'recuperation' of births that, presumably, had been delayed at younger ages. The rise in fertility in 2006 is chiefly due to the more frequent childbirth of women over 30, whereas the fertility of women under 25 further decreases (Figure 4). The future level of fertility will be determined by the extent to which the more frequent births by women over 30 compensate for the 'missing births' among young generations.

Figure 4: Age-specific fertility rates, selected years

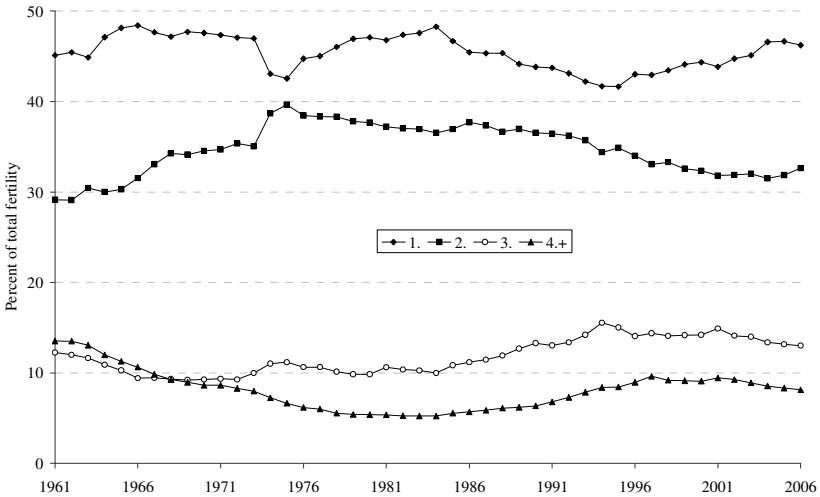


Source: Vital statistics data, Demographic Yearbooks HCSO.

2.4 Fertility by parity

By breaking down period total fertility rate (PTFR) by birth order, we get an idea of what role different birth orders played in the decade-long fluctuation of fertility (Figure 5). The increase of fertility that commenced in the second part of the 1960s and reached its peak in the mid-1970s was primarily due to the more frequent births of second children, whose share increased from 30% to 40% between 1965 and 1975. In addition, advancement of second births due to policy measures in 1973 could contribute to the increasing share of second births. The drop of the 1990s is primarily attributable to the decreasing rate of second children, while the slow increase of fertility in recent years is largely due to the increasing rate of first children. It seems that the socio-economic change of the last fifteen years had less influence on third or higher-order children. Their share rose from 15% to 24% between 1980 and 1994; it soon decreased again, but their present share is still slightly higher than it was at the beginning of the 1990s.

Figure 5: Fraction of period total fertility rate contributed by birth orders

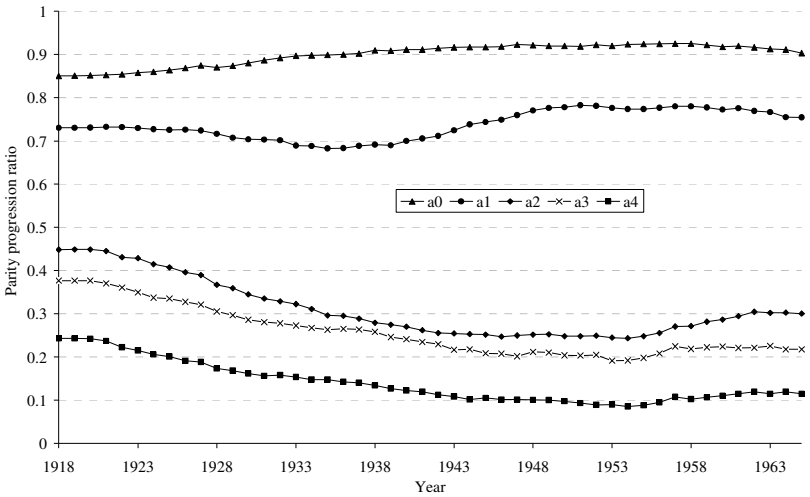


Source: Authors' computation based on vital statistics data, Demographic Yearbooks HCSO.

The picture is more nuanced when we look at parity progression ratios (PPRs) by birth cohorts. We are able to examine PPRs and completed fertility for the cohorts born between 1918 and 1965. The probability of the birth of a first child for childless women, **a0,** shows a slow but constant increase, and surpasses 0.9 for each cohort born after 1936. The first signs of decrease may be perceived among cohorts born after 1960.

The probability of a second child's birth, **a1**, starts to rise dynamically among generations born after the Second World War, and its value reaches a maximum of close to 0.8 among cohorts born after 1950. These generations gave birth to their children mostly during the 1970s and 1980s, the period when the two-child family model became the norm. The probability of the birth of higher-order children had rapidly decreased among women born in the 1920s–1940s. Then, after a period of stagnation, a slow but steady rise in higher-order birth rates was seen among cohorts born in the second half of the 1950s and the first half of the 1960s. Thus, the previous decreasing trend of completed cohort fertility came to a halt and rose slightly among these generations because **a0** and **a1** were relatively high and stable, and because the third- and fourth-birth progression rates were rising (Figure 6).

Figure 6: Parity progression ratios among women cohorts born in 1918–1965

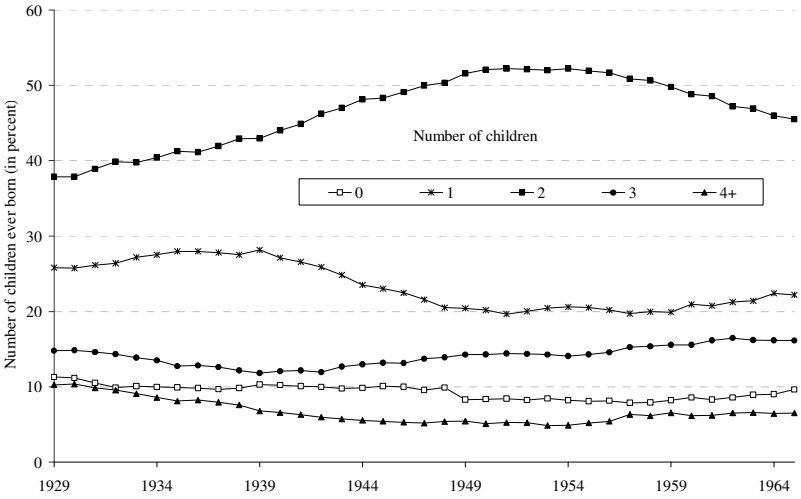


Source: Authors' computation based on census and fertility data. PPRs: Census 1970 (for birth cohorts 1918–1921); Fertility database (for birth cohort 1921–1965).KSH 2006a.

Over time, the two-child family type became more and more dominant, alongside the decreasing proportion of childless women, women with one child, and women with four or more children. More than half of the female generations born in the 1950s gave birth to two children when completing their fertility, and the proportion of childless women decreased to 7%–8%, a low point that had never before been reached(Figure 7). The composition by number of children starts to polarise among cohorts born in the 1960s, while the direction and dynamics of change becomes more and more overt in the

case of generations born in the 1970s. Essentially, the change indicates that the two-child family loses part of its previous hegemony, the proportion of childless and one-child families increased significantly, and at the same time, the share of families with three or more children stabilises.

Figure 7: Percentage distribution of women by final number of children, women born in 1929–1965



Source: Authors' computation based on fertility database. KSH, 1996, KSH, 2006.

2.5 Romany population

Future trends of fertility may become increasingly affected by the demographic behaviour of the Romany population, because their share in the population of Hungary is growing dynamically.[8] According to the estimates, in 2003, at the time of the second representative Roma survey, 569,000 Romany lived in Hungary. Their age composition is considerably younger than that of the total Hungarian population (see Hablicsek, 2007). While 16.1% of the Hungarian population was under 15 years of age in 2003, the

[8] It is necessary to mention that identification of the Roma ethnicity is not an easy task. No full consensus has yet been reached concerning the question of "who can be regarded as Roma." The population size resulting from self-identification and of identification by the "local community" are far apart. Censuses use self-definition for identification, and arrive at the half of the population estimated by experts based on surveys and school district data (Hablicsek, 2007, Szelényi, Ladányi, 2006).

corresponding estimated figure was 34.1% in the Roma population. Besides censuses, Hablicsek used the above-mentioned Roma surveys and the HGGS for the projection of the Romany population and the description of their fertility behaviour. According to his estimates, total fertility rate was 3.12 in the Roma population between 1990 and 2000, and the available data indicated a declining tendency (it dropped from 3.29 to 3.00 during the 1990s). However, Hablicsek draws our attention to the fact that Romany fertility shows considerable regional variation. An analysis conducted by Durst tends to confirm these results: she describes in detail the situation of a "ghettoising" Roma community, in which the mean age at first childbirth has declined and childbearing propensity has increased due to the intensification of school segregation (Durst, 2006). Supposedly, the fertility of the Roma population is strongly connected to the circumstances of integration: integration into the non-Romany community involves the convergence of fertility practices, while segregation brings divergence.

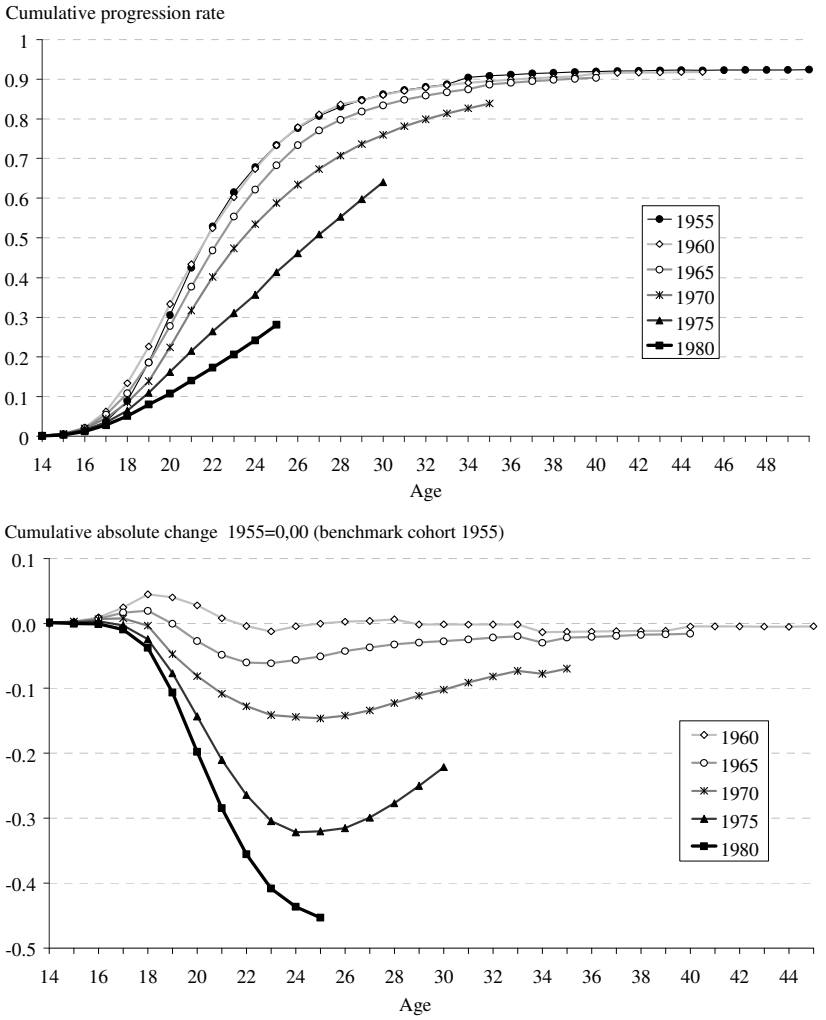
2.6 Postponement or pattern change?

The fertility behaviours and practices of today's young and middle-aged generations basically differ from those of their parents. The different childbearing strategies of the generations of parents and children become overt when comparing cohort age-specific fertility rates by parity. Their cumulated values indicate what proportion of women of different cohorts gave birth to their first, second, or third children up to a given age (Figures 8 and 9).

The most obvious trend is that there is no essential difference in the childbearing strategies of the generations born between 1955 and 1965. Women of these cohorts gave birth to first and second children at high rates and at young ages: by the age of 30, 80% of them had given birth to their first child, and 60% of them had had their second child. There is no significant difference in the average number of children they had at age 40. Women born in 1970 and thereafter began to give birth to their first and second children at later ages, and were making up for lost time when they reached their late twenties and thirties. The extent of this 'recuperation' largely depends on fertility trends in the upcoming years.

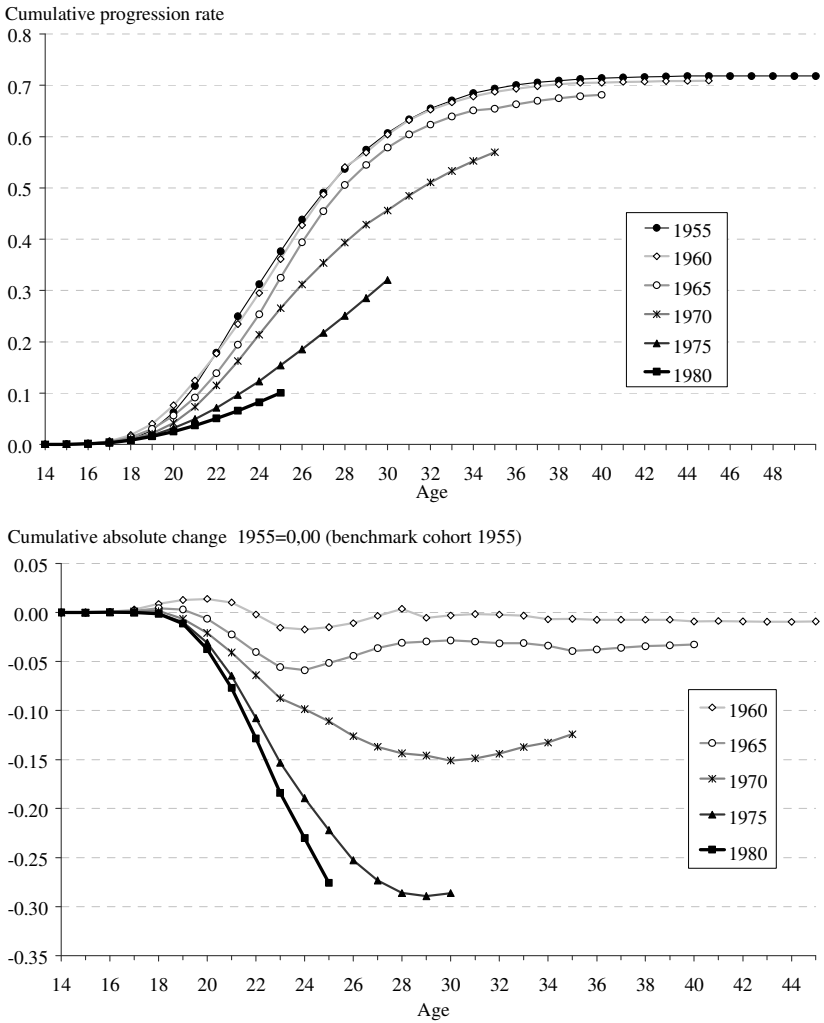
A significant transformation in the age pattern of childbearing may be observed among the populous generations born in the mid-1970s, and among younger cohorts who are already of childbearing age. Lags among these cohorts in the rates of first and second births until the age of 25 or 30 are so considerable that there appears to be no realistic chance that they will completely 'catch up'. Women born in 1975, compared to the five-year older cohort of 1970, reduced their lag until they reached 30, but there is

Figure 8: Cumulative first births per woman and cumulative absolute change by age, selected birth cohort (benchmark cohort 1955) (Proportion of women having a first birth, cumulative absolute change)



Source: Authors' computation based on fertility database. KSH, 1996, KSH, 2006a.

Figure 9: Cumulative second births per woman and cumulative absolute change by age, selected birth cohort (benchmark cohort 1955) (Proportion of women having a second birth, cumulative absolute change)



Source: Authors' computation based on fertility database. KSH, 1996, KSH, 2006.

still a very significant difference in the rates of first and second births, not to mention a sizeable decrease compared to the "benchmark" generation born in 1955. The younger the generation, the more it lags behind the reference cohort in the number of children at younger ages. This may be seen as birth postponement, and a full recuperation of postponed births is not yet out of the question, but the extent of the lag is so great that it hints at an intentional or unintentional decline in completed cohort fertility.

3. Birth control

At the beginning of the 20th century, a Hungarian woman had an average of about 7.0 pregnancies during the course of her lifetime, whereas, in 2006, the period total pregnancy rate (PTPR) was only 2.24. Of this figure, live births amounted to 1.35, induced abortion to 0.65, and 0.24 was attributable to other foetal loss. The practice of induced abortion and contraception played an ever-changing role in fuelling the decrease in the number of pregnancies and the termination of unwanted pregnancies.

3.1 Induced abortion

In Hungary, the 50-year-old history of the authorisation of induced abortion is characterised by diverse regulatory practices, from strict prohibition to total liberalisation. A strict ban on abortion took effect in 1953 and the participating physicians and midwives were sent to prison. This abortion ban aimed at halting the decrease in births that began in the early 1950s. However, from 1956, a totally liberalised practice was introduced, which was based on the Soviet example and permitted abortion practically without limitations, upon demand. As one element of the population-related measures of 1973, the authorisation process was re-introduced: a committee made the decision, taking into consideration the age, family status, number of children, social and financial circumstances, and health of the woman. The Foetus Protection Act of 1992 introduced a legal provision to the authorisation process, which had previously been regulated by a ministerial decree. According to this law, which is still in effect, permission is granted only if the health of the mother or the foetus is in danger, if the pregnancy is the result of criminal act, or if the woman is in a severe crisis situation. This regulation did not, however, modify access to abortion in practice. At present, a severe crisis situation is named as the reason for an abortion in 96%–98% of cases.

From the second half of the 1950s, the number of induced abortions rose rapidly, and between 1959 and 1973 it exceeded the total number of births. Period total induced

abortion rate (PTIAR) reached its maximum with 2.78 at the end of the 1960s. The subsequent decrease was partly attributable to the introduction and a rapid spread of modern birth control pills that appeared in Hungary at the end of the 1960s. The 40% drop in 1974 is mostly due to population-related measures coming into effect, which, besides reintroducing the authorization of induced abortions, included several measures to encourage childbirth, further expanded the availability of modern birth control pills, and made the conditions of access easier. The value of PTIAR reached a low of 1.03 at the beginning of the 1980s, and then started to increase again. The introduction of the Foetus Protection Act brought an almost 15% decrease in 1993, and a further 40% drop took place over the next 10 years. As a result, PTIAR per one woman was 0.64 in 2006 (Figure 10).

The induced abortion practice of particular cohorts can be tracked until the end of their fertile life periods for generations born between 1925 and 1964, and, in the case of younger cohorts, until the age reached on January 1, 2007. The results indicate that the highest number of abortions was carried out during the lives of generations born between 1935 and 1944. During the period of strict abortion prohibition in 1953–1955, these generations were too young to be influenced by the ban; however, they were at the zenith of their childbearing age during the time of free abortion choice. Due to the lack of modern contraceptive methods, induced abortion became the chief means of birth control. Consequently, these cohorts had more abortions than live births. A clear decreasing trend may only be perceived among generations born after the Second World War. The value of the cohort total induced abortion rate (CTIAR) decreased continuously, albeit unevenly, among cohorts born after the second half of the 1940s. All in all, the value of CTIAR dropped to nearly one-third, from 2.14 to 0.74, among cohorts born between 1935 and 1965.

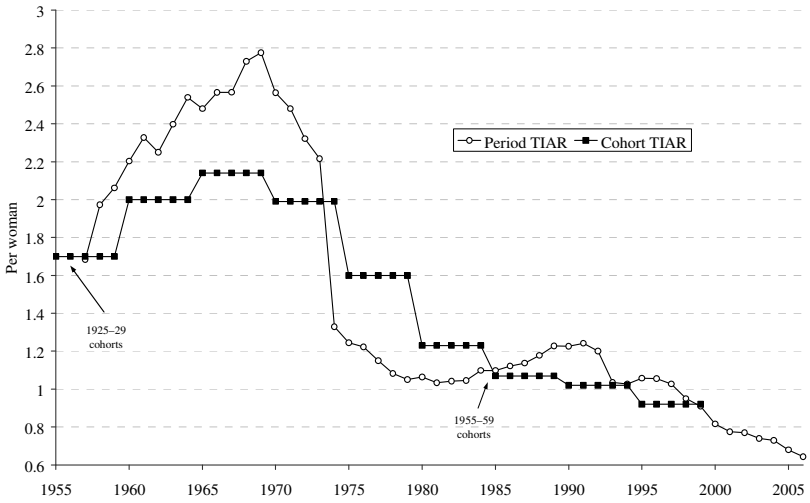
The decrease of cohort abortion rates is primarily due to the drop in the rate of repeated induced abortions. The ratio of women having two or more abortions decreased from 50% to 21% among cohorts born between 1935 and 1965.

The trends of parity progression ratios for induced abortion demonstrate that the value of **a0** rose above 0.8 for the cohorts born during the Second World War, and then gradually decreased. The values of induced abortions at higher parity were highest among the cohorts born in the 1930s, and then markedly decreased. However, the downward trend slowed and then halted among cohorts born in the 1960s. This means that the ratio of women with repeated abortions was still high among these generations (Figure 11).

The age-specific curve of induced abortions shows no significant change between 1975 and 1990. Abortion is most frequent among women in their twenties, but it is also high and demonstrates an increasing trend among teenagers. A decline began in the mid-1990s, and it became more and more definite in the subsequent 10 years. The age-

specific curve of 2006 shows a significant decrease in all age groups, compared to the rates of 1990 or 2000. The most noteworthy decline occurred among teenagers, who are most exposed to the harmful influences of induced abortions (Figure 12).

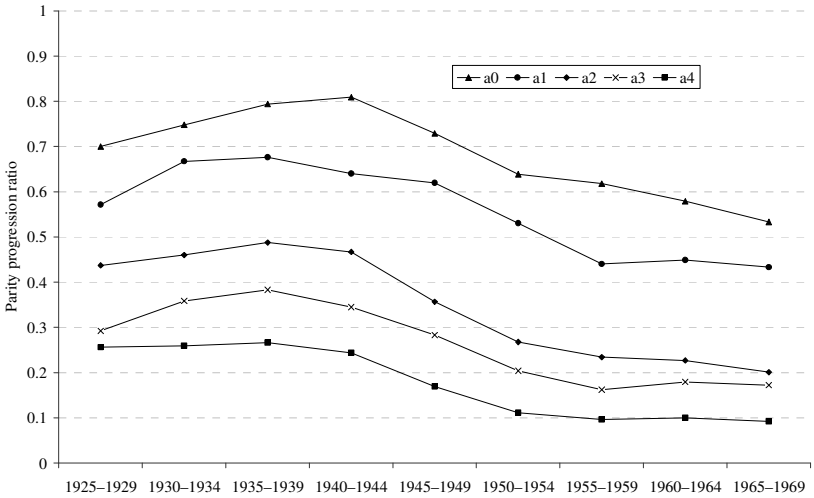
Figure 10: Period (1957–2006) and cohort (1925–1969) total induced abortion rates (5 years birth cohorts)



Source: Authors' computation based on vital statistics data, Demographic Yearbooks HCSO. Cohort TIAR: Induced abortions HCSO 2000, for birth cohorts 1925–1954, and induced abortions HCSO 2007, for birth cohort 1955–1969

Note: The time lag between the period TIAR and cohort TIAR is 30 years. Cohort TIAR for birth cohorts 1960 through 1969 until the age reached in 2006.

Figure 11: Parity progression ratios to induced abortions among women cohorts born in 1925–1969



Source: Authors' computation based on Induced abortions HCSO 2000, for birth cohorts 1925–1954, and Induced abortions HCSO 2007, for birth cohort 1955–1969.

Figure 12: Age-specific induced abortion rates, selected years

Source: Authors' computation based on vital statistics data, Induced abortions HCSO 2007.

3.2 Contraception

Using various types of representative surveys, the birth control practices of Hungarian women may be traced from the end of the 1950s. In this period, effective contraception was not accessible; therefore the 1950s and 1960s are characterised by the dominance of traditional means of birth control, especially coitus interruptus. A significant change took place in the second part of the 1960s, when the first oral contraceptive pills were introduced. Their use spread rapidly, and the selection also expanded from the 1970s. Starting in the first half of 1980s, six types of oral contraceptives were accessible. The use of intrauterine devices accelerated from the mid-1970s onwards, and since the 1980s, it is the most frequently utilised contraceptive method besides the pill (Table 1).

Table 1: Women living in partnership by main method of contraception (1958–1993)

Main method of contraception	Cross sectional surveys				
	1958[a/]	1966[a/]	1977[a/]	1986[a/]	1993[b/]
Withdrawal	52.0	63.0	23.0	11.0	8.0
Periodic abstinence	7.0	4.0	4.0	3.0	3.0
Condom	21.0	17.0	5.0	5.0	11.0
IUD	–	0.0	13.0	26.0	24.0
Pill	–	0.0	49.0	54.0	52.0
Other methods	20.0	16.0	6.0	1.0	2.0
Total	100.0	100.0	100.0	100.0	100.0
Of 100 women					
Users	59.0	67.0	72.0	73.0	73.0
Non users	41.0	33.0	28.0	27.0	27.0

Source: Fertility differentials, family planning practice and birth control behaviours 1966–1986 HCSO 1989, FFS Survey Standard Country Report Hungary UN 1999.

[a/] Married women aged 15–39 years.

[b/] Women living in partnership aged 18–41 years.

The method of contraception is differentiated by age. Women prefer oral pills until the end of their thirties; the pill constitutes the most frequently used contraceptive method in all age groups. As women grow older, the rate of intrauterine devices (IUD) increases and the proportion of women using the pill decreases. The condom is not among the popular contraceptive methods in Hungary. While the condom is the second most frequently used method among women under age 25, its usage rate is barely one-fifth of that of the pill. Similarly, the ratio of women who use traditional methods is

also low. The majority of young women who use no contraception methods are pregnant or want to have a child; however, the ratio of infecund women increases at higher reproductive ages. Contraceptive sterilisation is relatively rare in Hungary, and it has been permitted only above a certain age and number of children. Under a new law introduced in 2007, women over age 18 would have the constitutional right to use contraceptive sterilisation.

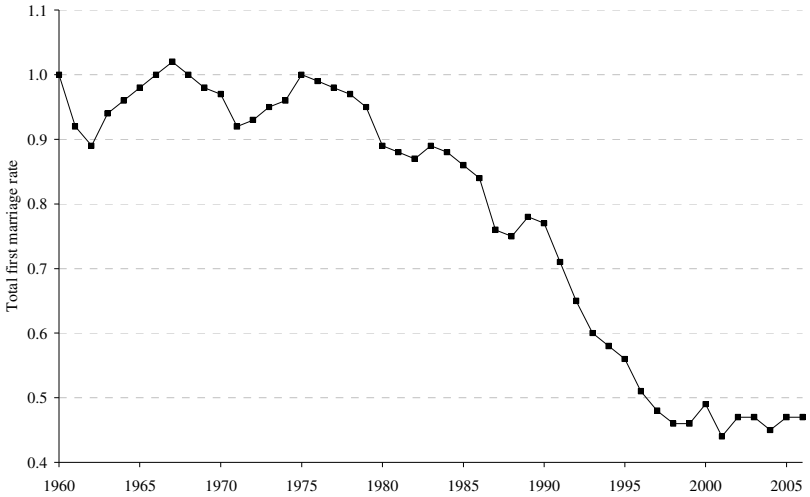
4. Fundamental changes in partnership relations

In recent decades, fundamental changes have taken place in partnership relations: cohabitation has become widespread, the popularity of marriage has decreased, and timing of partnerships and marriage over the life course, as well as the dissolubility of partnerships, have changed. Almost no aspect of partnerships has remained intact. (see Carlson–Klinger, 1987; Csernák, 1992; Bukodi 2004, Spéder, 2005). Most of these changes may be strongly connected to the social-economic transformation that started in 1989–1990. At the same time, it is apparent that several processes, albeit with moderate dynamics, were present prior to political changes (see Hoem et al., 2007 Spéder, 2006). Furthermore, the spread of divorce – which Lesthaeghe regarded as one of the key indicators of the new demographic transition (Lesthaeghe, 1996) – took off in the 1960s, and it has continued until now. Without a more profound analysis of causes and consequences, we may assert that changes in partnership are strongly associated with fertility relations (see also below).

4.1 Development of marriages

Total first marriage rate (TFMR) is the classic indicator of partnership behaviour, which demonstrates changes in the popularity of marriage over time (Figure 13). TFMR showed some fluctuation between 1960 and 1980; however, this fluctuation remained within the range of 0.9 and 1, indicating that the vast majority of people would get married at some time. Following this period, the indicator started to decrease, and this trend accelerated following the political transition. While TFMR decreased by 0.15 between 1980 and 1990, it dropped by more than 0.25 between 1990 and 2000. Since the early 2000s, the indicator has stagnated somewhat below 0.5. The constant increase in the mean age at first marriage indicates a tempo distortion, and consequently the proportion of people ever getting married will probably be considerably higher. However other processes, listed below, will probably prevent the return to a high TFMR level.

Figure 13: Total female first marriage rate, 1960–2006

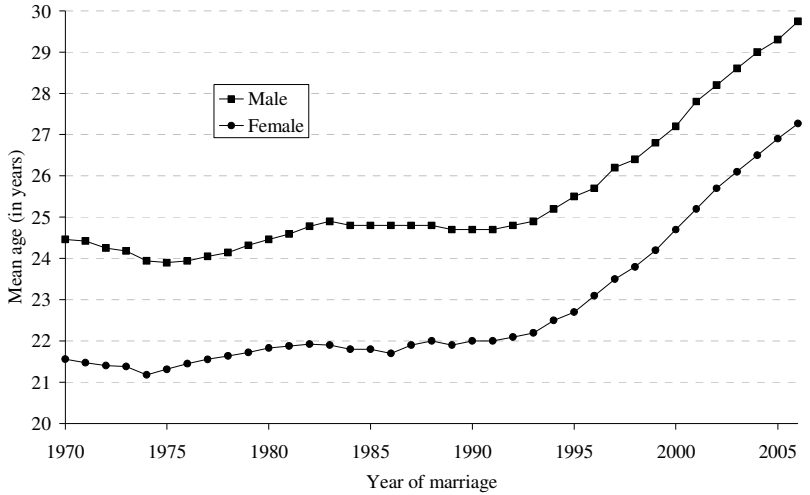


Source: Vital statistics data, Demographic Yearbooks HCSO.

The mean age at first marriage showed a high degree of stability before the change in the political system. Women married for the first time at the age of 21–22, while men married at age 24–25. This age started to increase at the beginning of regime change (1990) and has kept rising until today; it rose by five years among both women and men over 15 years (Figure 14). In the process of postponement, which is demonstrated by age-specific first marriage rates (Figure 15), the shift of the first marriage to a later age plays a significant role in fuelling both the decline in the commonly used period TFMR due to 'tempo distortions' and leading to an overall lower marriage intensity. It can be seen that first marriages were generally contracted around the age of 22 under socialism, and at the age of 27–28 in recent years. Our figure unambiguously demonstrates the drop in marriages.

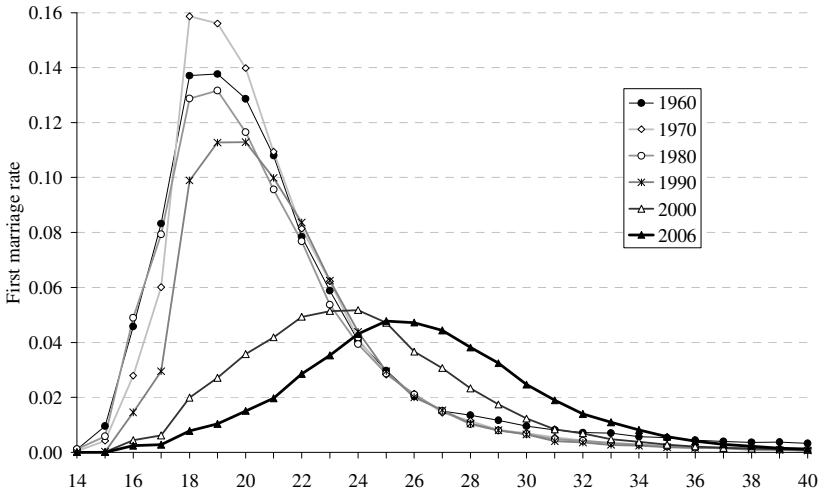
The metamorphosis of marriage, as we will describe it in detail in the subsequent chapters, is primarily due to the expansion of cohabitation, which may be depicted in detail by utilising survey data.

Figure 14: Mean age at first marriage (MAFM), 1970–2006



Source: Vital statistics data, Demographic Yearbooks HCSO.

Figure 15 Age-specific first marriage rates for women, 1960–2006



Source: Vital statistics data, Demographic Yearbooks HCSO.
Note: Rates refer to all women in a given age, irrespective of their marital status ('incidence rates') .

4.2 The spread of cohabitation

The expansion of cohabitation played the crucial role in the pluralisation of partnership relations. Heuveline and Timberlake's (2004) comparative study illustrated that cohabitation takes diverse forms. From these, we highlight "cohabitation as first partnership," and cohabitation after the dissolution of marriage or divorce as being most prevalent. In Hungary, historically, the latter partnership form appeared first, and the new type of partnership that precedes or/and substitutes marriage became significant later.

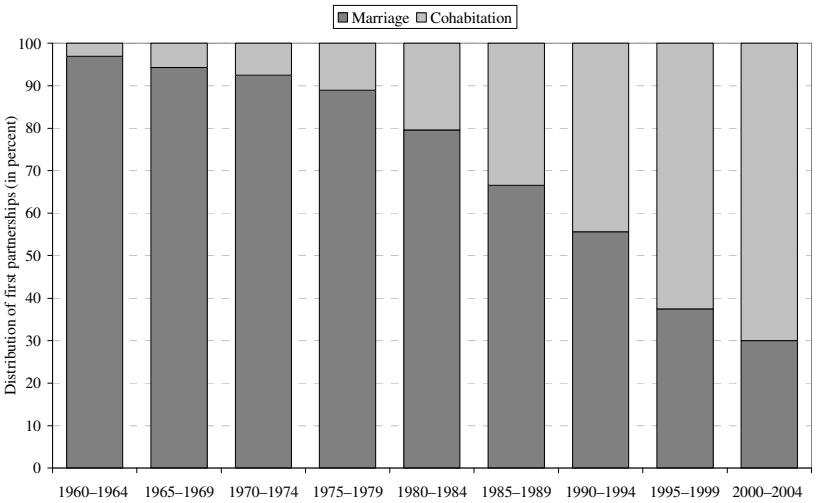
4.2.1 The spread of cohabitation

Carlson and Klinger (1987) demonstrated that there are numerous Hungarian peculiarities concerning non-marital cohabitation. The authors examined the spread of cohabitation, and compared Hungarian and international data at three points in time (in 1970, 1980, and 1984). They concluded that widows and divorced women were twice as likely to live in cohabitation as unmarried women. In other words, this life style was usually associated with a *later section* of the life course in Hungary, in contrast with Western Europe. The mean source of the spread of cohabitation in Hungary was *new partnerships after divorce:* in 1970, about one-tenth of divorced (and widowed) women aged 15–49, and only one out of 50 unmarried women, lived in cohabitation (Csernák, 1992: 36). The ratio of divorced and widowed women who live in cohabitation has continuously increased until today (in 2005, 29.6% of divorced women and 19.3% of widows aged 15–49 lived in cohabitation). However, in the recent past, unmarried women—or, more precisely, single women in their first cohabitation—have started playing the most important role in the spread of cohabitation.

4.2.2 First partnership: marriage or cohabitation

The distribution of *first partnerships* between marriage and cohabitation clearly demonstrates the dynamics of the spread of the "new type" of cohabitation (Figure 16). It is obvious that cohabitation as the first partnership had already shifted from marginal to important *before* the change of political regime. At the beginning of the 1980s, one-fifth of first unions, and, at the end of the 1980s, one-third of first unions, were cohabitations. At the same time, it is also clear that the spread of cohabitations as first partnerships accelerated after the change of political regime. It has almost become a norm that young people begin their first partnership in cohabitation.

Figure 16: Type of first partnership by the year of partnership formation



Source: Own calculations, "Turning points of the life-course" 1st and 2nd wave, *Demographic Research Institute,* 2001–2005.

Significant proportions of those who established their first partnership as cohabitation later transform the arrangement into marriage. The intensity of this process, however, declines slightly with time. While 54% of cohabitations as first partnership ended up in marriage within five years at the beginning of the 1980s, the comparative figure was 47% at the end of the 1990s. Although cohabitations that precede marriage continue to make up a significant proportion of unmarried relationships, a gradual shift towards cohabitations that are not transformed into marriage may be observed.

If we examine the development of first partnerships by *cohorts of women*, we can also see that the ratio of those not partnered until a given age (e.g., age 25) increased among women born at the turn of the 1970s, and continued to rise among younger cohorts (Spéder 2006). Based on these findings, we may conclude that *postponement is also characteristic for the timing of the first partnership.*

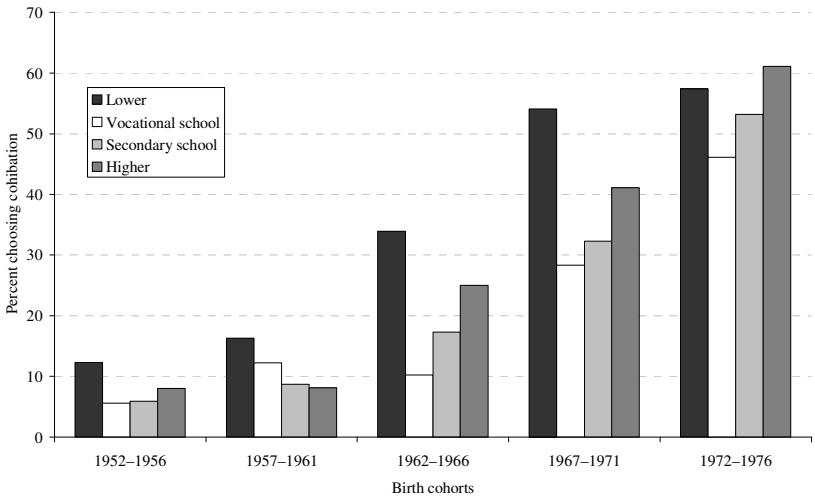
4.2.3 Some characteristics of the spread of cohabitations

Different assumptions exist regarding which social groups played the crucial role in the spread of cohabitations (Bukodi 2004; Bumpass – Lu 2000; Cherlin 1992; Hoem 1986; Kiernan 2000, Villeneuve-Gokalp 1991). Based on these studies, two distinct concepts

were established regarding the spread and structural embeddedness of cohabitations. One of them asserts that cohabitation, in a way that is similar to the diffusion pattern of fashion trends, expands downwards from the top of the social hierarchy to groups at the lower end of the social scale ('graduates as trendsetters'). An alternative assumption, which is primarily based on the results of research carried out in the US (Bumpass–Lu 2000; Cherlin 1992), posits that cohabitation as first union is mostly preferred among blue-collar workers, rather than among groups with higher education ('working class phenomenon').

The results of testing the above-mentioned alternative assumption in Hungary revealed that the second hypothesis is more characteristic of the Hungarian situation[9]. It is sufficiently demonstrated if we examine the share of cohabitations as first partnership within different cohorts by education level (see Figure 17). Starting from the oldest cohort, the rate of starting the partnership life course with cohabitation is highest (exceeding 50%), and becomes dominant, among those with the lowest schooling. The only exception is the youngest cohort, born between 1972 and 1976, among whom there are hardly any differences regarding education level.

Figure 17: The ratio of woman choosing cohabitation as first union until age 25 in relation to those entering any kind of union by birth cohorts and level of education (%)



Source: Own calculations, *HGGS 'Turning Points of the Life-Course'* 1st and 2nd wave, HCSO DRI, 2001–2005.

[9] For a detailed analysis of the issue, see Spéder, 2005.

At the same time, the spread of cohabitation has recently been most dynamic among those with higher education. While the ratio of cohabitations to all first unions among highly educated women was only 8% among those born between 1957 and 1961, this figure was 25%, 41.1%, and 61.1% among the subsequent five-year cohorts, respectively. Thus, the diffusion of cohabitation as a life style and as a pattern started in the lower social group, and then accelerated on both poles of the social hierarchy. Those in the middle adjusted themselves to the trend with delay.

Bukodi's detailed investigations of the choice between cohabitation and marriage as a first union identified two crucial factors (Bukodi, 2004: 157ff.). The socialization hypothesis – i.e., people whose parents are divorced are more inclined to choose cohabitation as a first union– confirm our findings. Her second conclusion, that cohabitation is preferred by people with insecure labor market status (occasional jobs, fixed term contracts) or by those who study and work at the same time, does not fully support our findings.

4.3 Childbirth propensity in marriage and cohabitation

Currently we have no comprehensive understanding of the connection between new partnership practices and fertility; i.e., of whether the fertility of those living in lasting cohabitation, of those starting with cohabitation and then getting married, and of people who marry directly, differs or converges. We can, however, reflect upon one aspect of this issue: the degree to which childbearing among those choosing marriage or cohabitation as first union differs in the first five years, and whether or not this practice has changed. We analyse whether the first child was born during this period.

Nine out of 10 of those *marrying* directly give birth to their first child within five years (Table 2). This ratio was stable for many years; however, it started to decrease in the 1990s: the corresponding figure is only 80% among partnerships that started as marriage at the beginning of the 1990s, and only 77.8% among partnerships that started as marriage at the end of 1990s. Apparently, the practice of childbearing has also been altered also in the traditional partnership form.

Comparing the first birth rates of those starting with cohabitation to those who directly marry, we may conclude that those who started with cohabitation are about 20% less likely to have children than those choosing marriage as first union in all partnership cohorts. The decrease in first birth rates is also significant among those starting in cohabitation: it fell from around 70% to 60%; and then, according to the data, the ratio of those having child within five years dipped to below 50%. Clearly, those who establish their first partnerships in the 1990s, regardless of the form of

partnership, are less likely to have children within a fixed period of five years than in the previous decades.

It is obvious that the development of fertility is strongly related to the development of partnerships. We know that the establishment of partnerships and childbearing behaviour are mutually depend on each other, but some further distinctions could be made. It appears to be the case that particular partnership types carry different levels of fertility potential: people cohabiting as a first union are less likely to enter parenthood within a certain time period than those choosing marriage as a first union. Therefore, the fact that today more people start their partnerships with cohabitation has a large effect on fertility trends among the total population. However, declines in childbearing propensity within particular partnership types contribute independently to this development, as well.

Table 2: Share of births within five years from the establishment of the first partnership, by period and type of first union

Period of first partnership formation	Type of first union	
	Marriage	Cohabitation
1970–1974	89.5	(78.9)
1975–1979	91.5	(81.8)
1980–1984	90.1	60.5
1985–1989	89.5	68.8
1990–1994	83.9	64.5
1995–1999	77.3	47.5

Source: Own calculations, *HGGS 'Turning Points of the Life-Course'* 1st and 2nd wave, HCSO DRI, 2001–2005.
Note: ( ): Number of cases between 50 and 100.

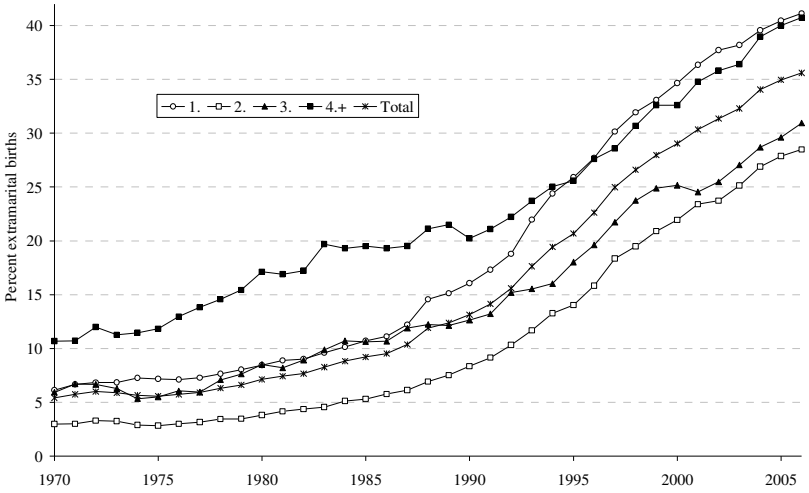
4.4 Extramarital births

Childbirth out of wedlock had not played a significant role in Hungarian fertility for a long period of time. Hungary, on the verge of Hajnal's line (Hajnal, 1965), was generally characterised by early childbirth and even earlier marriage. Until the 1980s, the share of extramarital births never exceeded 10%, and it was around 5% in the 1960s and the 1970s. In case of unexpected or "early" pregnancies, couples tended to marry rather than having a non-marital child. In the mid-1970s, 22%–25% of brides were already pregnant when uttering the great "I do." The percentage of extramarital births exceeded 10% for the first time at the end of the 1980s, reached 20% in the mid-1990s, passed the 30% mark at the turn of the millennium, and has continued to climb

thereafter (Figure 18). The increase was accelerated after the change of political regime. In 2006, non-marital fertility constituted 37% of the PTFR.

There are, however, clear differences in the ratio of extramarital births by birth order: the ratio is, for example, highest among first and fourth and higher order births. Whereas before the political transformation the ratio of non-marital fourth and higher order births was at least two times higher than among any other birth order, in recent years, the difference between first and fourth and higher order births has diminished.

Figure 18: Proportion of extramarital births by birth order 1970–2006

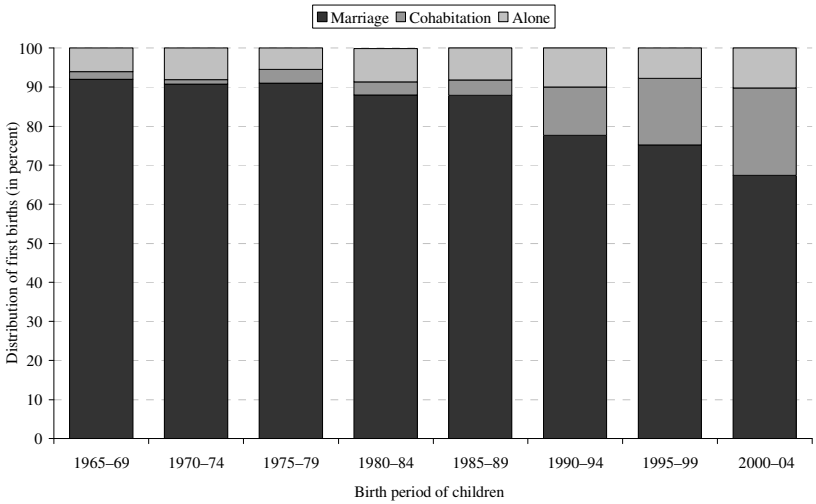


Source: Vital statistics data, Demographic Yearbooks HCSO.

Obviously, the rise in the share of childbearing among cohabitating couples explains the increase in extramarital births. According to the results of the Demographic Research Institute (DRI)'s representative survey on extramarital children in 1996 (see S. Molnár, Pongrácz, 1998), three-fifths of extramarital children were born in cohabitation, while two-fifths of these births were to single mothers. More than half (59.6) of those lone mothers said that they were in "close relationship without cohabitation" with the father (S. Molnár, Pongrácz, 1998). This survey highlights how difficult it is to define exactly whether the birth took place in cohabitation or not, since the boundaries of cohabitation are "fluid."

The HGGS survey makes it possible to depict the partnership context at the birth of the child and examine its temporal development[10]. Three partnership contexts can be differentiated: marriage, cohabitation, and living alone without partnership. On the basis of this survey, we can conclude that the increase in extramarital births is basically due to the fast diffusion of childbirth in cohabitation. While, according to our data, 2%–3% of first births took place in cohabitation at the turn of the 1970s and the 1980s, and the share single mothers was twice as high (see Figure 19); the corresponding ratio rose to 17.5% at the end of the 1990s, and reached 21.4% at the beginning of the new millennium. At the same time, the ratio of lone parents increased, as well, rising from around 2%–3% prior to the change of regime, to around 10% later. As mentioned previously, fewer higher order children are born in cohabitation: before the change of regime, 95% of second order children were born in marriage, and half of parents of the remaining 5% lived in cohabitation or alone. The situation changed at the millennium: the majority of the 15% extramarital second order children were born in cohabitation.

Figure 19: Distribution of first births by partnership status of the mother, 1965–2004



Source: Own calculations, *HGGS 'Turning Points of the Life-Course'* 1st and 2nd wave, HCSO DRI, 2001–2005.

[10] GGS slightly underestimates the number of extramarital births.

According to our analysis, non-marital childbearing is linked to specific social-demographic features and situations: we shall emphasise the very young and late ages at childbirth, and being at parity 0. Also, people with lower levels of education, those belonging to the Romany minority, and the non-religious tend to prefer extramarital births (Spéder, 2004). It should be noted that, while people with higher levels of education play a crucial role in the spread of cohabitation, the frequency of childbearing in cohabitation is significantly lower among them than for the total population. Thus, the spread of extramarital births does not follow the diffusion of a "fashion," as it does not expand top-down; rather, it diffuses by "leaking up from below."

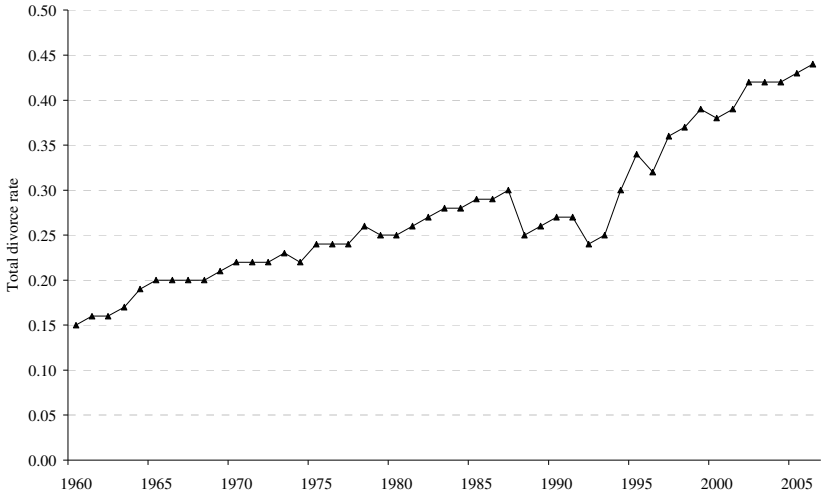
4.5 Divorce, stability of partnerships

At the time of the universality of marriage, the analysis of partnership dissolution was limited to divorce. As cohabitation widely proliferates, separations among cohabiting partners also have to be examined. The aggregate consequence of partnership dissolution for fertility is not clear-cut. Divorce and separation obviously mean a break in the previous fertility career and may therefore be accompanied by lower completed fertility. However, many divorced and separated individuals seek to seal their new partnership with a common childbirth, and this may eventually contribute to rising completed fertility among women (see Billari, 2005).

4.5.1 Development of divorce

The total divorce rate provides a comprehensive view of the chances that marriages will remain stable and not break up too early (see Figure 20). The phenomenon of divorce has been known in Hungarian society throughout the 20th century, but divorce was only "peripheral" until the 1960s (Lőcsei, 1971; Csernák, 1996). According to Lőcsei, its spread and expansion is related to forced industrialisation and the comprehensive political programme restructuring all dimensions of social life (Lőcsei, 1971). The increase beginning in the 1960s has been almost undiminished until today. The rise in the number of divorces only stopped temporarily at the end of the 1980s, when the family law was modified, making the divorce procedure more cumbersome and time-consuming. Thereafter, the total divorce rate returned to the previous increasing trend line. If the current (2006) propensity to divorce continues, 45% of marriages will eventually break up.

Figure 20: Total divorce rate, 1960–2006



Source: Vital statistics data, Demographic Yearbooks HCSO.

4.5.2 Dynamics of the dissolution of first partnerships

Using survey data broken down by cohorts, we may examine the *stability of first partnerships*, including the *stability of first cohabitations.* It also makes the analysis of tendencies and comparisons possible if we examine the first union within five years (60 months) after its onset, and determine whether or not it terminated during this period. This indicator could be calculated in each partnership cohort for partnerships starting both as marriages and as cohabitations (see Table 3). According to HGGS data, the *likelihood of partnership dissolution unambiguously increased* during the last two decades of the twentieth century. While less than one-tenth of first unions formed in the 1970s broke up within five years, the corresponding ratio exceeded 10% for unions formed in the 1980s, and it reached 21.5% for those started at the end of the 1990s.

If we compare the fragility of partnerships by type of first partnership, we can see that cohabitations are much more likely to break up than marriages as first unions. Moreover, we can also perceive that, with cohabitation as first union becoming dominant, this fragility does not decrease, but rises. While a little more than one-fifth of first cohabitations established in the 1970s–1980s terminated within five years, 30.3% of first cohabitations that started between 1995 and 1999 broke up within 60 months. However, the rate of break-up of marriage as a first union within five years did not change during the same period.

Numerous analyses detect strong relationships between partnership status and childbirth propensity. Without analysing the relationship of causes and consequences, it may be assumed that the increasing instability of partnerships played a role in the decrease in fertility after the change of political regime.

Table 3: Partnership status 60 months after the establishment of first partnership

	Date of establishment of first partnership						
Partnership state	**1965–1969**	**1970–1974**	**1975–1979**	**1980–1984**	**1985–1989**	**1990–1994**	**1995–1999**
60 months after the first partnership							
Continuous partnership	92.3	91.3	90.9	87.5	87.0	82.8	78.5
Dissolved partnership	7.7	8.7	9.1	12.5	13.0	17.2	21.5
60 months after marriage as first union							
Lives in marriage	93.7	92.7	92.7	90.2	91.4	88.2	91.8
Divorced	6.3	7.3	7.3	9.8	8.6	11.8	8.2
60 months after cohabitation as first union							
Lives in the same partnership	–	(75.0)*	78.9	77.0	78.3	75.9	69.7
Dissolved cohabitation	–	(25.0)	21.1	23.0	21.7	24.1	30.3

Source: Own calculations, *HGGS 'Turning Points of the Life-Course'* 1st and 2nd wave, HCSO DRI, 2001–2005.
Note: *N=96.

5. Social, structural and institutional environment for childbearing

We may take institutional, social, and economic structural frameworks into account as given circumstances for different types of social action, including childbearing decisions. Usually, social and environmental conditions tend to change step-by-step, making the gradual adaptation by members of that society possible. It is especially important to record these circumstances when they change from one day to the next, in an almost revolutionary manner. This period, the transition from socialism to capitalism, was termed *change of regime* by social scientists not by chance, and it is accompanied by the radical transformation of politics, social integration, and the functioning of economy (see Adamski, et al., 2002, Spéder, et al., 2002). However, both the periods before and after 1990 were characterised by rapid change. Under communism, prior to 1990, central power was able to transform the system of institutions almost from one day to the next, and it did so to a large extent in Hungary after 1956 and 1968. Moreover, since 1990, globalisation and European integration has been continuously reshaping the social environment of everyday life.

It is not unusual to assign an outstanding role to socio-economic conditions in the development of fertility. For example, Macura and his colleagues elaborated the *"crisis hypothesis"* as an explanation for fertility decline (Macura et al., 2000), and they attributed central importance to lower economic performance, growing inequalities, the spread of unemployment, and the resulting general loss of security.

In order to understand fertility decision making within a structural context, we must examine systematically the factors that structure the entry into adulthood and family formation. Among these factors are the following: a) the system of education; b) the working of the labour market; c) access to housing, i.e., the housing market, state home construction, and financing; d) the development of income level and changes in income inequalities; and e) child-related welfare programs. As relatively little relevant research has been conducted on the relationships between the previously mentioned aspects and childbearing, we have to limit the discussion of the above factors to three areas. In the following, we will discuss the possible effects of the system of education and labour market. The relevant welfare programs will be described and evaluated at *Section 7.*

5.1 Education

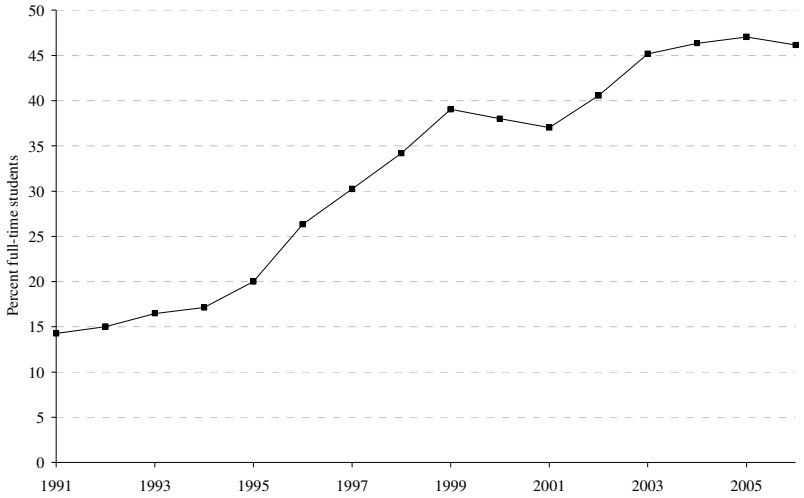
It is well known that childbearing and being a full-time student involve practically irreconcilable role expectations (Blossfeld, Huinik, 1991); thus, childbearing decisions are usually made after studies have been completed. Otherwise, one practically has to reckon with the interruption of the student career[11]. The limited capacities of the educational system frequently affect the life course of young adults, as capacity limits may imply an interruption in their progression to acquiring education and entering the labour market. Since *higher education plays the key role* in infertility postponement, we summarise the main changes to this system here.

During the socialist era, before 1990, state-specified higher education capacities determined the percentage of secondary school graduates who went on to higher education, and the number of potential university or college students within one cohort. This rate was about 10% of all cohorts during socialism. At the beginning of the period under investigation, men preferred to study longer and at a higher level than women. But, with the spread of female employment, the education participation of both genders gradually became balanced, until finally female participation exceeded that of men in the 1980s. The drop in male participation was basically due to the deterioration of the relative income position of graduates in the 1980s (Andorka, 1997).

[11] We do not deal with the problem of lifelong learning here.

After the change of political regime, due to capacity extension and increased demand for higher education, participation in higher education rose to unprecedented levels within a short time period. According to HCSO data, close to one-half of 20-year-olds are full-time students (see Figure 21).

Figure 21: Ratio of full time students at age 20, 1991–2006



Source: Educational statistics, HCSO.

It is also noteworthy that *full-time education* involves the 20–24-year-old generation, who used to be the most active in childbearing during communism. *Evening and distance learning courses*, still in expansion, mostly concerns people above age 25 (34.5% of all evening and distance learning students were 25–29 years old and 20.9% were 30–34 years old in 2005). There is no scientific evidence about the extent of conflict between childbearing and participation in evening or distance learning courses.

5.2 Labour market[12]

Before analysing the possible effects of the labor market on fertility, we briefly outline an interpretation framework that, in our opinion, may help us to understand better the relationship between fertility and labour market and their changes in former communist countries.

5.2.1 Interpretation framework: the effects of political transition from the perspective of market dis-equilibrium theory

The labour market works as an allocation mechanism in both capitalism and state socialism; however, its state differs under these two systems, according to the market theory of disequilibrium (Kornai, 1972; 1980). Its functioning was qualitatively different in the redistributive socialist mixed economy, which is based on state property, and in the market economy, which is based on private property. The theory assumes that all types of markets lack equilibrium in demand and supply. According to the analyses of Kornai, the labour market of the market economy is characterised by "over-supply" and "under-demand" for labour, whereas the labour market of the socialist economy suffers from "over-demand" and "under-supply." The power of employers is stronger in the private property-based labour market of "over-supply," which allows them to choose among potential employees. By contrast, the employee is in a more advantageous position in the state property-based labour market of "over-demand" ("employers seek the favour of employees"). For this reason, employers dictate in the former case, setting the conditions of employment and choosing among potential employees according to their wishes and needs. In the latter case, it is easy for employees to obtain or squeeze out concessions (Kornai, 1980: Chapter 7).

The political regime change in the 1990s therefore led to a *qualitative and a quantitative* change in the labour market at the same time. It was already an almost impossible task for employees to defend and keep their positions under the circumstances of narrowing job supply (quantitative character). At the same time, the power relations that controlled working conditions were also reorganised, with the direct consequence that many employees became exposed at their workplaces (qualitative character). They were less able to partake in the determination of their working hours, the utilisation of their working time became much more intensive, and

[12] The role of the labour market –both from a theoretical perspective and based on empirical evidence– was analysed elsewhere in detail (see Spéder 2002). Argumentation in this section is based on the mentioned study. In this short overview we do not refer extensively to the relevant literature.

their employers became less willing to take their individual (family) interests into consideration (see Zsille, 1993 [1980]: 225ff).

The transformation of the labour market that we have outlined above may also have far-reaching consequences on childbearing behaviour, especially on the reconciliation of work and family. With their formerly advantaged situation turned into defencelessness, the ability of employees to advocate for their interests beyond raising income, including balancing their family and parental roles with their responsibilities as employees, was reduced. That is to say, it was presumably *much more difficult to reconcile family and work* given the labour market conditions of the 1990s than in the state property-based redistributive shortage economy of the 1980s. More precisely: in reconciling the claims of family and work, the considerations of the former were much less likely to prevail. Therefore, employees who were able to enforce their individual interests within certain limits in shortage economy found themselves defenceless, and their bargaining position much weaker, in a market economy[13]. One of the manifestations of this change is that, while company crèches and kindergartens were built during the period of state-socialism in order to create advantageous working conditions for female employees, companies strove to dispose of these responsibilities and institutions after the change of political regime.

5.2.2 Development of female employment

Extensive industrialisation began with the establishment of the state socialist regime (at the end of the 1940s), resulting in huge labour force demand and rapidly increasing female participation in the labour market. In 1949, 34.6% of 15-54-year-old women were employed; 10 years later, in 1960, 49.9% of this group were full-time employees. In 1970, 63.7% of women aged 15-54 had gainful employment. By the 1980s, female employment became practically universal (about 80%), approaching the employment rate of men (Fóti, Lakatos 1998).

The transformation of the economic system following the change of political regime was conveyed to the people via the labour market. The tightening of the labour market started in 1992 and lasted until 1996-1997, with the number of employees decreasing by approximately one million during this period. Later, employment levels began to rise, and have changed only minimally since 2000. The unemployment rate among women fluctuated at around 10% between 1992 and 1996 (with the highest value of 12.1% in 1993), and then decreased. It was 6.4% in 2000 and 7.2% in 2005 (KSH, 2007c:23p.).

[13] Their position is even weaker than that of their Western colleagues, since the trade union movement is generally more widespread there.

Although many expected the opposite, data show that women did not belong to the losers in the transition from state socialism to capitalism (Frey 2001, Spéder at al. 2002). The displacement of women from the labour market was not greater than that of men. In particular, female employment was high in the service sector, which did not suffer losses nearly as serious as those that occurred in industry or agriculture. Moreover, it was advantageous that the level of education among women was comparable to men's schooling. Finally, the earning power of women relative to men, also increased after the change of political regime (Galasi 2001).

5.2.3 Childbearing in a changing (labour) market environment

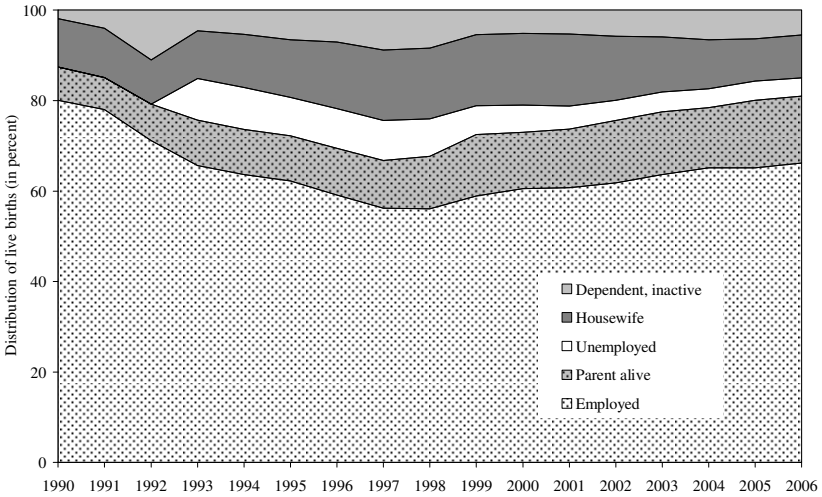
First, we examine the relationship between labour market and childbearing through the distribution of new parents' activity status, and then we introduce standardised data for the period between 1993 and 2000.

The distribution of the economic status of new mothers in 1990 provides a good illustration of the period of state-socialism. During the period of almost full female employment, four-fifths of women who gave birth to a child were employed, 7.5% were on parental leave, and one-tenth were homemakers or dependents (see Figure 22). These figures illustrate that *childbearing and childrearing were reconcilable with work.* Since 1990, two periods can be distinguished regarding the new mothers' activity status. In the first phase, lasting to 1997–98, the ratio of employees among mothers decreased, and, parallel to this development, the proportion of unemployed women and homemakers increased (Figure 22). The percentage of mothers on parental leave hardly changed during the same period, remaining at around 10%. The share of new mothers who were employed or on childcare leave clearly increased during the subsequent period, and the proportion of unemployed mothers decreased. From 2001, the ratio of homemakers also declined.

We can ascertain more precisely the extent of the *differences in childbearing propensity by activity status* if we project the activity status of mothers immediately prior to childbearing to all women of fertile age in the same status. For this purpose, the data of *vital statistics* and the *Labour Force Survey* had to be projected onto each other[14]. This allows us to calculate birth rates per 1,000 women by three activity statuses: employed, on parental leave, other dependent, and inactive (e.g., homemaker).

[14] We had to make various assumptions for our calculations. First, we had to harmonise the category systems of vital statistics and labour force survey data; second, we standardised them with data from the labour force survey from the year before; third, we calculated standardised data only for a registered population. Detailed description of the calculations can be found at Spéder et al. 2002.

Figure 22: Live births by the activity of the mother, 1990–2006



Source: Own calculations, Vital statistics HCSO.

Our first finding concerns the *level of childbearing*. Childbearing propensity is unambiguously higher among the employed than among those who do not have a job (Figure 23). The low childbearing propensity of people on parental leave can be attributed to their parenthood status – they can only have second- or higher-order children. Micro-level studies prove that, controlling for other factors (like parity, age, and partnership), the childbearing propensity of people on parental leave is above the average (Spéder, Kapitány, 2007b).

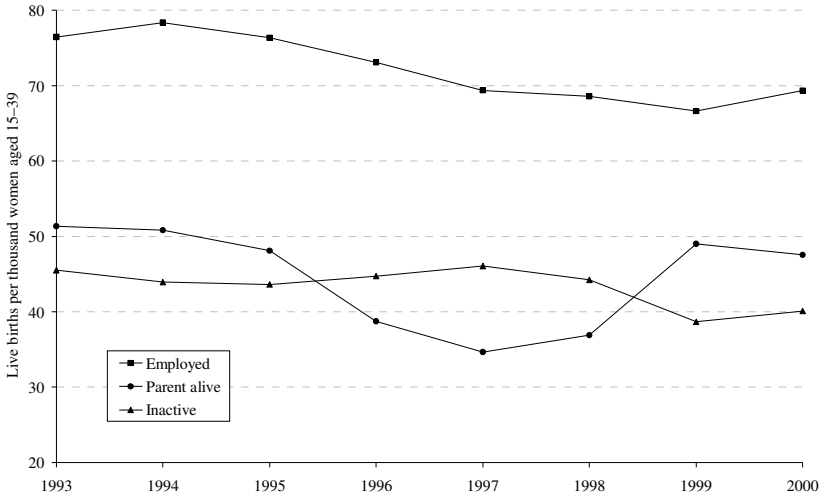
Regarding fertility *trends by activity*, people with different statuses followed diverse routes during the analysed period. Childbearing propensity of the *employed* decreased slowly but steadily until 1999. Live births per 1,000 employed women were 76.4 in 1993 and 69.3 in 1999. Subsequently, no further decline can be experienced. Thus, the share of employed women within all live births did decline during the period under survey, not only because of the narrowing labour market, but also because of the decrease in the childbearing propensity of employees.

Childbearing propensity of women on *parental leave* —ratio of live births per thousand women on parental leave– was practically undiminished until 1995. The value of 35–38 children per thousand women for the period between 1995 and 1997 differed from those reached in both the preceding and the subsequent periods (Figure 23). A robust increase took place in 1999. *These trend shifts can be accurately linked to family*

policy measures. The 'Bokros Package'[15] clearly held back childbearing propensity, which, after the change of government in 1998, "returned" to the level before 1995 among women on parental leave. This result is in agreement with our micro-level analyses (see Aassve et al. 2006). That is to say, *those who remain on parental leave and receive childcare allowance are very susceptible to the changes of family policy.*

The group of people with children in *other status* is quite heterogeneous – *unemployed or dependent people, inactive earners and homemakers are among them* – so we should be careful with our conclusions. If we take into consideration that the number of students increased strongly at the end of the 1990s, we can assume an increasing childbearing propensity of non-employed and not-in-study (homemaker, unemployed, dependent) adults.

Figure 23 Live births per 1000 women aged 15–39 by economic status, 1993–2000



Source: own calculation based on vital statistics and Labour Force Survey, HCSO.

[15] The *'Bokros Package'*, introduced in 1995, and named about the minister of finance Lajos Bokros, greatly reduced the state budget and profoundly reshaped the child related welfare programs; see detailed description in Section 7.

5.2.4 Women's opinion on the reconcilability of family and work

The problem of reconciling family roles and work expectations is not recent. It emerged with the fast expansion of female employment, and, as we will see it in the discussion of family policy, it encouraged social policy-makers to establish institutions to help women balance work and family. The first available empirical data about the existence of this conflict is from the beginning of the 1970s. According to an opinion poll of 1973, the majority of women (63.2%) agreed with the statement that "if an employed woman has children under 10, she should stay at home by all means." However, a not negligible minority of women (36.8%) said that "whenever it is possible, an employed woman should continue with her paid job, even if she has small children" (Pongrácz, S. Molnár, 1976). Staying at home was justified by traditional gender roles perceptions, while the continuation of gainful employment was justified by the necessity of the contribution of women's earnings to the household budget.

The constant problem of reconciling family and work, and the conflicts of female roles during state-socialism, are highlighted by data that ask women (with small children) what they would do *"if the husband were able to support the family."* On the one hand, a minority of women would stay at home exclusively; on the other hand, the majority of women who prefer employment would like a part-time job (see Table 4). The preference of *part-time employment* unambiguously reflects the problem of the compatibility of family and work. According to a large-scale labour data collection in 1999, almost a half of all 15-49-year-old women (48.8%) expressed their intention to work part-time: three-fifths of women in this age group, and 28.3% of all female respondents, agreed with the statement that a woman "would be able to take care of her family better" by working part-time (Frey, 2001: p.12).

If we contrast the ideal situation sketched above with the fact that only one-twentieth (4.7%) of employed women had a part-time job in 2007 in Hungary, then we can see a manifestation of the tensions between ideals, desires, and the reality. Therefore, the need for an increase in part-time employment, as shown by our data (Table 4), could be interpreted as an outgrowth of family-work tensions.

Family policy measures that remained in effect after the change of political regime[16] theoretically should have eased the reconciliation of family and work. Surveys among women on maternity and parental leave enable us to see the family-work conflict from a life course perspective. Although women have the right to return to work after parental leave, they discern discrepancies between formal rights and their realisation in practice. Employment expectations of mothers with small children (under three years of age) on childcare leave are surprising given their guaranteed rights (KSH, 2007b). Although a little more than half (55.3%) of the women surveyed expected the

[16] Except for the period between 1995 and 1998, when the childcare fee was suspended.

return to be trouble-free, the remainder of them, slightly less than the half, anticipated facing problems after childcare leave is over (Table 5). In 2005, one-tenth (10.4%) of the affected women said they could not return to their former workplaces because their employers had ceased operations. At best, the situation of those who told researchers that their "employer exists but does not want to employ" them – and one-quarter (26.2%) of the affected women belong to this group – is very precarious. While most of them have the right to return to work, employers may resort to numerous practices that make the actual return improbable.[17] Therefore, there is an apparent discrepancy between formally guaranteed rights and their practice that women clearly perceive.

Table 4: Replies of mothers to the following question: 'If the husband earns enough to support the family, what would you choose?' (1978, 1991, and 1998)

	1978	1991	1998˝*
Stay at home	37,0	33,0	25,8
Work part-time	35,2	51,1	50,7
Work full-time	24,0	13,6	23,5
Do not know	3,8	2,3	XX
Total	100	100	100

Source: Pongrácz (2001), p. 36.
Note: * Slightly different sample.

Table 5: The distribution of previously employed women on maternity leave by the possibility of returning to work after their leave is over, 1993–2005 (%)

	1993	1995	1999	2002	2005
The employer has dissolved	8.6	9.2	10.0	12.3	10.4
The employer exists but does not want to employ her	34.3	29.8	32.4	32.5	26.2
The employer would employ her but she does not want to return there	6.7	8.7	11.2	9.9	8.1
The employer would employ her and she wants to return	50.4	52.3	46.4	45.3	55.3
Total	100.0	100.0	100.0	100.0	100.0

Source: KSH, 2007. p. 8.

[17] Law is enforceable only for a period of three months. If the position in question is terminated and the employer is not able to re-engage the employee in the same job, she may be offered a job that is not suitable for her.

A short overview of the needs related to female employment and the opinions on the perceived conflict between family and employment demonstrate the forces impeding the spread of female employment, *and* the qualitative changes of the labour market on fertility (childbearing) *from the perspective of those concerned.* After the expansion of women's employment, the reconciliation of family and work has become indispensable, and it poses a constant challenge for mothers involved. The necessity of female employment have not decreased even after the regime change, however, *the conflict between family and employment has intensified* – according to the findings discussed in Section 5.2 – and people involved also perceive it. Therefore it is not unexpected that childbearing propensity has declined, especially among the employed.

6. Values and attitudes

The widely accepted "Second Demographic Transition" (SDT) framework emphasises the strong influences of ideational factors during the recent period of rapidly changing fertility patterns. It is very difficult to test this theory, since we are missing appropriate time series data of ideational indicators. However, at least some of our data go back to the end of the 1970s. Furthermore, the HGGS enables us to form a quite accurate picture of the role of value orientation and attitudes in childbearing decisions. Our short review deals with this question from two perspectives: first, we indicate what values influence childbearing in Hungary today by summarising our empirical analyses; second, we point out some tendencies of value change. And as a summary, we outline a possible framework of interpretation.

6.1 Ideational factors affecting childbearing in present-day Hungary (effects in micro-models)

The analysis of the two waves of HGGS panel data unambiguously refers to the fact that values play a determining role in decision-making about childbearing (Spéder, Kapitány, 2007). Since our explanatory variables exploited information gained in the first wave (2001/2002), and the dependent variable measured the events between the two waves (conception of child between 2002 and 2005), our results unambiguously measure the selection effects of ideational factors (norms, values, attitudes). The influence of ideational factors was greater at the birth of the second and third children than at the birth of the first child (entering parenthood). Furthermore, there are important differences between the attitudes influencing female and male behaviour.

Norms and ideas of the respondents are equally decisive for the first and subsequent childbirths. While the *age norm* of becoming a parent plays a crucial role in the birth (and timing) of the first child, the norm of the *ideal number of children* is of more importance in the case of further childbearing (cf. Billari, Liefbroer 2007).

The impact of the extent of individualisation and striving for autonomy was measured by partnership ideals. Those who consider individual autonomy to be important in their partnerships and do not intend to adjust their partnership to traditional community norms are less likely to give birth to children.

Among *men,* the variable of *future perspectives* proved to be of major importance. Men with an optimistic view of the future were unambiguously more likely to have child. (This result was significant when controlling for financial situation and labour market status.) Among *women*, the "future perspective" variable played no role; however, religiousness had an effect in accordance with expectations: religious women, controlling for all other factors, were more likely to have second and further children.

The above results may indicate that "inner" attitudes and norms that are closely related to childbearing are more decisive in the case of *women*, whereas, in the case of *men*, the effect of "outer" attitudes, *general perspectives* that are not related to fertility, is stronger.

6.2 Selected features of value changes in Hungary (macro-level associations)

According to the concept of the SDT, certain value changes – the dissolution of community norms, individualisation, the notion of gender equality, hedonism, and secularisation – played crucial roles in the spread of new partnership forms and fertility behaviours (Lesthaeghe, 1996). Hereafter, we summarise tendencies that may be relevant from the perspective of the transformation of demographic behaviour.

6.2.1 What do value surveys reveal?

Between 1978 and 2003, numerous general value surveys were carried out with the help of the Rokeach Test (see Füstös 2004)[18]. Significant change was measured among terminal values: in 1978, "family security" was the second most important, with the value of 5.2; two and a half decades later, in 2003, it was the most important, with the

[18] When filling out a Rokeach Test, interviewees are first asked to rank 16 "terminal" values, then 16 "instrumental" values. *"Terminal values"* are end states we hope to achieve in life (e.g., "comfortable life," "exciting life," "freedom," "family security," "self-respect," etc.). *"Instrumental values"* are means of achieving those end states (e.g., "ambitious," "capable," "helpful," "imaginative," independent," etc.). The lower the scoring of a specific item, the more important is it in the hierarchy of preferences.

value of 4.2. The importance of "material well-being" has also significantly increased. At the turn of the 1980s, it was the fifth most important terminal value, with the value of 8.2; however, in 2003, it was the fourth, with the value of 7.6. (In the mid-1990s, during the intensive period of transformation, it was among the three most important terminal values). The value of "true love" has also gained more importance. Values that do not rank highly on the preference list include "social recognition," "the joy of work,", "equality," and "the security of homeland." The weakening of the official values of socialism on the one hand, and the growing importance of financial well-being and personal values (family and love) on the other, are behind the slow transformation of values (Füstös, Szakolczay 1998) All these findings may also be interpreted as signs of growing individualisation, in line with the shift to a competitive economy; however, the growing importance of "family security" is a clear sign of the prevalence of traditional orientations.

6.2.2 Atomisation and "individualisation" during the socialist era

It is less known that distinct individualisation already took place during the socialist era. The first comprehensive comparative Hungarian value surveys produced a rather surprising result at the turn of the 1980s. When comparing the Hungarian and American value structures, Hankiss and his colleagues (1982) came the conclusion that value orientations were highly similar, and both societies were characterised by strong individualisation. However, Hungarian individualisation differed considerably from its American counterpart: Hungary lacked the embeddedness of the individual into communities and horizontal organisations. Therefore, the Hungarian processes (or the processes characteristic of communism) were denominated as "empty individualisation" (Hankiss et al, 1982). Looking back, it is not surprising that, despite the declaration of community ideology, a strongly atomised society was formed by the 1980s in socialist countries. The termination and dissolution of all the previously existing (religious, civil, youth, sport, etc.) organisations since the imposition on the totalitarian system, and, at the same time, the obstruction of all horizontal integration that differed from hierarchical organisation, were among the fundamental interests of the totalitarian system, since they would have meant conceptual and existential challenges to the system. Thus, totalitarian systems broke society down to individuals in order to organise it into a hierarchy[19]. In other words, the individualisation and atomisation of society also characterised ex-socialist countries before 1990.

[19] For a more detailed discussion of social mechanisms that created and maintained individualism during state socialism, see Spéder, 2005. p.95ff.

After the change of political regime, mechanisms that were well known from Western European development further encouraged individualisation and atomisation. The basic element of emerging market integration and democracy is competition, which facilitates and requires individual efforts, and provides grounding for continuous, subsequent individualisation (see Friedrich 1998). Owing to their historical situation, the former state-socialist societies, including Hungary, had to face the most open form of competition: globalisation. We suppose that, due to the weakness of the civil society, trade unions, and to the destruction of horizontal organization, this competition is more cutthroat in the Eastern, "semi-peripheric" part of Europe than in Western Europe, in which is at the centre of globalisation.

6.2.3 Change in the role of family

In the totalitarian system, family was an "asylum" and meant "security" for members of society (Andorka 1997, Csernák 1992, Možný 1997, Somlai 1997). Moreover, during the period of general restrictions that covered all spheres, the establishment and operation of a traditional family was the only means of individual freedom and self-realisation for an ordinary person. Accordingly, the socialist regime unintentionally strengthened the value of family and the traditional form of family life. At the same time, numerous mechanisms weakened family ties; forced modernisation, for example, led to an increase in the number of divorces.

6.2.4 Financial wealth or childbearing

Although open societal discussions that took place under communism were not independent of the central political directives, it would be hard to declare that they did not touch upon social problems. The "baby or car" debate of the early 1960s, which raised the issue of whether it is right to wait and have the first child only after acquiring a car, highlighted the conflict between consumer aspirations and childbearing. The debate assumed that the two objectives might not be realised at the same time; therefore, one would have to choose between them. In the debate, the standpoint that castigated consumerist, "capitalist" behaviour was the dominant one; however, some participants in the discussion supported the notion of individual wealth and prosperity. We cannot introduce this debate in detail, but it is important to note that consumer aspirations were regarded as obstacles to childbearing, and the concept of "baby or car" still may be found in open discussions.

While we cannot support this assertion with empirical data, we assume that the change of regime strengthened the above conflict[20]. With the opening of markets, it became easy to obtain consumer goods (cars, hi-fi sets, household appliances, etc.) that were previously very scarce and of low quality. Let us remember that the value of "material well-being" rose in the preference system during that period. The dilemma was heightened by various factors: first, the budget limits of individuals and households made the rapid realisation of consumer aspirations impossible; second, the expanding range of supply led to the increase in aspirations; and third, the resources of most households decreased due to the transformation of the economy (increasing income inequalities, unemployment) during the same period of time. Inflation, the decreasing real value of family benefits, and the fact that they became income-tested made the competition between individual consumption and childbearing-related expenses explicit in the case of many families.

6.2.5 Shifts in religiousness

Religious affiliation and religiousness play a crucial role among the values that influence fertility. Without providing a detailed analysis of the issue, we can assert that, in general, those practicing religion in accordance with the regulations of the church are more likely to have children. The forced secularisation of society was a continuous aim of the establishment and the consolidation of state socialism. State institutions consciously nationalised church institutions that had served secular purposes, and made the operation of churches impossible or highly restricted. Those practising their religion overtly could expect that their everyday lives would be heavily constrained. They would not get appropriate employment or promotion, and they would be subject to the imposition of penalties. Therefore, it was not a coincidence that society became secularised. The change of political regime meant a turning point in religious life: numerous institutions (schools, social care, hospitals) were returned to the churches, and the state supported their operation. The question remains, however, of to what extent this revival was accompanied by the "revitalisation" of religiousness. Data imply that the ratio of the religious has not increased significantly, but secularisation was not continued. Furthermore, the group of religious changed somewhat: religion also gained importance among more advantaged groups of the social hierarchy.

[20] For a more detailed discussion of this question, see Spéder, 2003.

6.3 Maturation of values or the spread of new values?

We do not have sufficient research results to take a strong position on the extent of the effects of values and/or structural circumstances (economic development, operating mechanism of the economy, institutional conditions) on Hungarian fertility development, and to estimate which may have played a more important part. However, the existing research points out that the role of value changes must not have been negligible. Moreover, we believe that different factors affected each other, helping or obstructing one another, and their roles were also modified during the transformation. Lesthagehe (1996) emphasised that economic and ideational factors shape demographic behaviour in "tandem." While we agree that this is the case, it is also clear that, during certain short periods, either of the factors may accelerate or interrupt the ongoing development.

We assume that values that facilitated or required the establishment of a new fertility practice were already "at hand" and "waited at the entrance" prior to the change of political regime: high divorce rates, the spread of cohabitation, a high degree of secularisation, a "rawer" form of individualisation, and the presence of atomisation allude to this, as do the overt (and increasing) tension between employment and childrearing, consumption, and childbearing. The inertia of everyday practice and the family support system introduced in the 1970s and 1980s slowed down this transformation and strengthened the pattern of early childbearing. The change of the political regime brought a sudden and profound change in structural conditions affecting everyday life. On the "ruins" of the broken-down system of previous institutions, certain demographic behaviours started to spread quickly (e.g., cohabitation). New possibilities offered by educational expansion and increased pressures of the labour market have been accompanied by the increasing participation in education and the postponement of childbearing. The wide range of supply on the market of goods and services (cars, furniture, travel) triggered the increasing competition between alternative life goals. It is not surprising that the realisation of consumer aspirations that had been "pent up" for decades overshadowed numerous other aims of life. At the same time, the system of religious institutions has been fortified and religiousness has spread to the top of social hierarchy.

A joint analysis of ideational changes and institutional/structural circumstances is necessary for the understanding of individual demographic practices (decisions) and the macro-level interpretation of fertility. This "tandem" does not, however, operate mechanically. In order to acquire a subtler image of their relationship and effects, we shall carry out numerous sub-analyses.

7. Population and family policies

During past decades, several governmental measures were introduced to influence the demographic situation of Hungary. The majority of these measures aimed at reversing the declining number of births by influencing fertility behaviours. Other aspects of demographic problems were less emphasised, such as the health conditions of the population and the deteriorating situation in mortality, the question of family stability, or the permanent decrease in population numbers. Numerous measures were carried out that were not explicitly aimed at population policy, though they bore some relevance to these goals (e.g., the establishment and extension of the kindergartens). A comprehensive and detailed overview of all the measures relevant to population and fertility would go beyond the framework of the present study; therefore, we have chosen to focus especially on cash supports and fundamental institutional changes, and those measures where the governmental objective was declared to be relevant to population[21]. In the first part of this section, we give an overview, organised according to type of measures and periods when most important population policy measures took place. Then we evaluate their effects.

7.1 Population policy measures

Introduced before the Second World War, the *family allowance* is the oldest, most permanent, and most recognised form of family support in Hungary[22]. Generally, parents of children aged 16 and under receive a *fixed monthly* allowance to help them cover the expenses associated with childrearing. The regulations concerning family allowance changed frequently, but these changes generally meant its expansion[23] (Jarvis, Micklewright, 1995, Tárkányi 2001). Initially only granted to those employed in the state sector, all employees became entitled to receive the allowance after 1946. During the period of 1995–1998, an income test was in force; thereafter, it became universal. The size of the sum changed continuously, and it was usually based on the number of children (with preference shown to two and three children), and whether

[21] We only touch upon crèches, kindergartens, and housing supports. We will not deal with medical institutions for children, allowances at the workplace for the care of an ill child, price supplement for goods consumed by children, school-visiting support, or social support.

[22] A family allowance was introduced in public administration in 1912. In the 1930s, different private firms and sections of chambers of commerce introduced different kind of family allowances, which were standardised nationwide in 1938 (Tárkányi, 2001).

[23] Family allowance was granted for hardly more than half of the children in 1950, and for the great majority (more than nine-tenths) of them from the 1980s onwards.

parents were single. The allowance per one child/average wage ratio was 5.2% in 1965, 10.4% in 1975, 13.6% in 1985, 13.7% in 1995, and 7.8% in 2003 (Gábos, 2005:173)[24].

As mentioned earlier, in February 1953, the Ministry of Health enacted explicitly pronatalist measures, which were, for the most part, *prohibitive, restrictive,* and sometimes drastic. The requirements for induced abortion were drastically increased, access to contraceptive devices was severely restricted, and the reporting and registration of pregnancies were made compulsory. At the same time, some supplementary measures eased the conditions of childbearing: maternity wards at hospitals were expanded, a higher proportion of births were carried out in hospitals, and the networks of crèches and kindergartens were developed (Milténvi 1992). The severe conditions placed on induced abortion were abolished in 1956.

One of the most generous parental leave schemes in Europe was established in 1967, when the *childcare allowance* (known as GYES) was introduced as a reaction to the uniquely low fertility level in Hungary in the 1960s. Mothers who were employed previously[25] could stay at home for up to two and a half years (30 months)[26] to care for their children. During the period of the parental leave, mothers receive a *fixed amount* of allowance. When the childcare allowance was launched, its monthly amount was around 40% of the average female earnings, and it amounted to approximately 26% of the monthly average net earnings of women in 2006. After the expiration of the childcare allowance, the *employer had to re-employ* the mother in her former position. It worked well during state socialism; however, this rule functions only to a limited extent under the new market economy conditions. Since 1982, *fathers have also been eligible* to make use of GYES after the first birthday of the child; however only negligible percentage of them utilize this option. GYES became means-tested during the period 1996–1998, and then universally available, without any limitations.

In 1973, a complex *population policy programme* was introduced, which contained demographic objectives designed to assure population replacement, to counteract the aging of the population, and to create a stable demographic situation. This principally meant the *increase in the real value* of the already existing allowances (family allowance, child-care allowance) and the introduction of special *housing support*. Thus, families with three or more children were given council (state-owned) flats with low rent within a relative short period, and the newly wed received loans with low interest, or free of interest. Moreover, a considerable amount of non-refundable social policy housing support was provided for "promised children." Some restrictive measures were

[24] Average allowance calculation is based on state budget expenditure.
[25] The employment criterion was continuously changing. To provide a couple of early examples: in 1967, GYES was only provided for full-time employed mothers who worked continuously for at least 12 months before giving birth. In 1969, former students were eligible for GYES after only three months of employment; in addition, lone fathers also became eligible.
[26] Since 1969, 36 months.

also introduced regarding permission for induced abortions, though it was emphasised that the restrictions were aimed at encouraging contraception. The re-regulation was quite liberal, since fewer than 1% of the requests were rejected. Parallel to the programme's implementation, the range of effective contraceptive devices was expanded, and access to contraception was simplified.

The new parental leave scheme, the wage-related *childcare fee*, or GYED, was also introduced as a reaction to the demographic processes at the beginning of the 1980s. Fertility fell below replacement level again, life expectancy declined owing to unfavourable mortality conditions, and the decrease in population, which is still in progress, had begun. The new population policy concept aimed to moderate and then stop population decline together, while achieving a more balanced population structure. In order to reach these objectives, the increase of fertility, the lowering of mortality, and the strengthening of the role of families were designated as equal tasks. Mothers with previous employment could make use of the *childcare fee* (GYED), a *wage-related support*, until the child reaches age two. During this time, mothers received 75% (in cases of shorter employment, 65%) of the previous average wage (see Tárkányi 2001). The childcare fee was suspended between 1996 and 1999, and was re-introduced in 2000, but with a ceiling equal to two times the actual monthly minimum wage. (In 2006, the minimum wage was HUF 62,500, or about EUR 250). During the first 24–36 months of the child's life, the flat-rate GYES was available for mothers. After termination of GYED (as in case of GYES), the right to return to the former job was secure.

The system of personal income tax was introduced in 1988. In order to reduce the financial burden on families with children, a *tax deduction* (tax refund) was allowed in case of taxable income.[27] The tax deduction was somewhat higher for the third and higher order children than for the first and second child. During the 1995–1999 period, the tax reduction was terminated. After the re-introduction in 1999, the tax deduction after three or more children increased markedly.

The *crèche and kindergarten system* expanded in accordance with the demand of increasing female employment. Some 7.4% of children between 0–2 years of age attended *crèches* in 1960; the corresponding figure was 9.5% in 1970, 14.8% in 1980, and 11.7% around the time of the change of political regime. Since the majority (four-fifths) of children going to crèche are two years old, 35%–50% of two-year-olds went to a crèche in the 1980s. Similar trends are seen at kindergartens. *Attendance at kindergarten* among 3–5-year-old children was understandably higher. In 1970, 57.7% of children went to kindergarten; in 1980, 79.8% attended; and in 1990, 87.1% attended. Subsequently, their ratio has grown even further: presently, more than nine out of ten children aged 3–5 go to kindergarten.

[27] There was no negative tax in case of no taxable income.

While population policy measures before 1990 were characterised by the *expansion and enrichment* of provision types, population policy was basically *zigzagging* in the 15 years following the change of political regime in 1989/1990, and it often became the key issue of political struggles (Gábos, 2005; Ignits, Kapitány, 2006). Changes affected not only the real value of different provisions; the entitlement criteria were also often modified.

The first freely elected *Antall government* (1990–1994), which was conservative, viewed demography as a strategic objective: not only did it preserve the former system of institutions, but one of its first measures was a significant raise in the amount of family allowance. In addition, the government granted the childcare allowance as a universal right. In 1992, the entitlement for a tax reduction that was based on the number of children was extended to families with one or two children. We may regard the introduction of the system of *childrearing support* in 1993 as a form of advocacy for the conservative family model, since it basically meant a kind of institutionalisation of "full-time motherhood". Parents, including adoptive or foster parents, or guardians with three or more minor children living in their household became entitled to this provision. Childrearing support is given from the time the youngest child turns three until when he/she turns eight. The monthly amount is equivalent to the lowest amount of old-age pension (in 2006, it was HUF 26,830, or approximately EUR 107).

The second (socialist) *Horn government* introduced basic financial restrictions. The so-called 'Bokros Package' of 1995 completely restructured basic family programs: lower income status became the criterion for receiving provisions; *means-testing* came into force in cases of family allowance and childcare allowance (GYES). The wage-related childcare fee (GYED) and tax deduction for children were abolished. In other words, the explicit aim of politics between 1995 and 1998 was to reduce the childbearing expenses of parents only in disadvantageous financial situations.

The third (conservative) *Orbán government* regarded demographic issues as being of a strategic importance, and it explicitly included population and family issues in its political programme. It reacted in a particularly responsive way to the considerable decrease in the number of births that started in 1992. As a first step, it redefined the eligibility criteria: provisions that had previously been linked to an income limit became *universal.* It also re-established the wage-related childcare fee (GYED), and introduced a large-scale system of family tax allowance (tax deduction), mainly favouring families with three or more children.

Under the socialist party government since 2002, the system of family provisions constantly stood at the centre of debates; however, major changes only took place in the field of tax allowances: the availability of tax deductions for children was restricted, and only parents with three or more children, or those with incomes below a certain limit became eligible. Family allowance was significantly raised.

Although the capacity of kindergartens and crèches decreased after the change of regime, particularly among those run by employers, kindergarten and crèche services did not shrink significantly, and the rate of children attending kindergarten between the ages of 3–5 even increased to 92%.

In summary, we may conclude that a significant fluctuation characterised Hungarian family policy after 1990; the basic principles of support changed often and profoundly. Moreover, the real value of provisions repeatedly decreased during the 1990s, a period characterised by high inflation. Therefore, family policy and levels of child-related supports were highly *unpredictable*. At the same time, it is important to emphasise that former institutions that had been intended as parts of population policy were not terminated, and they were not completely turned into social policy tools (except for the period between 1995 and 1998). The present-day family policy includes equally provisions that are universal, employment- or wage-related, and income-related.

7.2 Evaluation and demographic effects of population policy measures

It is a general assumption in Hungary that population policy measures have failed to reach their objectives, or have done so only within narrow limits. The decline of fertility halted only temporarily, and then resumed again following the policy changes during state socialism. Contrary to the political objectives, replacement-level fertility was reached or exceeded only for four years over the past four decades. The criticism that population policy measures were inefficient and only affected timing of childbearing may be questioned given the longer-term trends of completed fertility. The level of completed fertility continuously decreased among generations born in the first part of the past century, and it reached its minimum in cohorts born at the beginning of the 1940s, with 187 children per 100 women. This also means that the strict ban on induced abortions at the beginning of the 1950s, which caused the short-lived but significant rise in period fertility, had absolutely no effect on the declining trend in completed fertility. On the contrary, all the cohorts born between 1944 and 1966 reached higher numbers of children – between 190 and 198 – than the earlier cohorts by the time of their completed fertility (cf Figure 1). These generations started to have children from the mid-1960s, and, upon reaching childbearing age, they could firmly rely on provisions that were introduced between 1967 and 1993. However, we cannot accurately analyse the contribution of all of the above measures to the ending of the declining trend in completed fertility, and its subsequent slow but continuous rise.

Concerning the period after 1990, fertility behaviour seems to be "insensitive" to the above-mentioned, constantly changing measures. The declining tendency of fertility appears to be long-lasting, and we cannot find ruptures related to policy changes.

In the following paragraphs, we present some research results which suggest that population policy measures were not completely ineffective.

Andorka demonstrates the possible effects of population policy through the analysis of census data broken down by education level (Andorka, 1987, p. 287ff). According to the results, the childbearing propensity of married women decreased at each qualification level until 1970 (number of children per 100 married women in given age groups). This trend, however, came to an end between 1970 and 1980 (see Table 6). The number of children per 100 married women grew by 13 children at ages 25–29, and by four at ages 30–34. The increase was particularly dynamic among highly educated women with completed secondary school, college, or university degrees: the number of live births per 100 women rose by 29 among women aged 25–29 with completed secondary school, by 19 among women with completed higher education, and by 26 among women aged 30–34 with both secondary and tertiary level education. According to Andorka, this increase can be considered the result of population policy measures (increasing the real value of childcare allowance, housing support) introduced in 1973. The fertility increase at all education levels was able to compensate for the composition effect caused by the increasing education level of women, and could thus stop the general tendency of fertility decline. We completed Andorka's data with the data from the census of 1990, and the results showed that policy measures introduced in the 1980s also led to a further small increase in fertility.[28] Andorka summarises as follows: "The effect of population policy is primarily manifested in its possible role in the second births in most families with one child…This could slightly compensate the declining practice of families with more children, caused by modernisation." (ibida 293).

Gábos and Gál investigated the fertility effect of all types of family support granted in cash in the period of 1950–2000 through an econometric analysis (Gál, Gábos, 2004, Gábos, 2005). Their dependent variable was the annual change of total fertility rate (TFR), and their independent variables included the change of family support in cash in the previous year. Based on their analyses, they concluded that a 10% increase (from year *t–1* to year *t*) in the value of family support in relation to the net real income brings a rise in the total fertility rate of approximately 2.5% from year *t* to year *t+1* (Gál, Gábos: 172 p). According to Gábos, the effect is stronger in Hungary than in Western European countries; in other words, the Hungarian population of fertile age "reacted" more flexibly to the policy changes in the real value of family supports granted in cash.

[28] We cannot take the same data of the census of 2001 into consideration, since the share of extramarital births had significantly increased and the prevalence of marriages had fallen considerably by then.

Table 6: Number of live births per 100 married women by selected age and education level groups, 1960–1990

Age of married	Completed education of	1960	1970	1980	1990
25–29 years					
	Incomplete primary (6–7 years)	171	183	238	276
	Completed primary (8 years)	148	147	178	–
	Completed secondary	111	108	137	141
	University or college degree	94	93	112	115
	Total	161	145	158	157
30–34 years					
	Incomplete primary (6–7 years)	211	205	258	294
	Completed primary (8 years)	174	174	200	–
	Completed secondary	150	139	165	174
	University or college degree	135	133	159	166
	Total	200	184	188	191

Source: Andorka, 1987: p.326, KSH, 2006b: p. 65–67.

Our analyses regarding the period after the change of political regime demonstrated that measures between 1995 and 1998 had two types of fertility consequences (Aassve et al. 2006). On the one hand, we could show a clear negative period effect on fertility, but only for 1996–1998. According to our interpretation, the restriction of family supports unambiguously affected childbearing propensity in a negative way. On the other hand, we could also prove a composition effect regarding the period in question: the decline of childbearing propensity among those with higher education levels was significantly greater than among those with lower levels of education. These results are in accord with expectations, since the abolishment of wage-related supports and linking the remaining flat-rate supports to income level affected people with middle- and higher-level education negatively, and people with very low levels of education positively.

Recently Kapitány (2008) using econometric methods tried to measure the potential effect of the childcare fee (GYED) for the period 1986–1995, when it was in force. According to his estimation, this program increased the number of live births about 8.7% during the whole period.

The above results are only based on the analysis of selected measures; still, we can conclude that the effect of family support on fertility was not negligible. That is to say, we cannot state that family support was entirely ineffective. At the same time, the effect of different types of policy measures on total fertility (period and completed), and on the fertility of particular social groups, requires further analysis.

8. Phases of transformation. An attempt to segment fertility development in Hungary

As a summary, we attempt to break down into phases the period of Hungarian fertility discussed above, and describe the important elements that have shaped fertility behaviour in each of the periods. This division is largely subjective, but it is based on the systematisation of available data and information, and it is also hypothetical insofar as it is not explicitly derived from empirical analyses. Table 7 facilitates orientation in our periodisation of fertility changes, where important events are indicated in relation to the time axis, according to the previously mentioned aspects.

8.1 1967–1985: The period of active population policy

The bottoming out of fertility did not occur independently of the policies of the totalitarian state, which carried out forced modernisation, extensive industrialisation, and forced mobility in the 1950s. It became obvious that the rapid "absorption" of women into labour market and their employment far away from their birth places[29] at low wages did not make the reconciliation of work and family possible; therefore, the establishment of crèches and kindergartens was inevitable. The introduction of childcare allowance in 1967 served multiple purposes. On the one hand, it replaced the construction of new crèches (it was actually less expensive to keep the potential labour force at home); while, on the other hand, it provided the provisional "release" from forced female employment that was often regarded as a pressure, since the mother could legitimately stay at home a relatively long period of time. Moreover, it also permitted the mother to return to her job easily. Fertility increase was only short-lived, and it entailed further, even more extensive governmental interventions (increasing the real value of provisions, a programme for obtaining housing, and the introduction of the childcare fee). Therefore, Andorka calls this stage the "period of active population policy" (Andorka, 1987). The decline of fertility slowed down, and completed fertility stabilised. Marriage was almost universal. This era was characterised by the family model of "early marriage, and an early birth of (two) children" (Frejka, 1980). The family was important for everyone, since it represented a sphere of freedom in the centrally organised and controlled system, and it provided a "refuge" from the incalculability of the formal world (Andorka, 1997, Somlai, 1997).

Some phenomena can be experienced that do not fit in the above reproduction pattern. The spread of divorces started early, which, studies have suggested, may have

[29] This employment relocation made it impossible to use the care provided by the family, especially the grandparents.

been due to the forced industrialisation, the expansion of female employment, and spatial mobility (detachment from the original milieu; Lőcsei 1971). The high divorce rate eroded the value of marriage and paved the way for the spread of cohabitation, both in its wider acceptance and in its wide adoption among divorced and separated couples (Carlson, Klinger, 1987).

8.2 1985–1990: incubation of the alternative family mode(s)

In the 1980s, gradual changes in economic and social reproduction were underway. The indebtedness of the country revealed the ineffective and wasteful operation of the state socialist economy. The performance of the economy decreased, the construction of houses declined, and the financing of community provisions (e.g., participation in the financing of kindergartens) was increasingly imposed on families. Due to numerous factors (the customer-orientation of economic policy, the relative openness of the country), 'Western-style' value orientations became widespread by the 1980s in Hungary (see Hankiss, 1982). As we have indicated earlier, we suppose that values facilitating or requiring the new fertility practice were already "at hand" prior to the change of regime: the high number of divorces, the spread of cohabitations, the high extent of secularisation, a raw form of individualisation, the tensions between employment and childrearing, and patterns of consumption and childbearing all allude to this process. However, family support programmes, introduced in the 1970s and the 1980s, strengthened the pattern of early childbearing. The introduction of the childcare fee in 1985 and the social policy housing support that facilitated housing construction tried to consolidate the reproductive regime; it created quite a strong (financial) motivation for early childbearing, especially for people in the middle social strata.

8.3 1990–1995: the period of institutional vacuum and anomie

The change of political regime implied total reconstruction and "replacement" of the system of institutions within a short period of time. It created a completely new environment for everyday actions, and the criteria for beneficial and disadvantageous social practices were also redefined. Obviously, the change of the political regime demolished the walls (institutions) that restrained the values emerging in the 1980s. These values have certainly shaped demographic behaviour since the political regime

Table 7: Changes in demography, social structure, mentality, and politics between 1965 and 2005 that are relevant to pattern change

		1965–1970	1970–1974	1975–1979	1980–1984	1985–1989
REGIME-TYPE			***Active population policy*** The dominance of 'early marriage, early childbearing and two–children' model			***Incubation of new options***
FAMILY–FORMATION	Behaviour	Decrease of 3+ children		Advancement in two-child family model		
	Fertility min. (year, PTFR)	1962: 1.79	1971: 1.92		1983: 1.73	1989: 1.78
	Partnership	***General supremacy of marriages***				
		Spread of divorces (→)		Cohabitation ***after*** marriage		Cohabitation ***before*** marriage (→)
SOCIAL STRUCTURE	Economy/ Labour market	(→)General employment expansion: Forced spreading of ***female employment***				Symptoms of economic crisis: community financing
	Childcare/ Education	Establishing kindergartens 1970: 57.7%in kindergarten				Close–down of company kindergartens, crèches
	Housing sector			State housing „boom"		Decline in house building
VALUES		•Atomisation •Secularisation	• New gender roles	•Diffusion of Western values(→)		
POPULATION AND FAMILY POLICY		***Active population policy***				
		Child–care allowance (1967)	Real value of child support and housing (1973)		Child–care fee (1985)	
						Political regime transformation ►

transition and continue to shape it also today. Certain demographic behaviours, such as cohabitation, started to spread rapidly on the "ruins" of the collapsing system of institutions, and, at the same time, fertility trends changed only slowly, and the decline in TFR continued in the mid-1990s.

Table 7: (Continued) Changes in demography, social structure, mentality,and politics between 1965 and 2005 that are relevant to pattern change

		1990–1994	1995–1999	2000–
REGIME-TYPE		***Institutional vacuum and anomie***	***Pattern change:*** Postponement and differentiation	
FAMILY–FORMATION	Behaviour	•ritualism •retreatism	Adaptation to the new social order	
	Fertility min. (year, PTFR)	1991: 1.86	1999: 1.29	2006: 1.35
	Partnership	• overwhelming expansion of cohabitation (•innovation) • ***Termination of marriage dominancy***		
SOCIAL STRUCTURE	Economy/ Labour market	•Economic recession (1992→1998) •Shrinkage and change of disequilibrium on the labour market (1992→1996) •Inflation (1991→1996)		
	Childcare/ Education		Educational expansion (→)	
	Housing sector	Overall privatisation in communal housing sector		New home loans and subsidies
VALUES		Realisation of material desires	•Competition, individualisation •Realisation of alternative values („accumulative, hedonist")	
POPULATION AND FAMILY POLICY		***„Push and pull" of population policy***		
		Universal (+rise) child–raising support (1993)	Anti–poverty policy (1995–1998)	Universal and tax relief
Political regime transformation ►				

Contradictory factors had influenced fertility behaviour. On the one hand, the first free conservative government left the family support system intact; moreover, it reinforced it with the introduction of the childrearing support in 1993, and maintained the real value of family support. These changes signalled to many people involved that

childbearing would be in line with the previous practice. On the other hand, "competing" life objectives emerged instantaneously: consumer supply expanded rapidly and drastically, and "travelling" as the central practice of the pleasure society ("*Erlebnisgesellschaft*") became the objects of desire. It is obvious that the pursuit of these objectives motivates people to postpone childbearing.

According to Merton's action theory, social anomie is characteristic during periods when the institutional system radically changes and transformations are comprehensive. This is fundamentally characterised by the mismatch of values, prescriptions, and the ways of achieving values (Merton, 1980).[30] During the period of anomie, insecurity is frequent, once non-conformist behaviour (innovation, retreatism, rebellion) spreads, since the majority of people have not found the new *modus vivendi*. Also, a reversion to ritualism, and the maintenance of formerly well-functioning practices could be preferred. Within the field of family formation, cohabitation is closer to innovation, while (transitory) giving up on marriage, partnership, and children can be seen as retreatism. However, notable segments of society may adapt by "insisting" on the previous practice (ritualism) during the period of new insecurity. They may feel that "childbearing has always been a part of life; it will not be otherwise even under the new circumstances."

Based on the existence of the above contradictory circumstances, we can regard the period after the change of political regime as the age of "anomie and institutional vacuum." At this time, we assume that two childbearing practices existed parallel to each other: insisting on the previous practice (= the mean age at first child does not increase) and retreatism (giving up childbearing "provisionally").

8.4 1995– : Pattern change: adaptation to new social circumstances

Although the establishment of new systems of institutions was rapid, it nonetheless took time, and members of society needed time to adapt to the changes. The disequilibrium on the labour market took place by the mid-1990s: there were fewer job opportunities, one had to work more intensively, and competition became fierce. Households faced continuously tight budgetary limits: even if the product to be consumed was "within reach," the resources to purchase it were not sufficient. Subsequent to the privatisation of the housing market, families needed greater financial resources than before to enter this market. Unemployment became an everyday phenomenon; the real value of unemployment benefits constantly decreased from the open-handed beginnings.

New opportunities appeared: the earnings of the young approached those of the old, and the seniority-related earnings slope was moderated. Educational expansion

[30] For a more detailed discussion of the relationship between anomie and fertility, see Philipov, et al., 2006.

continued: within a few years, the number of students participating in higher education tripled. Higher education represented both a pressure and an opportunity, while not participating meant the prolongation of disadvantageous position.

At the same time, a sharp change took place in the welfare system, and it primarily affected family policy. The 'Bokros Package'(1995) linked universal family provisions to income level, and it abolished wage-related allowances. It marked the onset of the period of "push and pull" population policy. The consecutive Orbán-government re-established previous institutions (1998); however, family allowances were constant targets of political attacks. These frequent changes led people to conclude that family policy was unpredictable and family allowances might not be relied upon in the long run.

Opportunities and constraints shape the segmentation of the life course into phases. The place of childbearing within the life course was also altered: it is "due" after education is finished, or more likely after getting a secure job. Unless these conditions are met, new parents may find themselves in disadvantageous positions given the competition of the labour market, consumption opportunities, and struggle for social status. Stable partnership certainly remains a prerequisite for parenthood; however, at the same time, the instability of partnerships, first unions and especially cohabitations, is increasing. Therefore, childbearing is postponed to a later and later point in the life course, and, meanwhile, it is differentiated: (presumably) there will be more people with no child or with only one child, in part due to the ever later start of childbearing. At the same time, the low, but not insignificant ratio of families with three or more children is not decreasing. A considerable and still increasing percentage of children are born out of wedlock. Values play a crucial role in this differentiation of fertility behaviour: people with less individualised values, people preferring traditional gender roles, women adhering to religion, and men with an optimistic life orientation and good future expectations are more likely to have children.

The evolution of the new childbearing practice has not been completed yet, and pattern change cannot be regarded as finished, since the simplest indicator of the transformation of fertility patterns, the mean age at first birth, is still increasing. However, we can be sure that later childbearing will not be the only difference between the old pattern of the 1970s and the 1980s, and the new pattern. The partnership context of childbearing will surely be new since the exclusivity of marriage has ended, and the social status differentiation in the number of children will be greater.

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