

**RESOURCE, LIFE STAGE AND PARTNER-RELATED
REASONS OF POSTPONEMENT OF BIRTHS:
COMPARISON OF ESTONIA AND FINLAND**

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Abstract. Decreasing fertility has been accompanied with the rising age of mothers almost in all the Western countries. Because of the lack of individual level surveys, the reasons for the postponement are often studied indirectly with the macro level data. Our aim is to explore the individual reasons of the postponement of births with a direct measurement instrument. The postponement of birth is defined as a situation when a person would like to have a child but it will be delayed at least for two years. Three prevailing types of reasons – resources, life stage, partner-related – are analysed in Estonia and Finland. The data from the surveys in 1999 and 2002 are used for analyses. It was found that the life stage and the resource reasons were equally prevailing in both countries among the reasons of postponement of births. However, life stage reasons were statistically more important in Finland than in Estonia. For different age groups and by different socio-demographic variables the reasons of the postponement of births vary considerably.

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1. Introduction

There are many different ways how the postponement of births is understood and conceptualised. Several papers (Bebley 1981, Sobotka 2004a, Berelli-Harris 2005) see the rising age of mothers and consequent temporary decline of period fertility rates as fertility postponement, others define it as a combination of micro and macro level features (Kohler et al 2002, Ní Bhrolcháin and Toulemon 2005). Ní Bhrolcháin and Toulemon (2005) distinguish between postponement as behavioural process and postponement as a statistical-demographic sequence of events. In both cases the postponement can lead to the decline of completed cohort fertility rates or recuperation of fertility later.

Most European countries face a situation where people would like to have more children than they actually have. The postponement of births is often considered to be responsible for this gap and the overall decline of fertility (Kohler et al. 2001). Although the postponement of childbearing has been seen as a factor causing the decline of average fertility, its influence is not necessarily so clear in the conditions of generally low completed fertility. The postponement of births does not necessarily lead to the decline of completed cohort fertility. Namely the last studies show that although the period fertility rates are partly the result of fertility timing, the completed fertility is not necessarily influenced by the period changes when the postponement of births is accompanied by the concentration of the rest of births to the shorter vital period (Kohler et al. 2001). Also, Sobotka (2004b) argues that the higher age of mothers at first births was also common centuries ago in the conditions of a rather high completed fertility. He believes that the postponement of first births cannot be the only explanation of declining fertility.

However, there are many arguments in order to support the negative influence of postponement on fertility. For example, Frejka and Sardon (2004:18) state that fertility decline of young women is often misinterpreted as a postponement of childbearing. Instead, it might be more a cause-result relation: the initial decision about the postponement later transforms into the decision to have less or no children at all. Also, the postponement of births can contribute to the lower fertility via rising infertility in older ages. Several authors (Morgan and Rindfuss 1999, Lutz et al. 2003) refer to the fact that the postponement of first births reduces the average number of children born to a woman because the later fertility debut suppresses fertile age. After the subtraction of fertility decline in five Central and Eastern European countries Philipov and Kohler (2001) found two components of fertility decline: the correspondence of the decline to the overall social and economic situation and the tempo effect.

Despite the unclear influence on the final fertility outcome, research about the reasons of the postponement of the births remains essential, because the determinants of delayed parenthood can coincide with the determinants why people finally give up the idea to have children at all. The analyses of the reasons of the postponing of childbearing can contribute to the knowledge about the formation of the overall fertility trends as well.

The aim of this paper is to analyse the reasons of the postponement of births in two neighbouring countries: Estonia and Finland. In this study a definition of postponement of births includes two components: firstly, the wish to have more children and secondly, the decision to postpone the birth of a child for some period. The paper concentrates on the micro level explanations and explains why and how the postponement of births of the child occur in different population groups. We are interested in the general distribution of reasons in two countries, but also in the factors which determine the probability of occurrence of different reasons. All the reasons are classified into three groups: resources, life stage and partner-related.

2. Two culturally similar countries with different reproduction history

Estonia and Finland are geographically and culturally close countries. In both countries younger generations, and particularly young women, spend a long time in education, ending up with a relatively high educational degree. Women form 58% of the group having higher school degree in Estonia and 59% in Finland. Today childbearing decisions in both countries are made in the context of rather high women's labour force participation. Also, a comprehensive day care system in both countries enables mothers with small children to work full-time (Nikander 1998, Ainsaar 2004). From all the 20–49 old women not having a child younger than 12 years, 83.8 are employed fully or part time in Estonia and 77.9 % in Finland (Aliaga 2005). The situation is more different for women having at least one child younger than 12, though 62.4% of them are employed in Estonia and 72.0% in Finland. The lower share in Estonia might be the result of the fact that the employment rate in Estonian rural areas makes it often more beneficiary for the mothers to stay at home with children. Such a high female labour force participation in two countries might be the result of overall conditions of combining work and family life and partly also to the apparent need for two incomes.

The two countries also fit well for the comparison because of very similar family policy incentives. After the overall change of the social security system at the beginning of the 1990s Estonia borrowed all the main family policy elements from Finland (Ainsaar 2001a). As a result, the structure of the general public support system for families with children is very similar in the two countries. In the 1990s both countries had also rather similar aims for the family policy (Ainsaar 2001b) and belonged to the group of countries where governments are investing a comparatively high percentage of public transfers in family policy. In Finland the absolute value of family benefits was rather high, while in Estonia it was low (Stropanik 2000). As a result of differences in the absolute value of family benefits, child poverty was much more common in Estonia than in Finland (Forssén 1999). A comparison of poverty rates in different household types from the mid-1990s shows that the poverty of the two parents and two children household was five times higher in Estonia than in Finland and poverty among single parent households was three times higher in Estonia (Kangas 1999).

However, despite several administrative and cultural similarities, the two countries witness different demographic trends. Today's Finland represents a Scandinavian welfare state and Estonia an East-European post-socialist country (Coleman 1996, Ainsaar 2001b). The demographic development during the last thirty years has been rather different in those two countries. Fertility in Finland remained on a rather stable average level throughout the period (Figure 1). In Estonia, like in many other Eastern European countries, fertility was close to the replacement level until the beginning of the 1990s and dropped sharply to the level of 1.3 births per women at the beginning of the 1990s. This sharp decline has been explained mainly by the severe economic situation of families and the postponement of births because of social insecurity and economic hardship (Ainsaar and

Oras 2000, Tiit and Ainsaar 2002, Ainsaar and Kiivet 2004). However, the reasons for the postponement of births in different age categories and families with and without children seems to be rather different both in Estonia (Ainsaar and Oras 2000, Tiit and Ainsaar 2002) and in Finland (Paajanen 2002).

Although both countries have been witnessing the rising age of mothers, the increase of the age of mothers has lasted longer in Finland and consequently the average age of mothers at first births is almost three years older in Finland than in Estonia (Figure 2). In Finland the mean age of women started to rise already in the 1960s (Frejka and Sardon 2004). The mean age of mothers at first birth has gone up from 24.4 years in 1971 to 28 years in 2005 (Council ... 2002, 2003). In Estonia the mean age of women at birth of the first child constantly decreased from the 1950s until the beginning of the 1990s and started to rise from the level of 22.7 years in 1994 (Sobotka 2004b). In 2005 it was already close to 25 years.

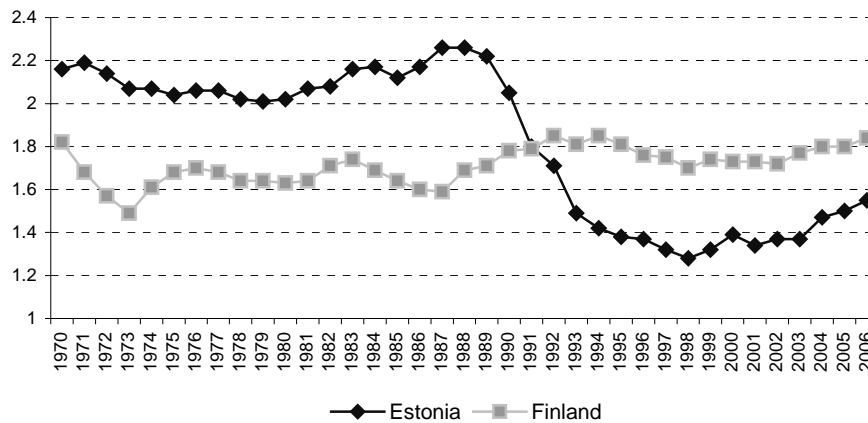


Figure 1. Total period fertility rates in Estonia and Finland 1970–2006.

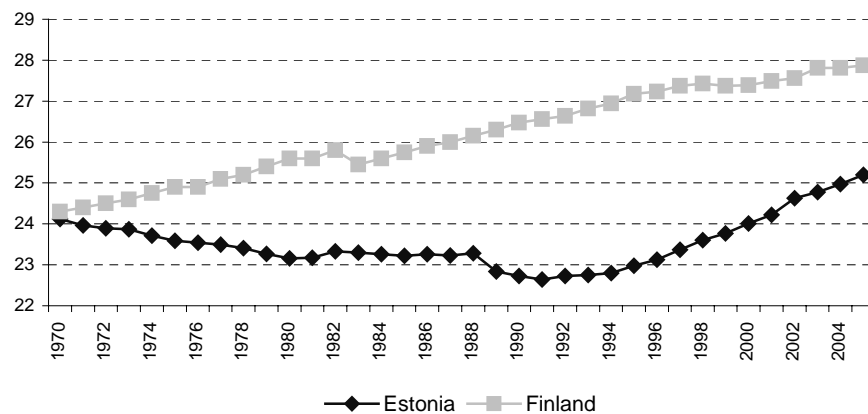


Figure 2. Mean age of first births for women in Estonia and in Finland 1970 – 2005.

Partly as a consequence of the different demographic regime, we can observe rather different levels of childlessness in the two countries. Childlessness has increased in both countries (World ... 2004), and reached the level of 15% in Finland and 5% in Estonia in the early 1990s (Sobotka 2004b). Accordingly, there are essential differences in the attitudes about the necessity of a child. In Estonia people believe much more that having a child is a compulsory part of successful life¹.

Finally, the population in Estonia is ethnically more heterogeneous than in Finland because of intensive immigration from the ex-Soviet Union regions before 1990. Because of behavioural and social differences of the largest – Russian speaking – minority in Estonia (Sakkeus 2007, Krusell 2007), we can expect that the country results for Estonia might be also more heterogeneous than in Finland.

3. Classifications of the reasons of postponement of births

Because of the assumed effect of the postponement of births on the completed fertility and infertility, we can assume that those very reasons can also contribute to the better understanding of the overall lower fertility. The total influence of reasons to the behaviour can appear either individual or as a combination of several reasons. In this part we look first at different theoretical approaches to the classification of the reasons of postponement, and then to different previous empirical evidences.

In the history of fertility research, a large variety of different reasons has been listed as factors influencing fertility. Trying to classify the reasons, approaches from psychology and other relevant areas of demography can be adopted.

The timing of births is one of the most frequently studied phenomena in the fertility research. There seem to exist traditions about the expected age of having children in different societies at different periods of time. According to the life course approach people have certain stages in their life which have a fixed sequence. As people might have several goals in their life, they also might have several life careers with different priorities. In the case of incompatibility these careers can also be called competing careers. For example, educational and fertility careers are often seen as competing careers in fertility studies. Barber (2001) and Mulder (1993) are using the approach of parallel careers in the life course. According to this approach, the individual preference, resources, and constraints influence the extent to which certain events and circumstances in parallel careers lead to action.

The group of life stage reasons reflects the wish to postpone the event of birth to the later age stage because of other more urgent goals in life. Changing family formation strategies and attitudes about the timing of fertility is in continuous interaction with the real behaviour of people. In conditions of contraception freedom, childbearing has become a matter of rational planning and decision-

¹ European Value Survey 1999 T-test among 20 years and older respondents for both Estonian, Finnish men and women separately $p = 0.000$.

making, taking into account potential advantages and disadvantages. Severe competition between alternative life goals can lead to selecting one career and abandoning the other. For example, a survey carried out among female academic professionals in Germany (Kemkes-Grottenthaler 2003) revealed that 71.6% of the childless respondents were postponing having children due to personal and job-related issues. The majority of them (67%) named an ongoing qualification process and insufficient funds as reasons for postponing childbearing. Other important motives were the need for self-realisation and being without a potential partner to raise a child. Also, in Sweden (Statistics Sweden 2001) childless women younger than 30 years living with a partner postponed childbearing, because they wanted to do other interesting things first or they did not believe that their economic or work situation was good enough. Turunen (1998) found that the most common reasons for childless Finnish women not having babies yet were that they did not feel mature enough to take care of a child as well as reasons related to work, studies and their economic situation. All these empirical results refer to the combination of timing the decision and some external factors.

Human action is generally the result of the interaction between the environment and an individual. In psychology the distinction between *internal and external state of behaviour* is often made in this respect (Beck 2004). Internal reasons are related to personality settings, needs, individual resources, external to circumstances and resources outside a person. According to the activation theory for example, the external reasons are circumstances which allow gathering enough resources in order to act. In the case of humans and social behaviour, subjective evaluation of the capacity of those resources is more relevant for decision-making than the objective state. External reasons are seen as factors influencing the attitude about having a child outside the personal settings.

Sobotka (2004b) has classified the reasons of postponement into five subgroups rather as a mixture of individual and macro-level explanatory factors as follows: the effects of educational attainment conflict between employment and motherhood, economic uncertainty, the transformation of the family and the partnership and contraceptive revolution.

Previous individual level explorative factor analyses in Estonia and Finland have drawn out four types of factors for the postponement of birth: age, economic hardship, ethnicity and partnership in Estonia (Tiit and Ainsaar 2002) and four types of factors in Finland: hedonistic, economic, a small child in family and partnership (Paaajanen 2002). It is remarkable that as a result of independent analyses three factors out of four were very similar in Estonia and Finland. In the next steps we concentrate mainly on those three main factors: partner, external reasons and life stage reasons and the partner.

Resource-related reasons are mainly also related to the situation outside individuals. These reasons are mainly the result of the general child bearing external environment and are not the result of life strategy plans. The other important assumption is that people see these conditions as essential preconditions in order to have a child and because of the lack of them, perceive them as the

reasons not to have a child. In empirical data they are often related to economic circumstances and social policy. Because of their external origin, they can also be called external reasons.

Life stage reasons include the reasons that reflect the decision about the timing of births, and an individual life stages strategy. These reasons can also be called 'not yet' reasons. For example, from the groups of life stage reasons the most obvious is an effect of educational attainment on fertility. Many reports reveal some evidence (Liefbroen & Corijn 1999, Hoem et al. 2001, Kravdal 2001, Bratti 2002, Kantorová 2004, Skirbekk et al. 2003, Kreyenfeld 2004, Shkolnikov et al. 2004, Vikat 2004) about the effect of prolonged education on fertility postponement. It is believed that the changes in education also lead to the changing norms and attitudes (Prince-Gibson and Schwartz 1998), including the attitudes towards the age of having a child. They are related to the norms and expectations about the sequence of events in life before having a child (leaving parental home, having a job, etc). In the Estonian-Finnish comparison we use three statements classified under life stage reasons.

Partner-related reasons are related directly to the partner as a reason for not having a child. Three questions were analysed in this group: the missing partner, the partner's unwillingness to have a child and the claim that the relationship with the partner is insecure or bad.

In empirical analyses the reasons of postponement of births are classified according to this reasoning. The demographic and social structure of the two countries allows us to assume the prevalence of these reasons as follows:

1. Partner-related reasons prevail in the younger ages in both countries as we assume that younger people have had less time and resources to find partners.

2. Life stage reasons prevail in both countries in younger ages because the competition between different life careers is more severe in the younger ages. As people become parents in older ages in Finland than in Estonia, we can also expect finding more life stage reasons in Finland than in Estonia.

3. Resource reasons are stronger in Estonia as the support from society to families with children is weaker and the poverty rate among the families with children is higher, compared with Finland. We will also expect that the resource-related reason influences more people with lower incomes in both countries.

4. Method and data

Surveys from Finland and Estonia are used for the comparative empirical analyses. The Finnish survey² was conducted as the mail questionnaire in 2002 and the Estonian³ one as a face-to-face interview in 1999. Both surveys used samples

² Population Development, the Family and Family Formation in Finland in 2002, part of the DIALOG-project's PPA2-survey.

³ Living Conditions Survey, accomplished within cooperation of FAFO (Norway), Tartu University and Ministry of Social Affairs in Estonia.

what were country representative, with the only exception being the Finnish survey that excluded the Swedish-speaking Province of Åland, which has autonomy. However, because of different survey modes the response rate differs: it was 91.8 % in Estonia and 55.6% in Finland. With one repeated round and one reminder letter, the overall response rate achieved in Finland was relatively low, but similar compared to other mail surveys conducted in Finland in recent years (Alkula et al. 1994). The final sample of the Finnish survey was weighted according to gender, age and education. The more precise description of the Finnish database is given in Paajanen (2002). Also, the Estonian database was weighted according to the population structure data from the last census (see Oja & Tiit 2002).

Both male and female respondents in the age range of 18–45 years are used for the analyses in this paper. The Finnish survey had altogether 2,096 and the Estonian dataset 2,484 respondents in that age range. Table 2 gives an overview of the structure of the sample.

At the first stage all the respondents were classified into three groups according to their fertility behaviour intentions: those who did not want to have (any) more children, those who wished to have more children and did not postpone the birth, and those who wanted to have more children but postponed the birth of a child. There were slight differences in question formulation in order to define postponers. Different methods still led to the same behavioural groups of postponers and these differences did not influence information about the reasons of postponement. In both countries it was first asked whether the respondent would like to have more children. After positive response in Estonia, the next question was whether the respondent was planning to have a child during the two coming years. Only respondents with a firm 'No' response were classified as postponers. After the positive response about a wish to have a child in Finland, it was asked if the respondent had tried to have a child during the last 12 months. Only respondents with a firm 'No' response and not pregnant (partner not pregnant) were classified as postponers. As the respondents in the group of postponers in Finland could not be pregnant (or their partner was not pregnant) during the survey, also the firm childless period (12 + 9 months) for Finnish respondents is almost as long as in Estonia. In both countries a question about reasons of postponement of the wished child followed right after 'No' responses. Table 1 gives a brief overview of the share of different groups in surveys.

Two samples had similar age and gender structure (Table 1). The survey revealed that 9–12% of the people aged 18–45 planned to have at least one (more) child and did not postpone the birth. The share of people who did not want to have any more children and the share of respondents with child(ren) produced the only essential country differences. These differences are possibly explained with a younger age at the start of a fertility career in Estonia than in Finland. 62% of respondents were already parents in Estonia, against 50% in Finland.

The questions about the reasons of the postponement of having a wished child were asked only from those respondents who stated clearly that they would like to have more children, but they were not going to have them in the near future.

Table 1. Sample description of Estonian and Finnish surveys in 18–45 age group

	Estonian survey N (%)	Finnish survey N (%)
All respondents aged 18–45	2484 (100)	2096 (100)
18–24	557 (22.4)	499 (23.8)
25–35	1010 (40.7)	784 (37.4)
36–45	917 (36.9)	813 (38.8)
Males	1227 (49.4)	1066 (50.8)
Females	1257 (50.6)	1030 (49.2)
Have already child(ren)	1555 (62.6)	1054 (52.6)
Do not want to have more (any)children	1195 (48.1)	699 (35.2)
Want to have more children ⁴	300 (12.1)	189 (9.5)
Want to have more children, but postpone ⁵ the birth	530 (21.4)	522 (26.2)

18% of the Estonian postponers and 29% of the Finnish respondents who were not sure about their wish to have children in the coming years were omitted from the question about the reason of postponement. The information about the fertility intention was missing in case of about 2% of respondents in Estonia and 5% in Finland. The share of firm postponers was rather similar in two countries – 21% in Estonia, 26% in Finland. In both countries we can use the information about the reasons of the postponement of a wished child from about 500 respondents for more detailed analyses.

Altogether twenty-three reasons in Finland and seventeen reasons in Estonia were given in the list of possible replies about the reasons of postponing a birth. The respondents could also add one more reason of their own choice to the list. In both surveys several reasons of postponement were allowed to be marked simultaneously. For the sake of comparison, only twelve most important and very similar statements were used for analyses. These statements were divided into three broad theoretical categories: resources, the life stage, and partner-related reasons. Although the precise wording of answers was slightly different in two countries (Table 2), the semantic meaning of responses was the same. The frequency of selecting different reasons within a reason group did not influence the later analyses. For example if a respondent gave one answer in the group of a ‘partner-related’ reasons, the person got a ‘partner-related reason’ label and did not differ from the respondent who gave two different responses in the partner related reason group.

Our main research interest is the distribution of these three types of reasons of postponement, their variations in two countries and the selectivity by socio-demographic groups. It might be methodologically important to add that these

⁴ Want to have more children and plan to have them during the coming 2 years in Estonia. Want to have more children and have tried to have a child during last year or is pregnant right now in Finland.

⁵ Postponement = want to have child but do not plan to have during coming 2 years (firm NO) in Estonia, want to have child but have not tried to get pregnant (firm NO) during the last 12 months in Finland.

Table 2. Wording of resource, the life stage and partner-related reasons in Estonian and Finnish surveys

	Estonian survey	Finnish survey
Resources	Problems with living arrangements Economic difficulties Difficulties in taking care of children My or my partner's fear to lose the job	Our current home is too small for a growing family The uncertainty of my/our economic situation Demanding, difficult child care experiences The uncertainty of my/my spouse's job contract
Life stage	I'm/my partner is too young I do not want to interrupt my career My or my partner's studies are not finished	I'm/my spouse is still too young to have children My/my spouse's job doesn't allow it right now/a desire to advance in my career First I want/my spouse wants to finish my/ her/his education
Partner-related	I have no partner Partner doesn't wish to have a child now Relationship with the partner is insecure or bad	I haven't found the right partner My spouse doesn't want to have a child Because of difficulties in our marital/consensual relationship

three categories of responses were covering 98% of all responses in Estonia and 75% of all responses in Finland. Both surveys included a longer list of reasons. The rest of the arguments were not added to the comparison because of low occurrence rate (health) or low comparability reasons.

In order to analyse the selectivity of reasons by individual socio-demographic background, regression analyses were employed. Independent indicators in the regression models were age, education, level of income, partnership status, having or not having children, employment status, rural or urban destination. Gender was excluded from further analyses because the first analyses did not reveal gender differences in the reasons of postponement.

In order to analyse the responses in different age categories, we use three age groups of categories: 18–24 – the early fertility age for both countries; 25–35 – the average age to have a child; 36–45 – the age of late childbearing.

5. Selectivity by socio-demographic indicators

Table 3 shows the general distribution of the reasons of postponing births among three main groups. The first column of people in the table presents the share of people reporting about at least one reason belonging to this group as an important reason for the postponement of birth. The second column shows the confidence intervals of this distribution on the 95% probability level.

Table 3. Distribution of the reasons of the postponement of births

	Estonia		Finland	
	%	Conf i 95%	%	Conf i 95%
Resource	54.9	50.6–59.2	60.4	56.2–64.6
Life stage	51.6	47.3–55.9	65.0	60.9–69.1
Partner	34.5	30.4–38.6	41.3	37.1–45.5

We see that the life stage and the resource reasons were prevailing in both countries among the reasons of the postponement of births. Despite the fact that the share of all the reported life stage reasons and the resource reasons shared the first and the second position, the Finnish respondents mentioned statistically life stage reasons more often. The frequency of resource reasons was not statistically different in two countries. Partner-related reasons occupied the third position.

Figure 3 presents the distribution of different reasons by age groups. At first it reveals that the 18–24 age groups report more intensively all reasons for the postponement of births. This is especially obvious in the case of Finnish respondents. At 18–24 life stage reasons were prevailing in both countries. Life stage reasons decreased with age and were marginal for example among older postponers in Estonia. Resource reasons dominated in the older age groups in Estonia, while in Finland the resource reasons were most prominent in the youngest group and their share diminished gradually with age. The lack of the suitable partner or other partner-related reasons were very important among young Finnish respondents. In Estonia as a next step we will look at the background of different types of reasons of the postponement of the births on individual level, and the selectivity of reasons in the context of different socio-demographic background variables will be analysed.

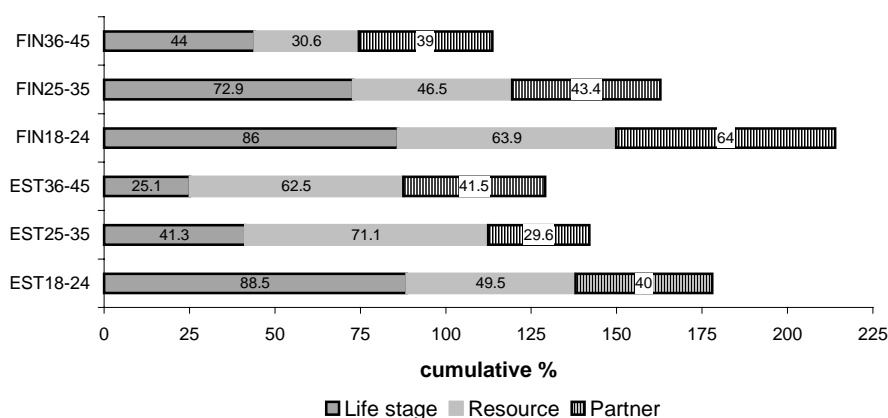


Figure 3. Cumulative % of resource, life stage and partner-related reasons for postponement of child birth by age groups in Estonia and Finland (several reasons are marked simultaneously).

5.1. Life stage reasons

The statements that the respondent feels too young to have children (36%) and studies (29%) in Estonia and studies (42%) and wants to advance his or her career (32%) in Finland were the most predominant arguments in the group of life **stage reasons**.

The **life stage reasons** were more often mentioned by the younger postponers than the older ones in both countries, also taking into account all the interactions with other background variables (Table 4). The age dependency was especially obvious in Estonia. There was no statistically significant difference between the groups until the age of 35 in Finland. The importance of life stage reasons fell significantly after the age of 35 in both countries. Also, studies increased the importance of life stage reasons for birth postponement. The influence of studies was especially remarkable in Estonia. At the same time the presently achieved educational level and the living place did not produce any significant differences in life stage reasons.

Table 4. Postponement of births because of life stage reasons (logistic regression among those who postpone the birth of a child, 0 = no postponement because of life stage reasons, 1 = postponement because of life stage reasons)

		Estonia			Finland		
		B	P	Exp (b)	B	P	Exp (b)
Age	1. 18–24			1			1
	2. 25–35	–2.332	0.000	0.097	–0.399	0.116	0.671
	3. 36–45	–3.648	0.000	0.026	–1.217	0.001	0.296
Education	1. No professional			1			1
	2. Vocational	–0.364	0.241	0.695	–0.560	0.053	0.571
	3. High, university	0.065	0.896	1.067	0.361	0.277	1.435
Income	1 Low			1			1
	2	0.505	0.224	1.657	–0.184	0.528	0.832
	3	1.289	0.002	3.629	–0.217	0.525	0.805
	4 High	1.674	0.000	5.336	–0.600	0.117	0.549
Partner	1 Married. partner			1			1
	2 Without partner	0.906	0.012	2.474	–0.594	0.031	0.552
Have child(ren)	1 No			1			1
	2 Yes	0.467	0.156	1.596	–1.512	0.000	0.221
Status	Employed			1			1
	Studying	2.498	0.000	12.155	1.175	0.001	3.237
	Other	0.058	0.871	1.059	–0.430	0.166	0.650
Living place	1 Urban			1			1
	2 Rural	–0.347	0.306	0.707	0.010	0.965	1.010
Resource reasons	1 No			1			1
	2 Yes	–0.100	0.733	0.904	1.651	0.000	5.210
Partner reasons	1 No			1			1
	2 Yes	–0.965	0.003	0.381	0.460	0.046	1.583
Nagelkerke R Square		0.65			0.45		

In Estonia the better off people postponed childbirth more often because of life stage reasons, while there were no statistically significant differences between income groups in Finland. Partnership produced a reverse relationship in the two countries. People living with partners reported more often about life stage reasons in Estonia while in Finland it was significantly less. Having already children was negatively connected with mentioning life stage reasons in Finland, but there was no influence of having children in Estonia.

The strong positive relationship between the groups of reasons was revealed in Finland. In Estonia the life stage reasons formed a more clear-cut group of reasons: there was no interaction with resource reasons and the exclusive relationship with partner-related problems.

As a second group, we will analyse **resource reasons**. The general economic difficulties (Estonia 46% and Finland 40%) and the difficulties related to housing conditions (both in Estonia and in Finland 29%) were the most important arguments within resource reasons in both countries.

Table 5. Postponement of births because of resource reasons (logistic regression among those who postpone the birth of a child, 0= no postponement because of resource reasons, 1 = postponement because of resource reasons)

		Estonia			Finland		
		B	p	Exp (b)	B	p	Exp (b)
Age	1. 18–24			1			1
	2. 25–35	0.419	0.196	1.521	-0.447	0.066	0.640
	3. 36–45	-0.532	0.181	0.588	-0.979	0.002	0.376
Education	1. No professional			1			1
	2. Vocational	0.092	0.703	1.096	0.586	0.025	1.797
	3 High, university	-0.376	0.316	0.687	0.065	0.820	1.068
Income	1 Low			1			1
	2	-0.415	0.155	0.660	-0.135	0.612	0.874
	3	-0.374	0.192	0.688	-0.779	0.010	0.459
	4 High	-0.499	0.105	0.607	-0.974	0.004	0.378
Partner	1 Married, partner			1			1
	2 Without partner	-0.965	0.001	0.381	-0.648	0.008	0.523
Have child(ren)	1 No			1			1
	2 Yes	0.007	0.975	1.007	0.711	0.003	2.037
Status	Employed			1			1
	Studying	-0.309	0.305	0.734	-0.369	0.202	0.692
	Other	0.637	0.029	1.891	0.969	0.002	2.636
Living place	1 Urban			1			1
	2 Rural	-0.990	0.000	0.371	-0.104	0.638	.901
Life stage	1 No			1			1
	2 Yes	-0.026	0.928	0.974	1.652	0.000	5.216
Partner reason	1 No			1			1
	2 Yes	0.535	0.020	1.708	0.503	0.015	1.654
Nagelkerke R Square		0.18			0.275		

Once again several similarities emerged between the countries (Table 5). Living with a partner and currently not working were related to postponing fertility because of resource reasons in both countries. At the same time also some differences emerged. Younger, lower income groups and the respondents having a child (children) mentioned resource reasons more frequently in Finland, but these connections were missing in Estonian data. Also, persons with a vocational education mentioned more resource reasons than the persons in other educational groups in Finland. In Estonia there were no differences among educational groups. Resource reasons were reported more by the people living in urban areas in Estonia, in Finland the place of residence was not significantly related to resource reasons.

Once again, the Finnish data revealed a positive interaction between resource, the life stage and partner-related postponement statements. In Estonia resource reasons were associated more frequently only with partner-related problems.

As a third group, we analyse the factors of the **partner-related reasons** (Table 6). Not having a partner was the most frequent response in both countries. In Estonia 27% and in Finland 33% of respondents mentioned it as an important reason to postpone childbirth in this group.

Table 6. Postponement of births because of partner-related reasons (logistic regression among those who postpone the birth of a child, 0 = no postponement because of partner-related reasons, 1 = postponement because of partner-related reasons)

		Estonia			Finland		
		B	P	Exp (b)	B	P	Exp (b)
Age	1. 18–24			1			1
	2. 25–35	–0.213	0.547	0.808	–0.022	0.928	0.978
	3. 36–45	0.209	0.634	1.234	0.845	0.011	2.327
Education	1. No professional			1			1
	2. Vocational	0.042	0.869	1.043	0.305	0.244	1.356
	3 High, university	–0.157	0.723	0.855	–0.233	0.436	0.792
Income	1 Low			1			1
	2	–0.123	0.688	0.884	0.026	0.923	1.026
	3	–0.306	0.332	0.738	–0.215	0.488	0.807
	4 High	–0.079	0.810	0.924	–0.373	0.291	0.688
Partner	1 Married, partner			1			1
	2 Without partner	2.304	0.000	10.016	1.757	0.000	5.798
Have child(ren)	1 No			1			1
	2 Yes	0.131	0.594	1.139	–0.035	0.885	0.965
Status	Employed			1			1
	Studying	–0.453	0.157	0.636	–0.555	0.057	0.574
	Other	–0.607	0.053	0.545	–0.038	0.896	0.963
Living place	1 Urban			1			1
	2 Rural	0.543	0.035	1.722	–0.568	0.012	0.566
Life stage reasons	1 No			1			1
	2 Yes	–1.085	0.000	0.338	0.421	0.065	1.523
Resource reasons	1 No			1			1
	2 Yes	0.531	0.020	1.700	0.522	0.012	1.686
Nagelkerke R Square		0.24			0.26		

As expected, the persons who reported partner-related reasons more often were mainly those who did not have a partner. It was true for Estonia, as well as for Finland. In Finland the people postponing childbirth because of partner reasons lived more often in the urban environment and in Estonia in the countryside. In both countries resource reasons were related to partner reasons. The most important variable raising the importance of partner-related reasons was the age of 36–45 in Finland. It refers to the extreme need for partners namely at that age. There was no difference between age groups in Estonia. In Estonia also persons not currently working or studying reported more partner-related reasons.

Education, income and having children were related to the partner-related reasons in both countries.

6. Discussion

It turned out that some **constant combinations of reasons emerged**. In both countries resource and partner-related reasons often appeared to form a positive association. People with partner problems also experienced more often resource problems. It can be related with a common latent variable – maturity or age.

The life stage reasons of births had a very different connection with other reasons in the two countries. Postponement of childbirth because of the wrong life stage was weakly related to resource and partner problems in Estonia while in Finland the people reporting about life stage problems tended to also have more resource and partner problems. Therefore it seems, that the hypothesis about the age or life stage as leading factors of postponement of births is more accurate in the case of Finland than in Estonia.

Life stage reasons were most age selective and produced more or less the expected result in respect of socio-demographic characters. However, this selectivity was more obvious in Estonia and started to influence the results only at the age of 35 in Finland. This shifted age selectivity in Finland can be explained with generally older parents in Finland and postponement of a start of fertility career. The planned later start of fertility career of higher education oriented people also can explain the result that students in both countries mentioned more often life stage reasons than working respondents or those staying at home.

Some differences concerning life stage reasons in the two countries emerged as well. We did not have any clear hypothesis about the relationship of wealth and life stage reasons beforehand. However, the data showed that wealthier people postponed childbirth more often because of life stage reasons in Estonia. In Finland a statistically significant outcome was missing, although the results showed a similar direction. This result can be interpreted according to the theory of the value of a child. Namely to wealthier and perhaps more income-oriented people the price for a child is higher because the child might interrupt their career. Although they can afford a child from the economic point of view, they would like to postpone the birth, because according to new home economics (Becker 1973) their

opportunity costs of having a child would also be higher. The missing effect of opportunity costs in Finland might be a result of stronger family policy.

It was also revealed that while people with a steady partner reported less about life stage reasons in Estonia it was contrary in Finland. This might be the result of different partnership-fertility timing traditions. There seem to be at least two strategies of timing of family and fertility careers in Europe: the western (Finland) and the eastern (Estonia). In the western type the fertility career begins considerably later than partnership (Pitkanen and Jalovaara 2007). In the eastern type the two events are much closer (Monnier and Rychtarikova 1992, Sardon 1993). Although people in Finland had partners, they still did not feel sufficiently mature to have children and postponed births, while in Estonia the postponement because of life stage reasons was more characteristic of the people who had not started their partnership career either.

The most powerful predictor of the importance of **resource reasons** was a status of currently being at home (not working or studying) in both countries. This group consisted mainly of young women at the maternity leave in (Estonia) and unemployed persons (in both countries). Also, living with a partner (in both countries) and having a child (in Finland) increased the probability of resource reasons. We did not find the expected statistically significant differences in the importance of resource problems and income in Estonia. This relationship was revealed in Finland. A possible explanation for that is the more equal distribution of the perceived economic barriers for child bearing in Estonia for different income groups in 1999.

We would also like to comment upon the result that no relationship between the frequency of reported resource reasons and the place of residence emerged in Finland, and resource reasons were reported more often by the people living in urban areas in Estonia. As timing of births depends on the perceived barriers, we can propose that because of lower costs of raising children in the countryside, also the perceived barriers in the countryside were lower, although the general average income was higher in towns in Estonia. The result may also be caused by higher opportunity costs for parents (mainly mothers) in towns, because of higher incomes and consequently also the comparatively lower level of compensation for the maternity leave.

7. Conclusions

The paper analyses distribution and formation of self-reported reasons of postponement of having a wished child in Estonia and in Finland. The reasons of postponement of births were classified into three groups: life stage, resource, partner-related. Life stage and resource reasons were equally prevailing in both countries among the reasons of postponement of births. However, in country comparison the life stage reasons were statistically more important in Finland than in Estonia. We did not find the expected differences of importance of resource

reasons in the two countries. Partner-related reasons were in the third place on the list of reasons in both countries and statistically age dependent only in Finland. Namely from the age of 36 the reasons of postponement were twice more often related to the partner than in younger ages in Finland.

The paper demonstrated that in different age groups and by different socio-demographic variables the reasons of postponement of births vary considerably. From all the individual level socio-demographic variables living together with a partner produced the most constant variability in both countries.

Several similar trends in two countries emerged, but there were also differences. The universal outcomes for both countries were:

1. Prevalence of life stage reasons among students and in younger ages.
2. Resource reasons were most typical of the people in a steady partnership.
3. The main partner-related reason was the missing partner.
4. There was no gender selectivity in different reasons of postponement in Estonia and Finland.

The dissimilarities between countries can be explained mainly with different demographic behaviour and economic situations.

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