

Gender-sensitive family policies as a way to address low fertility in Eastern Europe

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DEMOGRAPHIC DEVELOPMENTS

Central-Eastern, South-Eastern and Eastern Europe¹ experienced strong declines in fertility to unprecedentedly low levels. This decline started already before the fall of the communism and intensified thereafter. In 2016, the total fertility rate (TFR) did not exceed 1.5 in 7 out of the 21 countries in the region and exceeded 1.7 in only four of them (Belarus, Latvia, Montenegro and Russia). This was substantially less than in some Western and Northern European countries, where TFR exceeded 1.7 in Norway, Iceland, Denmark and United Kingdom and 1.8 in Ireland, Sweden and France². Many Central-Eastern, South-Eastern and Eastern European countries have been also experiencing improvements in longevity, although the progress in that respect has been very diverse and started much later in post-Soviet republics (Russian Federation in particular) than in those Central-Eastern and South-Eastern countries which joined the EU in the previous decade. In general, however, citizens of the region are still of poorer health and die on average 5-10 years earlier than citizens of other European countries. They also massively outmigrate to the West of Europe in search for jobs, higher salaries and better living conditions.

Low fertility and strong outmigration of working age population lead to population decline and population ageing. These developments threaten, in turn, the potential for economic development. In this context, fertility increase has become one of the major goals of the governments in many Central-Eastern, South-Eastern and Eastern European countries. In order to achieve this goal many governments are implementing pro-natalist policies based on generous financial transfers to families. At the same time it is debated whether limiting access to contraception and legal abortion could be used to further increase fertility.

PEOPLE USUALLY WANT TO HAVE TWO CHILDREN

Research shows that **Europeans, both in the East as well as the West of Europe, want and intend to have on average two children³. This applies to low as well as highly educated women** (see Figure 1). Individuals make their childbearing decisions carefully, however, and postpone family formation until they feel ready to have a child and can offer their children right conditions to grow up, namely after they:

- form a stable union,
- finish education,
- achieve a stable position in the labour market,
- accumulate necessary resources to be able to maintain the family.

¹ Following countries were included in the region: Central-Eastern countries (Bulgaria, Czechia, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia), South-Eastern countries (Albania, Bosnia-Herzegovina, Croatia, Kosovo, Macedonia, Montenegro, Serbia, Slovenia) and Eastern countries (Belarus, Moldova, Russia and Ukraine).

² Vienna Institute of Demography (VID) and International Institute for Applied Systems Analysis (IIASA). 2018. European Demographic Datasheet 2018. Wittgenstein Centre (IIASA, VID/OEAW, WU), Vienna. Available at www.populationeurope.org, accessed on 25.09.2018.

³ Sobotka, T., & Beaujouan, É. (2014). Two Is Best? The Persistence of a Two-Child Family Ideal in Europe. *Population and Development Review*, 40(3), 391-419; Testa, M. R. (2006). Childbearing preferences and family issues in Europe: Evidence from the Eurobarometer 2006 Survey *Yearbook of Population Research 2007* (pp. 357-379). Vienna.

Women aged 20-45 plan to have two children on average, even if highly educated

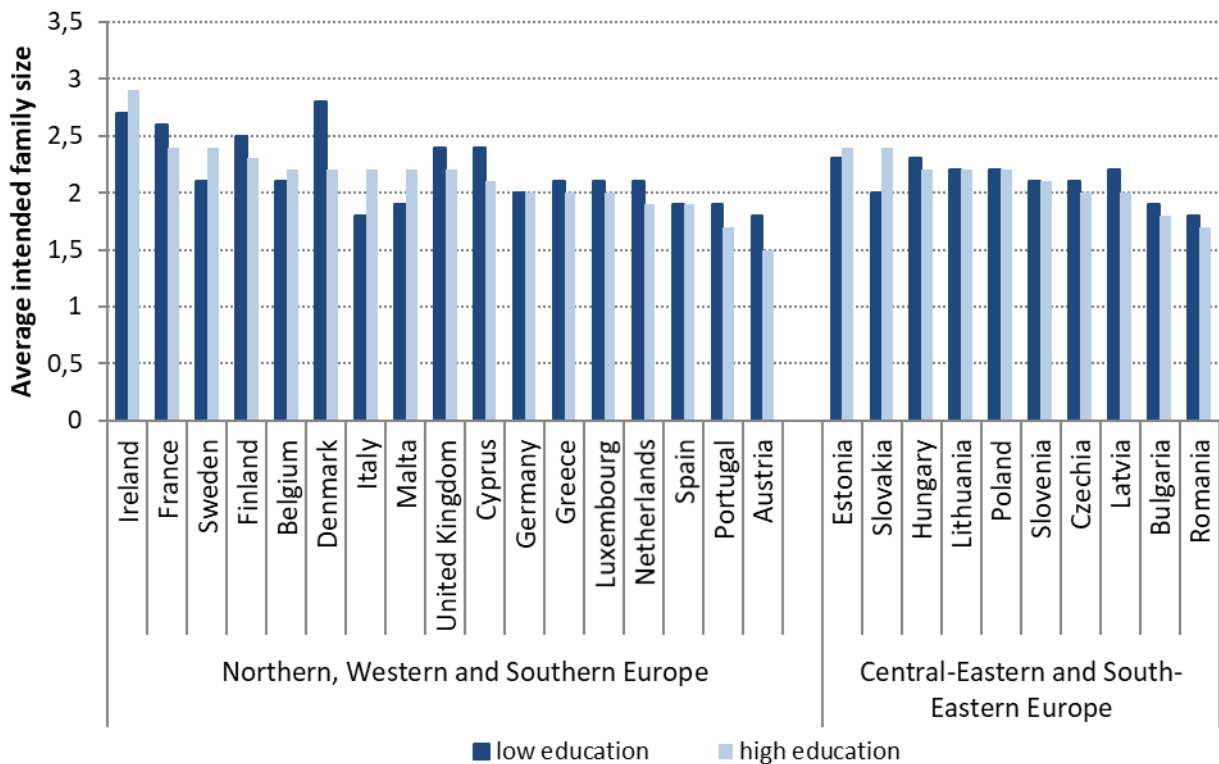


Figure 1. Ultimately intended family size (actual plus additionally intended), women aged 20-45 across the European Union

Source: Testa, M-R. (2014). On the positive correlation between education and fertility intentions in Europe: Individual- and country-level evidence. *Advances in Life Course Research*, 21, 28-42.

RESTRICTING ACCESS TO CONTRACEPTION AND LEGAL ABORTION IS NOT THE RIGHT STRATEGY

In this context, forcing young adults to have children by restricting access to contraception and legal abortion is not the right strategy. Such policy violates the right of young adults to decide when to have children and how many and may lead to numerous social problems.

Experience of European countries shows that good access to modern contraception does not have to imply low fertility. In fact, in 2016 France, United Kingdom, Norway or Belgium displayed one of the highest rates of modern contraception use and the TFR exceeded 1.7 there (see Figure 2). At the same time, many Central-Eastern, South-Eastern and Eastern countries, where modern contraception was used on a lower scale, had lower fertility. For instance, in Bosnia and Herzegovina, Croatia, Macedonia, Serbia and Moldova, where less than 50% of women aged 15-49 in unions used modern contraception, the TFR was below 1.45.

Use of modern contraception does not imply lower fertility

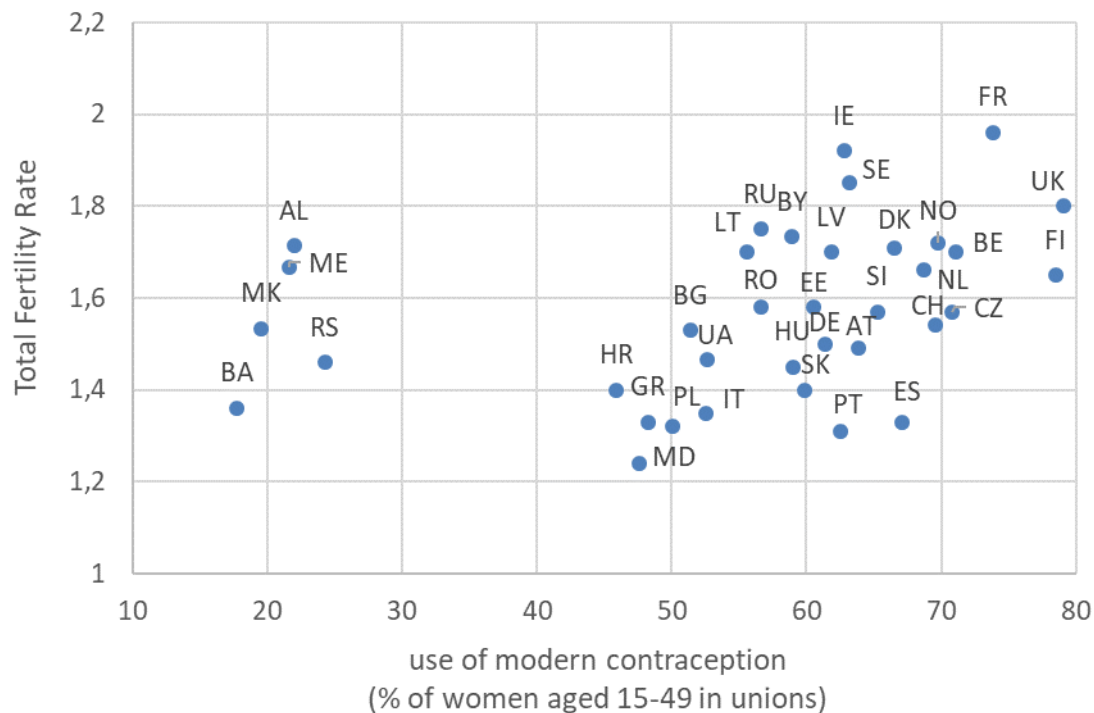


Figure 2. Use of modern contraception and Total Fertility Rate in Europe, 2016

Source: United Nations, Department of Economic and Social Affairs, Population Division (2018). Estimates and Projections of Family Planning Indicators (2018). New York: United Nations, accessed on 24.09.2018; fertility data from The World Bank Database "World Bank Indicators", available under <http://databank.worldbank.org/data/indicator/NY.GDP.MKTP.KD.ZG/1ff4a498/Popular-Indicators>, accessed on 24.09.2018.

Restricted access to contraception may, however, have numerous negative social consequences. First, adults who are deprived of modern contraception are more susceptible to HIV and sexually transmitted diseases (STD). The region of Central-Eastern, South-Eastern and Eastern Europe and Central Asia is currently the only region in the world with an upward tendency in new HIV infections. The number of people with new HIV infections has increased by 57% between 2010-2015 and every third infection is detected among heterosexual partners of affected individuals⁴. Moldova, Russia or Belarus display also exceptionally high STD incidence⁵, which, in turn, may lead to infertility.

Second, limiting access to contraception may also result in an increase in the proportion of unintended pregnancies, in particular among certain social groups (e.g. adolescents, unpartnered women or women in late childbearing ages). In Central-Eastern and Eastern Europe, where on average less than 60% of women in unions used modern contraception in 2012, every second woman became pregnant unintentionally⁶. By contrast in Northern Europe, where the average prevalence of modern

⁴ UNAIDS (2016). Prevention Gap Report. http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf

⁵ WHO Centralized Information System for Infectious Diseases (CISID) <http://data.euro.who.int/cisid/?TabID=67>

⁶ Sedgh, G., Singh, S., Hussain, R. (2014). Intended and Unintended Pregnancies Worldwide in 2012 and Recent Trends. *Studies in Family Planning* 45(3): 301–314; United Nations, Department of Economic and Social Affairs, Population Division

contraception exceeded 60% and in Norway or Finland even 70%, the proportion of unintended pregnancies amounted to 38%⁷. Countries with high prevalence of modern contraception usually display lower fertility among adolescents (Figure 3).

Countries with high use of modern contraception display low fertility among adolescents

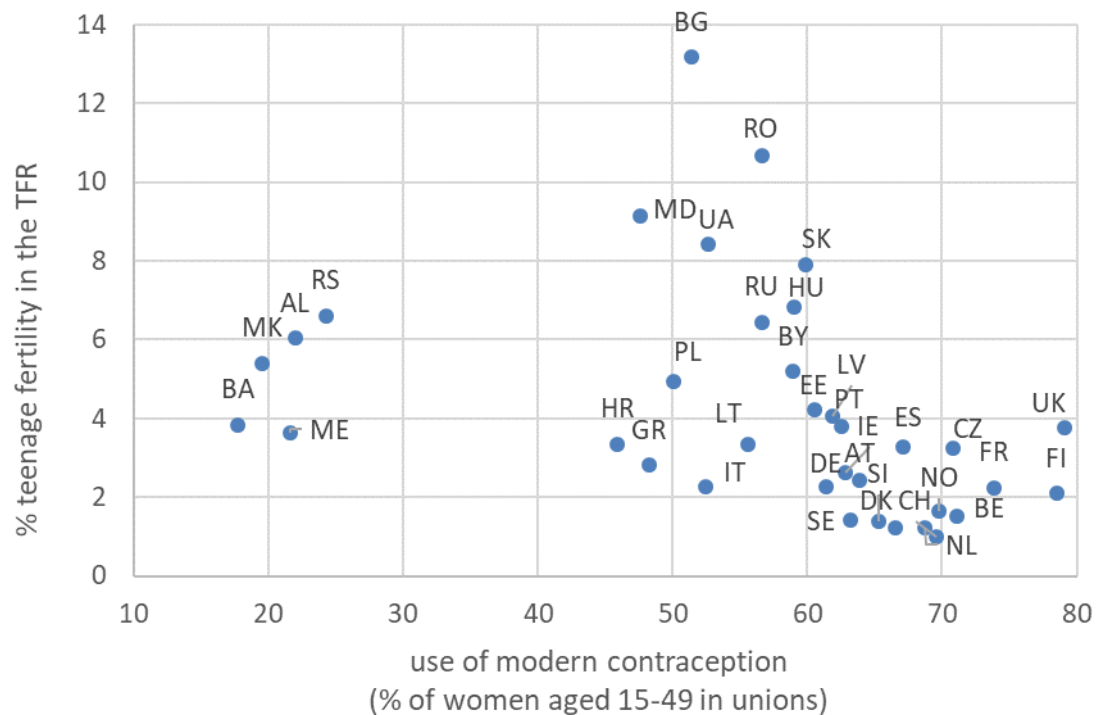


Figure 3. Use of modern contraception and the share of teenage fertility (15-19) in the Total Fertility Rate, Europe 2016

Source: United Nations, Department of Economic and Social Affairs, Population Division (2018). Estimates and Projections of Family Planning Indicators (2018). New York: United Nations, accessed on 24.09.2018; fertility data from The World Bank Database “World Bank Indicators”, available under <http://databank.worldbank.org/data/indicator/NY.GDP.MKTP.KD.ZG/1ff4a498/Popular-Indicators>, accessed on 24.09.2018.

Unintended pregnancies negatively affect lives of both the mothers and the children. Compared to women in their twenties, adolescent mothers and mothers in late childbearing ages (over age 40) face at least three times higher mortality due to pregnancy and delivery⁸, are more likely to experience complications during pregnancy and their children are more likely to be of a low birthweight⁹. Women

(2016). Model-based Estimates and Projections of Family Planning Indicators 2016. New York: United Nations, accessed on 15.06.2017.

⁷ Sedgh, G., Singh, S., Hussain, R. (2014). Intended and Unintended Pregnancies Worldwide in 2012 and Recent Trends. *Studies in Family Planning* 45(3): 301–314; United Nations, Department of Economic and Social Affairs, Population Division (2016). Model-based Estimates and Projections of Family Planning Indicators 2016. New York: United Nations, accessed on 15.06.2017.

⁸ Nove A, Matthews Z, Neal S, Neal, S., Camacho, A.V. (2012) Maternal mortality in adolescents compared with women of other ages: Evidence from 144 countries. *The Lancet Glob Health* 2: e155-164; Brown, S.S. and L. Eisenberg (1995). *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. Committee on Unintended Pregnancy, Institute of Medicine. ISBN: 0-309-55637-6.

⁹ UNFPA (2013). *Motherhood in childhood: Facing the challenge of adolescent pregnancy: The State of World Population 2013*. New York: United Nations Population Fund; Brown, S.S. and L. Eisenberg (1995). *The Best Intentions: Unintended*

who gave birth to a child from unwanted pregnancy are also under an increased risk of depression and anxiety¹⁰. Furthermore, they often become single mothers. Children raised by single mothers are more likely to experience poverty than children living with two parents. Even if a single mother works, her child is five times as likely to live in poverty as a child brought up in a dual earner family in an average OECD country¹¹. Children who grow up with single mothers are also more likely to drop out from school and less likely to obtain a university degree, tend to have more emotional and behavioural problems and poorer social relations, and are more likely to become teenage parents or divorce¹².

Finally, women who become unintentionally pregnant often terminate the pregnancy through abortion. In Central-Eastern and Eastern Europe around 75% of unintended pregnancies ended in an abortion in 2012¹³. Where abortion is legal it is usually safe. By contrast, in countries with highly restrictive abortion laws abortions are usually performed in unsafe conditions which has numerous negative health and social consequences for women. The immediate medical consequences of clandestine abortions are hemorrhage, infection or injury of genitals¹⁴. Women who performed an abortion in unsafe conditions are also more likely to suffer from chronic pelvic pain, pelvic inflammatory disease or tubal occlusion, experience problems with subsequent pregnancies (low birthweight, miscarriage or premature delivery) and may even be unable to conceive the next child¹⁵. It was estimated that unsafe abortions are responsible for 8% to 18% of maternal deaths worldwide¹⁶. Last but not least, complications from clandestine abortions result in serious financial burden on the health system. The annual cost of post-abortion care in developing countries is assessed at 562 mln USD if all women received the required care and only 20 mln USD if the abortion was conducted in safe conditions.¹⁷

Box 1. The policy of prohibited access to abortion and contraception: the case of Romania

The idea to prohibit abortion and heavily restrict access to contraception is not new. Such a policy was implemented by Nicolae Ceausescu in Romania in 1966 and lasted until 1989. The policy had little influence on completed fertility, but had tremendous social consequences. In the year after the policy was introduced the Romanian period TFR, which measures fertility occurring in a given year, peaked from 1.90 to 3.65 and started to decline afterwards. In the 1980s the TFR was only slightly above 2.1. Interestingly, the completed fertility has not increased after the policy was implemented: it remained

Pregnancy and the Well-Being of Children and Families. Committee on Unintended Pregnancy, Institute of Medicine. ISBN: 0-309-55637-6

¹⁰ Gipson, J.D., Koenig M.A., Hindin, M.J. (2008). The Effects of Unintended Pregnancy on Infant, Child, and Parental Health: A Review of the Literature. *Studies in Family Planning* 39(1): 18-38.

¹¹ OECD (2011), *Doing Better for Families*. Paris: OECD.

¹² OECD (2009) *Doing Better for Children*. Paris: OECD; Brown, S.S. and L. Eisenberg (1995). *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. Committee on Unintended Pregnancy, Institute of Medicine. ISBN: 0-309-55637-6

¹³ Sedgh, G., Singh, S., Hussain, R. *Intended and Unintended Pregnancies Worldwide in 2012 and Recent Trends*. *Studies in Family Planning* 45(3): 301–314

¹⁴ Faundes, A., Hardy, E. (1997). *Illegal abortion: consequences for women's health and the health care system*. *International Journal of Gynecology and Obstetrics* 58: 77-83.

¹⁵ Faundes, A., Hardy, E. (1997). *Illegal abortion: consequences for women's health and the health care system*. *International Journal of Gynecology and Obstetrics* 58: 77-83. Brown, S.S. and L. Eisenberg (1995). *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. Committee on Unintended Pregnancy, Institute of Medicine. ISBN: 0-309-55637-6.

¹⁶ Kassebaum NJ et al., *Global, regional, and national levels and causes of maternal mortality during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013*, *Lancet*, 2014, 384(9947):980–1004; Say L et al., *Global causes of maternal death: a WHO systematic analysis*, *Lancet Global Health*, 2014, 2(6):e323–e333; Singh, S., Remez, L. Sedgh, G., Kwok, L., Onda, T. (2018). *Abortion Worldwide 2017: Uneven Progress and Unequal Access*. New York: Guttmacher Institute

¹⁷ Singh, S., Darroch, J.E. and Ashford, L.S. (2014) *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014*, New York: Guttmacher Institute.

stable for all cohorts born before the 1950s and started to decline gradually for younger cohorts who were making their childbearing decisions in the late 1970s and 1980s. It thus means that the policy influenced mostly the timing of births, with many women having their children earlier than they would have otherwise, but it failed to increase the completed fertility above the levels observed prior to 1966.

Many families were not able to afford having more than two children. In order to avoid unplanned births women were reaching for other, often unsafe, solutions such as illegally locally produced contraceptives or clandestine abortions performed in non-medical conditions¹⁸. As a result of these actions, maternal mortality doubled between 1965 to 1989; most of the maternal deaths were caused by unsafe abortions¹⁹. Almost 20% of women of reproductive age became infertile²⁰. At least 170,000 children were abandoned in orphanages²¹.

The Ceausescu’s pro-natalist policy had little effect on completed fertility but led to an increase in maternal mortality

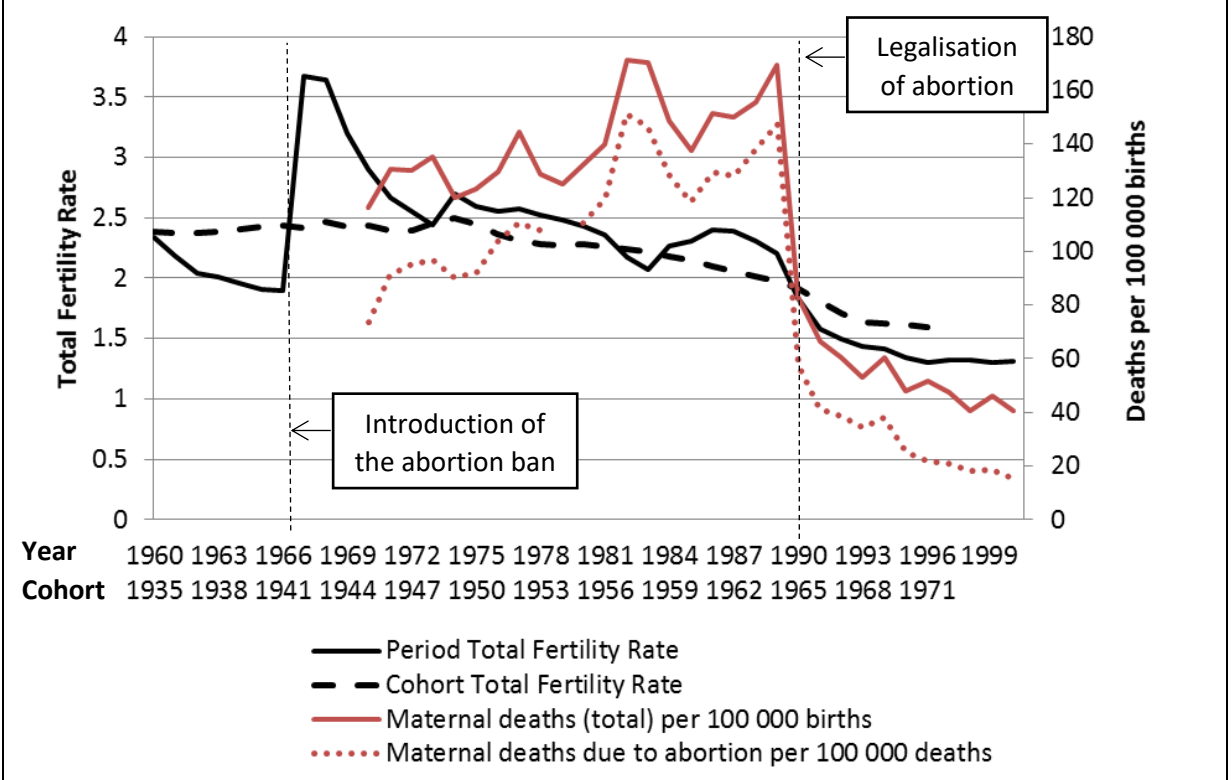


Figure 4. Developments in Period and Cohort Total Fertility Rate and Maternal Mortality Rate in Romania

Source: Council of Europe, 2005. Recent demographic developments in Europe. Strasbourg: Council of Europe Press.; mortality data from the WHO European Health for All Database <http://data.euro.who.int/hfad/> accessed on 17.12.2017

¹⁸ David, H.P., Baban, A. (1996). Women’s health and reproductive rights: Romanian experience. Patient Education and Counseling 28: 235-245.

¹⁹ David, H.P., Baban, A. (1996). Women’s health and reproductive rights: Romanian experience. Patient Education and Counseling 28: 235-245; Kulczycki, A., Potts, M., Rosenfield, A. (1996). Abortion and fertility regulation. The Lancet 347: 1663-68;

²⁰ Kulczycki, A., Potts, M., Rosenfield, A. (1996). Abortion and fertility regulation. The Lancet 347: 1663-68.

²¹ “Romania’s Abandoned Children. Ten Years After the Revolution. A Report to America From the US Embassy, Bucharest 2001

FINANCIAL TRANSFERS HAVE LIMITED INFLUENCE ON COMPLETED FERTILITY

Instead of forcing individuals to have children by restricting access to contraception governments should create conditions which allow young adults to realise their fertility desires at that stage in the life course when they find it most appropriate for themselves. These policies should respond to diverse needs of young adults and support them in realization of their life goals, such as finishing education, establishing position in the labour market, earning their own living, having children and combining family formation with economic activity.

Monetary transfers provide some financial assistance to families and thereby can support young adults in the realization of their fertility desires. They are unlikely, however, to cause improvements in fertility if they are implemented alone and not as a part of a larger policy package. Family benefits usually compensate for a small fraction of family-related expenses and respond better to the needs of the poorer fractions of the society, often the unemployed or employed in low paid jobs. They are less of a solution for women with high education who want to participate in the labour market and whose income from work often constitutes a larger contribution to the household budgets than income from social transfers. Empirical research confirms that fertility impact of monetary transfers is rather small. For instance, a recent study on 18 OECD countries observed over the time span 1982-2007 shows that one percentage point increase in the expenditures on family cash benefits measured as a proportion of the GDP results in an increase in TFR by around 0.02-0.04²². An even smaller increase in TFR (by less than 0.005) is caused by one percentage point increase in expenditures on birth grants (as a % of GDP)²³.

Generous monetary incentives may, however, influence the TFR and thus create an impression that they made an effect on fertility. The TFR reflects fertility in a given year and thus is very sensitive to changes in the timing of births. It can sharply increase when women “speed up” their family formation in order to seize the opportunity created by the generous policy which may be terminated in the future. It falls again in the next years, however, if women who “speeded up” their family formation do not have more children. This is exactly what seems to have happened in the Russian Federation after it implemented a generous system of financial transfers in 2007 (see Box 2).

Box 2. Fertility effects of monetary incentives introduced in Russian Federation in 2007

In order to increase fertility, in 2007 the Russian government implemented a generous system of financial transfers paid to families who experienced the second or higher order birth. After the policy was implemented, the period TFR increased from 1.30 in 2006 to 1.77 in 2016 which suggests an enormous policy effect. The effect on completed fertility was weaker, however. Completed fertility reflects fertility of women who completed their reproductive careers. It was falling in Russia for cohorts born 1957 onwards. The policy was successful in stopping this decline. The downward trend has even reversed, but the increase in completed fertility by age 40 has so far been not larger than 0.05 children per woman. For instance, women born in 1976 gave birth by age 40 to only 0.047 children more than women born in 1973, i.e. the cohort for which the lowest completed fertility was recorded. The cohort 1976 was 31 at the time the policy was implemented and thus had 9 years to respond to the new policy before reaching age 40. Observation of future developments in completed fertility is needed, however, in order to evaluate the policy effect more precisely.

²² Luci-Greulich, A., Thevenon, O. (2013). The Impact of Family Policies on Fertility Trends in Developed Countries. *European Journal of Population* 29 (4), 387-416

²³ *ibid*

The Russian monetary policy has mainly influenced fertility timing and had so far minor effects on completed fertility

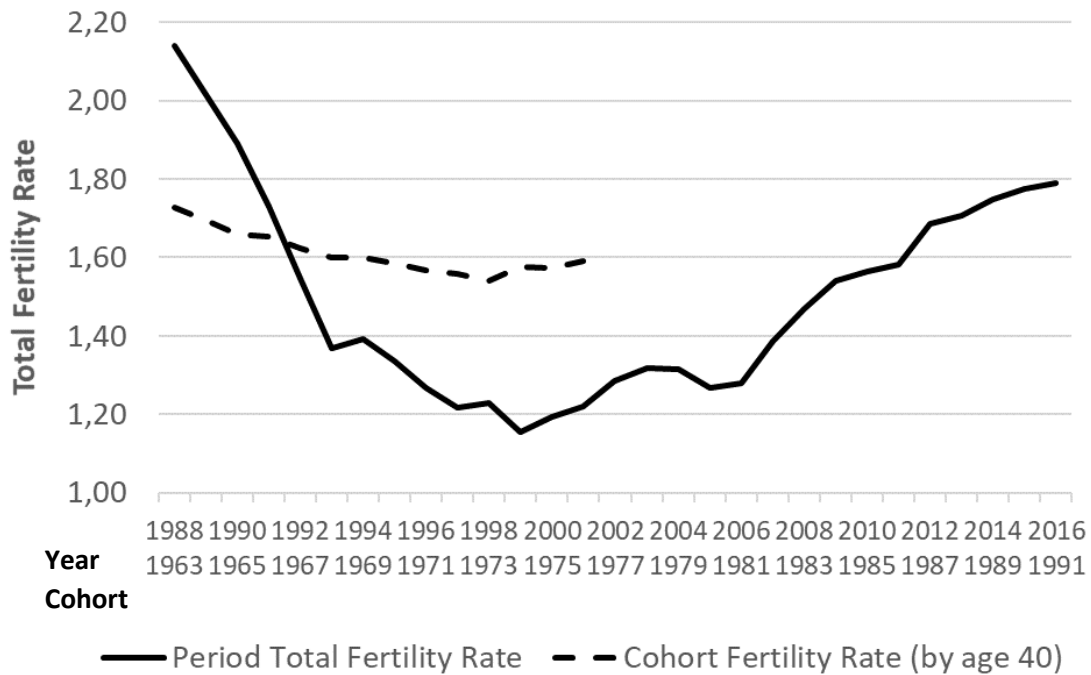


Figure 5. Trends in the Period and Cohort Fertility Rate in Russia

Source: computations on data from the Human Fertility Collection. Max Planck Institute for Demographic Research (Germany) and Vienna Institute of Demography (Austria). Available at www.fertilitydata.org, accessed on 24.09.2018.

Financial transfers are also costly. Not only do they require budgetary expenses, but they also reduce women’s labour force participation. For instance, it was estimated that the introduction of cash for care benefits in Norway reduced the labour force participation of Norwegian mothers by 4%²⁴. A study for Finland found that an increase in monthly cash for care benefits by 100 EUR reduced mothers’ labour supply by 3%²⁵. By pushing women out of the labour market monetary transfers can lower women’s future earning potential (which means lower family income in the future) and even make them dependent on social welfare in the longer term. By preserving the home-based care model monetary transfers can also have negative consequences for children’s development and increase educational disparities between children from low and high educated families or children from immigrant and native backgrounds. The OECD PISA study shows that children who attended early childcare education for at least one year perform better at school at age 15 than children who did not²⁶.

²⁴ Hardoy, I., & Schøne, P. (2010). Incentives to work? The impact of a ‘Cash-for-Care’ benefit for immigrant and native mothers labour market participation. *Labour Economics*, 17(6), 963-974.

²⁵ Kosonen (2011), To work or not to work? The effect of child-care subsidies on the labour supply of parents. Working papers 23. Helsinki: Government Institute for Economic Research

²⁶ OECD (2017). Starting strong 2017. Key OECD Indicators on early childhood education and care. Paris: OECD.

A NEED FOR A POLICY PACKAGE WHICH CREATES A CHOICE AND SUPPORTS YOUNG ADULTS TO EARN THEIR OWN LIVING

Countries which want to support young adults in realizing their fertility desires should rather invest in more comprehensive policy packages which create secure conditions for family formation and at same time respond to diverse needs and situations of young women and men, allowing them to earn their living and fulfilling their life goals (including family formation). This policy package should support economic growth and job creation and support parents in combining paid work and care. The latter policy direction is particularly important in the Central-Eastern, South-Eastern and Eastern countries where women are already largely present in the labour market, often work full-time and their incomes are important for maintaining families. Reconciliation of work and family can be supported by developing high quality childcare system, reforming parental leave system and supporting men's involvement in the family.

Childcare provision is crucial for supporting work and family reconciliation. It should be well accessible and of high quality. Numerous studies showed that well accessible childcare services have positive effect on fertility. For instance, a simulation on Norwegian data shows that a hypothetical increase in childcare provision from 20 to 60 per cent could bring an increase in completed fertility by 0.35 – 0.45 children per woman²⁷. However, childcare system can bring positive fertility effects if it is a part of a wider policy package, offers services of high quality and using childcare services is commonly in the society. Several aspects of the quality of childcare services are important and can be regulated: number of children per teacher, group size, education of teachers, balanced curricula or safety²⁸. Nordic countries have one of the lowest children-to-staff ratios in Europe (3-5 children aged 0-3 per teacher) which may partly explain high childcare enrolment rates there. Furthermore, the opening hours of childcare services should be adjusted to parents' various needs and situations. This is particularly important in the Central-Eastern, South-Eastern and Eastern countries where most of the parents work full-time.

Investments in childcare should offset some of the work-family tensions experienced by parents, but they clearly bring also other benefits, i.e. support labour force participation of women and stimulate children's cognitive and social development. Provision of public childcare was one of the crucial factors which contributed to an increase in women's labour force participation in the second half of the twentieth century. It was also demonstrated that public childcare has positive consequences for children's cognitive skills. The results of the OECD's PISA study show that children who attended early childcare for at least one year score better in science at age 15 than children who were not in childcare²⁹. Early childcare attendance is particularly beneficial for children from immigrant families or disadvantaged social backgrounds.

Expanding childcare system takes time. However, childcare services can be run not only by the state and the municipalities but also by enterprises, non-governmental organizations or private institutions. Supporting enterprises, NGOs and other private institutions by subsidizing childcare costs may be a solution in a situation when public childcare cannot be easily expanded. Such a policy has been, for instance, implemented by the municipality of Vienna (Austria) which subsidizes private childcare entities, at the same time demanding that they follow the same minimum quality standards as the public institutions.

²⁷ Rindfuss, R. R., Guilkey, D. K., Morgan, S. P., & Kravdal, Ø. (2010). Child-Care Availability and Fertility in Norway. *Population and Development Review*, 36(4), 725-748.

²⁸ Plantenga, J., & Remery, C. (2009). The provision of childcare services. A comparative review of 30 European countries. Luxembourg: European Commission.

²⁹ OECD (2017). Starting strong 2017. Key OECD Indicators on early childhood education and care. Paris: OECD

Development of childcare services should be complemented by a system of parental leaves which provide parents with a possibility to take care of a child before it starts attending daycare. Well paid parental leaves, which offer compensation as a proportion of parental pre-birth earnings (at around 80% of previous earnings), are considered to be the best as they do not put pressure on parents to return quickly to the labour market and at the same time encourage them to establish a position in the labour market before entering parenthood. They also provide incentives for men to take a career break and care of a child. Research does not provide a clear suggestion how long the parental leave should be. In general, it shows that short parental leaves (up to around one year) are beneficial for children's development and can even have positive influence on parents' labour force participation as they encourage entering employment before the birth and prevent termination of employment contracts around childbirth. Longer parental leaves lead to depreciation of human capital, however, and have strong negative consequences on parent's future wages or promotion opportunities³⁰. The optimal leave duration often depends on numerous factors, such as the performed profession, position in the workplace, competition in the labour market, possibility to return to work part-time or personal preferences. A leave system which allows parents to choose the leave duration depending on their needs can be thus the best strategy. Such a parental leave system is currently available in Austria or Czech Republic where parents can choose a desired duration of parental leave up to a certain maximum (in Austria 28 months or 35 if both parents share the leave, in Czech Republic up to 48 months). The monthly payment depends on the leave duration and is higher for shorter leaves³¹. Flexibility in leave taking is also an important leave feature which helps parents to adjust their work obligations to the care needs and vice versa. Such flexibility can be achieved by granting parents the possibility to take a part-time leave and return to work for the rest of the time. Such a solution will pay off to parents, however, if the parental leave remains paid on a part-time basis. Another solution which adds flexibility to the parental leave system is the possibility to take the leave in parts (i.e. return to work after the leave and apply for the leave again some time later provided that the leave was not fully used at the first instance).

Supporting larger involvement of men in childcare can further ease work – family tensions experienced by women and encourage them to realise their fertility desires. One way of supporting men's participation in childcare is to create incentives for them to make use of parental leaves. Such incentives may involve individualization of parental leave entitlements (reserving part of the leave only for fathers and part only for mothers), granting additional leave months for leave sharing or increasing parental leave payments and relating them to pre-birth earnings. Nordic countries pioneered in individualizing parental leave rights in the mid-1990s. Iceland has the most gender equal leave structure: it offers three months of leave solely to mothers, three months solely to fathers and three months to both parents which they can divide freely (all paid at 80% of previous earnings). Individualisation of parental leave rights in Nordic countries brought a substantial increase in leave uptake among men. In Sweden, for instance, men account for 45% of parental leave recipients. They still take fewer days of parental leave than mothers (26% of total days taken), but a clear upward trend in fathers' leave uptake is observed (in 2000 the proportion of total leave days taken by fathers was

³⁰ Baker, M. & Milligan, K. (2008). How Does Job-Protected Maternity Leave Affect Mothers' Employment? *Journal of Labor Economics*, 26(4), 655-691; Evertsson, M., & Duvander, A.-Z. Parental Leave: Possibility or Trap? Does Family Leave Length Effect Swedish Women's Labour Market Opportunities? *European Sociological Review*, 27(4), 435-450; Thévenon, O. and A. Solaz (2013), "Labour Market Effects of Parental Leave Policies in OECD Countries", OECD Social, Employment and Migration Working Papers No. 141, OECD Publishing, Paris

³¹ International Network on Leave Policies and Research (2018). 14th International Review of Leave Policies and Related Research 2018, edited by S.Blum, A.Koslowski, A.Macht and P. Moss, available under: https://www.leavenetwork.org/fileadmin/user_upload/k_leavenetwork/annual_reviews/Leave_Review_2018.pdf

14%)³². Parental leave use among fathers has been also increasing in other countries, which have been introducing incentives for men's leave uptake in the last decade. According to the OECD data, the proportion of men among parental leave recipients slightly exceeds 30% in Denmark, Germany, Belgium or Portugal³³. Studies shows that **fathers who took parental leave are more involved in providing care after coming back to work**³⁴. **Partners who shared parental leaves after first birth are also more likely to have the second child or have it sooner**³⁵.

Policies, which help young adults to find and maintain a job, combine it with care and which ease the work-family tensions experienced by women, should be further complemented by labour market policies which help young adults to enter the labour market and maintain employment. In an economy where young people cannot find a job and earn their own living expansion of childcare and parental leave system may be less successful in helping young couples in realizing their fertility desires. Numerous studies showed, for instance, that high labour market uncertainty and joblessness in Southern Europe constitute important barriers to family formation there³⁶. **Finally, the reconciliation and labour market policies can be further complemented by monetary transfers. Such transfers would support families in need whose members have low paid or no jobs or who prefer to care of the young children themselves.** Such a policy package would address the diverse needs and situations of young individuals and thus could potentially be more likely to be successful in helping young adults in realizing their fertility desires. The implemented policies should be also stable. Stable policies are more likely to encourage people to make long-term plans and decisions than policies, which often undergo radical modifications with each change in the government.

Fertility is an outcome of a complex decision-making process which is influenced by numerous factors. It should thus not be expected that the recommended policy package will bring immediate and strong increase in fertility. However, it has a potential to improve conditions for family formation and to help young individuals to realize their fertility desires to a greater extent. In addition, it should also bring other benefits, namely improve the families' quality of life in the long-term and thereby reduce outmigration, support labour force participation and reduce dependence on social transfers, protect families from poverty, create better life chances for children and stimulate children's development. It has thus a potential to improve the population human capital, economic activity and productivity. Thereby, it can help alleviating the consequences of population decline and population ageing to a larger extent than single pro-natalist policies based on monetary transfers.

³² OECD Family Policy Database <http://www.oecd.org/els/family/database.htm>

³³ OECD Family Policy Database <http://www.oecd.org/els/family/database.htm>

³⁴ Haas, Linda, and C. Philip Hwang. 2008. "The Impact of Taking Parental Leave on Fathers' Participation In Childcare And Relationships With Children: Lessons from Sweden." *Community, Work & Family* 11(1):85-104; Duvander, A-Z. and A-C. Jans (2009). *Consequences of Fathers' Parental Leave Use: Evidence from Sweden*. *Finnish Yearbook of Population Research* 44: 49-62.

³⁵ Duvander, A-Z., Lappegard, T., Andersson, G. (2010). *Family policy and fertility: fathers' and mothers' use of parental leave and continued childbearing in Norway and Sweden*. *Journal of European Social Policy* 20(1): 45-57

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