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**Slovakia:
Fertility between tradition and modernity**

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Slovakia: Fertility between tradition and modernity

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Abstract

In the last 60 years, Slovakia has experienced comparatively high and most recently very low fertility, long periods of stable fertility alternating with periods of changes, periods of substantial as well as lesser state interventions. Fertility was above replacement in 1990 and declined to the lowest-low levels during the period of transformation. Postponement of life course transitions – leaving the parental home, marrying and becoming a parent – became widespread among younger cohorts after 1990. High unemployment of young adults, increasing economy-driven migration and problems to gain a stable job contribute to this phenomenon. Reproductive behavior is changing, yet Slovak society remains culturally conservative. The dominant form of partnership is marriage, although extra-marital childbearing is rising. Cohabitation is spreading mainly as a prelude to marriage but is not widely approved. Population measures have a long tradition, although 15 years after regime change their nature is very different than that of the state socialist era. Considerable attention was and is being paid to population problems, however, the government has not designed and implemented a comprehensive system of family and population policies.

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1. Introduction

The Slovak Republic is one of the youngest states in Europe. It gained independence following the partition of Czechoslovakia on 1st January 1993. Slovakia belongs to the smaller European countries, both in terms of its population size (5.4 million in 2005) and area (49,000 km²). Before 1993 Slovakia was a member of cross-national state formations: In 1918-1992 (with the exception of World War II) it formed a common state with the Czech Republic, whereas before the year 1918 it had been a part of the Austro-Hungarian Monarchy. Historical development is still reflected in the multi-ethnicity of the population, where almost 20% is of a different ethnicity than Slovak. The largest ethnic minorities are Hungarian (9%) and Roma (estimated at 7%).

Population development in Slovakia has been influenced by Christian tradition, multi-ethnicity of the Central European region, a low level of urbanization, and has experienced different political regimes. Over the last century monarchy, a fascistic war state, communist dictatorship, and democracy paid alternate visits on the territory of Slovakia. A change in the state system was usually connected with a change of political regime.

The majority of the population (56%) lives in urban areas. Natural increase fell below zero during 2001-2003 and has reverted to values slightly above zero since 2003 due to a small increase in fertility; the total number of inhabitants has not decreased because of a slightly positive net migration. In spite of the accelerating ageing process, Slovakia still has one of the youngest populations in Europe. Despite its small area, significant regional differences exist in the Slovak population, caused mainly by geographical location, varying levels of urbanization, diverse cultural traditions, and regional economic disparities (Jurčová et al. 2003, Jurčová and Mézsáros 2006).

There were many similarities in population trends in Europe in the middle of the 20th century (Cliquet 1993) and population development in Slovakia was not very different from that in other European countries. Forty years of communist dictatorship have brought several particularities also of population development in Slovakia (Vaňo et al. 2001). The so-called Eastern European reproductive regime emerged during the state socialist period (Monier and Rychtaříková 1992, Sobotka 2002). In former countries of the socialist block, patterns of mortality, fertility and family formation were characterized by adjectives high and early: Family formation and childbearing were early and nearly universal; nuptiality, fertility and mortality were on the high side, compared to Western European countries.

Considerable and swift changes in population development have emerged from the social and economic transformation after the fall of the communist regime. Compared to European standards Slovakia currently records an average level of nuptiality, an early age at marriage and first birth, a relatively low divorce rate, very low fertility, a low

proportion of extra-marital births, persistent high mortality (especially for men), and low intensity of international migration. Whereas the 1990s were characterized by abrupt changes in all major components of population change, since the turn of the century, demographic trends have been gradually becoming more stable, more closely approaching the patterns in other countries of Central and Western Europe.

While data from population censuses and vital statistics enable a satisfactory investigation of the overall demographic trends, the absence of demography-focused surveys in Slovakia cause a lack of knowledge on opinions, attitudes and intentions of the population in the field of family and reproduction. Consequently, analyses of some causes of demographic change are limited. International comparative surveys such as the Fertility and Family Survey or the Population Policy Acceptance Survey have not taken place in Slovakia and local surveys are scarce.

2. Fertility trends

2.1 Fertility tempo and quantum: from early and high towards later and lower fertility

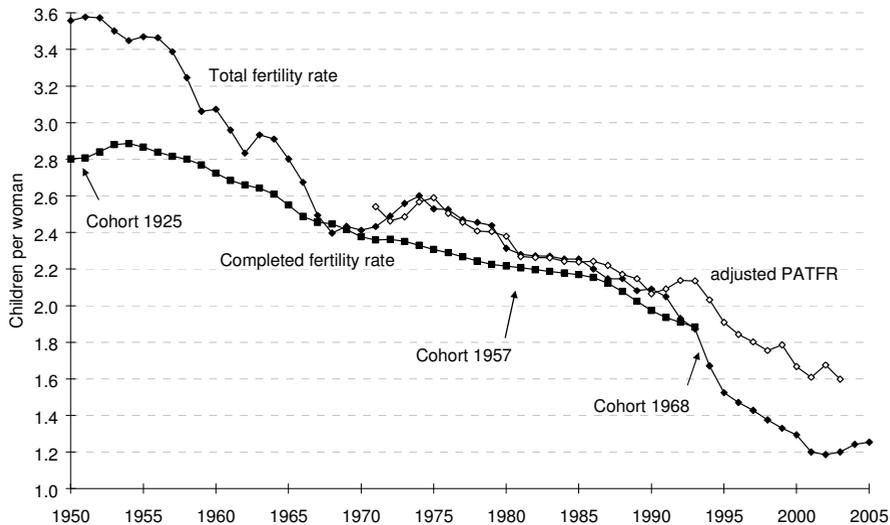
In the last 60 years Slovakia has recorded periods of very high as well as very low fertility when compared with broader European trends; at the same time the country has seen periods of relative stability in fertility patterns and also abrupt changes, periods of substantial state interventions into the domain of reproductive behavior alternated with periods of insignificant state activity in this field.

The declining trend in total and completed fertility rates reflects the transformation from an agrarian society and large families towards a modern urbanized, industrial society and prevailing two-child families, typical for the era of the 1970s and 1980s (see Figure 1 and Section 1.3). Among women born in the 1930s to the late 1950s, the average family size shrank from 2.9 to 2.2 children on average and the gradual decrease will most likely accelerate among the cohorts of women born after 1965 who entered into motherhood during the transformation period.

Period fertility trends are closely linked to the legalization of induced abortion in 1957, which coincided with the onset of the downward trend in period fertility. The pro-natalist population policy measures, introduced in the early 1970s, reversed the fertility trend (Frejka 1980, see also section 4 of this chapter for details). Unlike in the Czech Republic, period fertility of Slovak women was still well above 2.1 children per woman when these pro-natalist policies were implemented. The upswing in fertility quantum was only temporary and the main effect was on the tempo of fertility and on the concentration of reproduction into a narrow age interval (see Figure 2). The pattern of

early and almost universal childbearing, higher fertility levels compared to other European countries and a two-child family norm, were all characteristic of pro-creative behavior up to the end of the 1980s.

Figure 1: Period (1950-2005) and cohort (1925-1968) fertility indicators, Slovak Republic



Note: In order to be comparable to period figures, cohort data have been lagged in 25 years (mean age of women at childbearing). Adjusted PATFR is an indicator of period fertility proposed by Kohler and Ortega (2002) that removes the distortions in TFR caused by the changes in timing of childbearing. It is based on multi-state fertility tables constructed from age and parity specific birth probabilities.

Source: Period fertility indicators: vital statistics data, adjusted PATFR computations Tomáš Sobotka. Completed cohort fertility rate: ODE (2001), vital statistics data 2001-2005, computations Ján Mézsáros.

The collapse of state socialism in 1989 has led to changes in the social and economic context of reproduction. The response to the new conditions was very prompt and brought a fundamental change in reproductive behavior: Later childbearing and family formation, decline in fertility levels, a more heterogeneous age pattern of childbearing and diminishing universality of parenting and marriage, and two-child families. During the years 1990-1995, the total fertility rate dropped from the replacement level of 2.09 children per woman to 1.52 and subsequently reached a minimum of 1.18 in 2002. The steep decline of period fertility indicators was partly

caused by tempo distortions. The life-table indicator of tempo-adjusted fertility (adjPATFR) shows that the actual decline of fertility quantum over the 1990s was less dramatic (Figure 1): The adjPATFR gradually fell to a level of 1.60 in 2003. The latest years suggest a slight recovery of total fertility levels due to the “catching-up” of the previously postponed births.

Table 1: Indicators of period fertility tempo and quantum, selected years 1950-2005

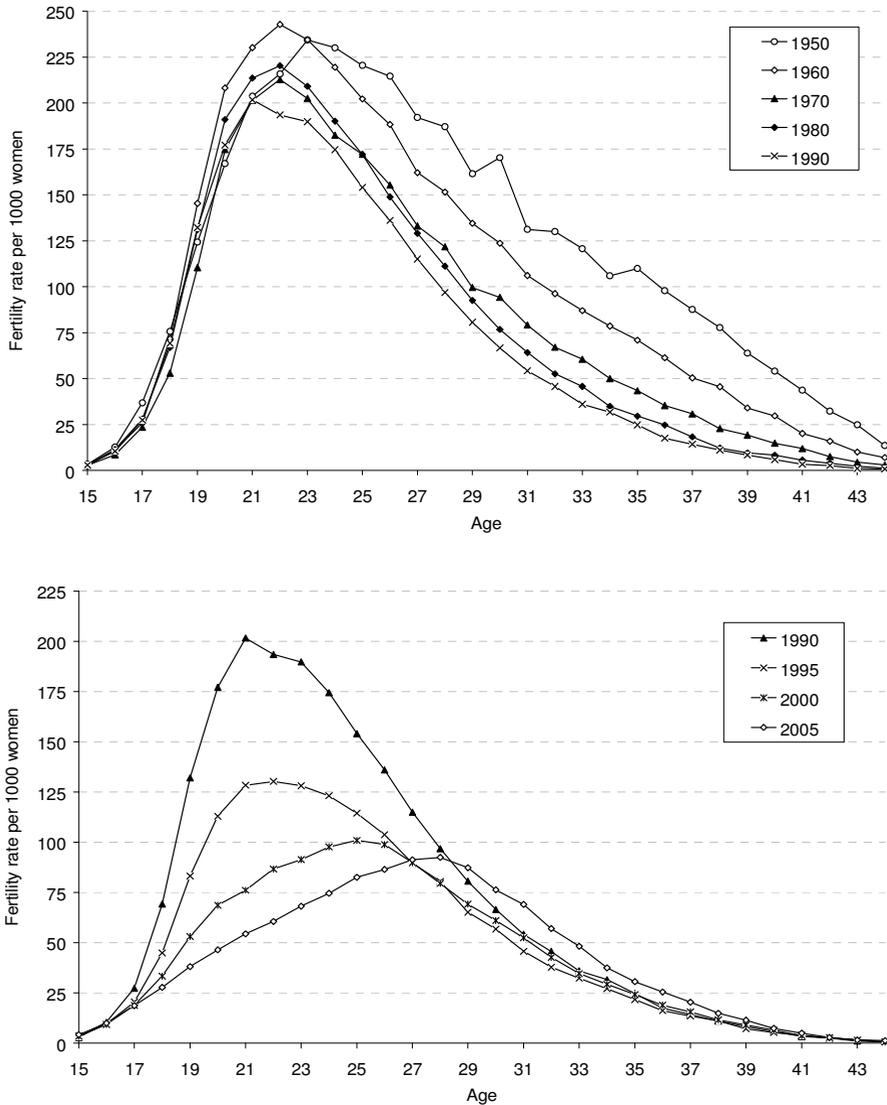
Calendar year	Sum of age-specific fertility rates (per 1000 women)				Proportion 30+	Mean age at child-bearing	90% of births realized	Mean age at first birth	TFR
	Below 20	20–24	25–30	30+					
1950	253	1051	976	1266	35.7	28.1	38.0		3.55
1963	249	1098	819	764	26.1	26.7	35.6	22.6	2.93
1975	224	1043	750	508	20.1	25.9	33.8	22.8	2.53
1985	256	1017	624	356	15.8	25.1	32.5	22.6	2.25
1990	242	937	583	324	15.5	25.1	32.4	22.7	2.08
1995	162	623	454	284	18.7	25.6	33.3	23.0	1.52
2000	118	421	438	315	24.4	26.6	34.3	24.2	1.29
2005	99	304	440	409	32.7	27.5	35.4	25.7	1.25
Change 1995/1990	–33%	–33%	–22%	–12%		+1,0 years		+0,3 years	–0,56
Change 2005/1995	–39%	–51%	–3%	+44%		+1,9 years		+2,7 years	–0,27

Source: vital statistics data (Statistical office of the SR), author's computations.

Despite the ongoing changes, women in Slovakia are still comparatively younger when they become mothers than most of their European counterparts. Although the mean age of mothers at first birth has risen by 3 years in the period 1990-2005, it is still below 26 years. Table 1 shows that teen-age fertility and especially fertility of 20 to 24-year-olds has fallen considerably over this period.

A more heterogeneous pattern of childbearing with a less pronounced peak at ages 27 to 28 is apparent in year 2005, which is in strong contrast to the strongly pronounced peak of childbearing at ages 21 to 22 prevalent over the 1970s and 1980s (Figure 2). Since women used to start a family in their teens and early 20s and had on average 2 children within a narrow time interval, only 10% of fertility used to be realized after age 33. Over the last 15 years, however, the proportion of fertility at ages 30+ has doubled and we can expect a further increase of fertility rates even after age 35 due to the “catching up” of postponed births. Unlike previously, many of these women will give birth to their first child rather than to their third and higher-order children at this age.

Figure 2: Age-specific fertility rates among women aged 15-44, selected years 1950-2005



Source: Vital statistics data (Statistical office of the SR), author's computations

Changes in period fertility indicators translate into shifts in the age patterns of fertility among birth cohorts of women. Women born since the mid-1960s are no longer displaying the stable pattern of reproduction of previous cohorts, i.e. they no longer have on average 1.3 children at age 25 and they no longer complete reproduction by age 35 (see Table 2). With lowering intensity of childbearing, the completed fertility of women is decreasing and cohorts born in the 1970s are likely to end up with a completed fertility of about 1.6 children per woman (according to the author's trend projection). The identical level of fertility, however, can result from very different parity distributions. Hence, in the following sections of the paper we examine trends in parity distribution and in the transition to motherhood.

Table 2: Completed fertility in selected ages, Slovak women, selected cohorts

Age	Cohort							
	1950	1955	1960*	1965*	1970*	1973*	1976*	1979*
up to 20	0.29	0.3	0.33	0.33	0.34	0.31	0.22	0.16
up to 25	1.33	1.33	1.34	1.28	1.13	0.93	0.69	
up to 30	1.99	1.92	1.9	1.76	1.56			
up to 35	2.23	2.14	2.1	1.95				
CFR	2.31	2.22						

* Cohorts with not completed fertility.

Source: ODE (2001).

2.2 Transition to motherhood and timing of births

The social and economic transformation that gave an impulse to the changes in reproductive behavior had a different impact on women at different stages in their reproductive life course. Women who had already started a family were in a different situation than young childless women. For the latter, postponement of childbearing, especially the transition to motherhood, became a widespread reproductive strategy and a reaction to the enlarged opportunities for studying, building a professional career, traveling and to the difficulties of young adults in the labor-market.

The initially stable age pattern of transition to first birth, characterized by a sharp increase in the probability of having a first child after age 18 and a maximum at ages 22 to 23, has been transformed substantially since 1990 (Figure 3). The most recent developments show a slight increase among women aged 30 to 35, and support the notion of starting a recuperation of postponed first births. Women born since the 1970s postpone first childbirth when they are young adults and usually make the transition to

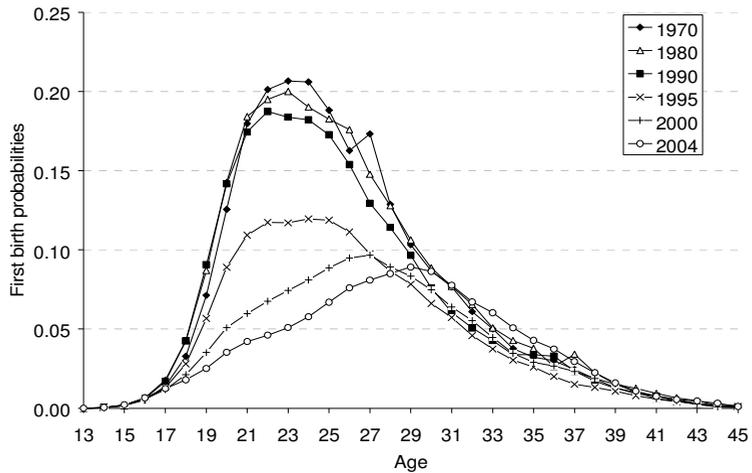
motherhood after age 25. The drop of fertility quantum at age 20 to 25 is more pronounced in each subsequent birth cohort. The intensity of the first births increases after this age (Figure 4). However, although some recuperation after age 25 is evident, younger birth cohorts are likely to end up with lower completed fertility of the first birth order than their counterparts born during the 1950s (see also Figure 6). The graphs plot almost identical patterns in the transition to motherhood among women born in the 1960s and 1950s.

Women born in the 1970s have initiated the remarkable postponement of entry into motherhood and marriage. The year 1990, however, did not only bring the change in timing of first births, but also changes in the transition to second birth. Figure 3b displays a sharp decline in the transition to second birth among women having one child, which dropped to 50% of the 1990 levels in 2004 for women aged 20 to 29. In the cohort perspective, already women born in the 1960s differ in their transition to second birth compared to their predecessors. These women were in their 20s at the time of the collapse of the state socialist regime and although many of them had already formed families and had a child, they were less successful in having the second one. Changes in parity progression will impact on the completed fertility and parity distribution of these cohorts. If the probabilities of the second birth transition do not increase in the near future, we can speak of a trend towards a rapid increase in the proportion of one-child families. This will be true for the cohorts of women born in the 1970s. Postponement of the transition to motherhood results in the postponement of the subsequent births. So far, there is little evidence of the recuperation of the second birth-order fertility rates (Figure 4b).

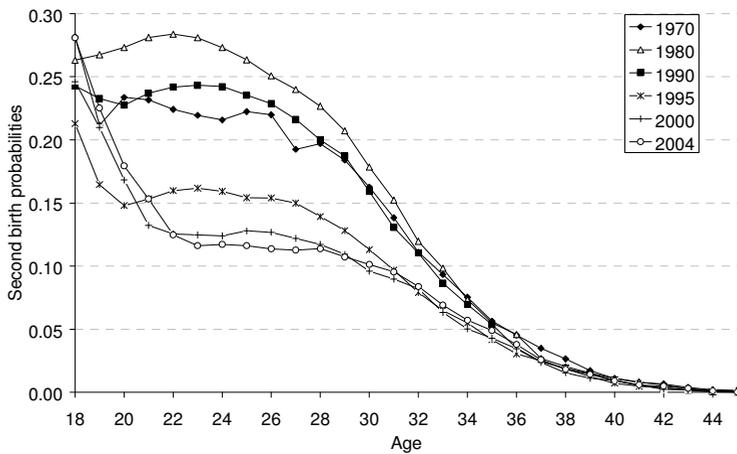
The term 'postponement of childbearing' implies that the births that were not realized previously will be recuperated later during the women's reproductive career. Billari and Kohler (2002) draw links between the emergence of the lowest-low fertility in Europe and postponement of births, and hypothesize over the degree of recuperation among cohorts of women. Frejka and Sardon (2003) even ask whether we can still speak of 'postponement' if the recuperation will not be sufficient and younger cohorts of women eventually end up with significantly lower fertility after the shift to the late fertility pattern. An almost complete recuperation took place among the cohorts of Dutch women. This scenario is not likely to happen in the case of Slovakia. Despite some recuperation, women born in the mid-1970s will end up with a lower average number of children compared to older cohorts and their parity distribution will undergo a major change.

Figure 3: Age-specific probabilities of having a(nother) child, selected years 1970-2004

a) Probability of transition to first birth among childless women



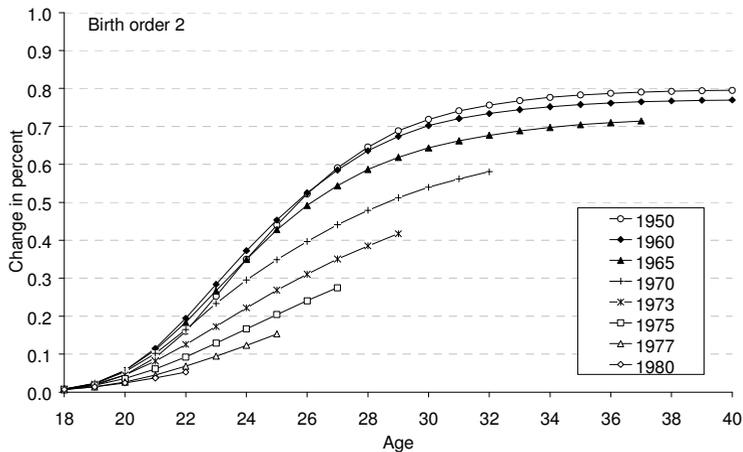
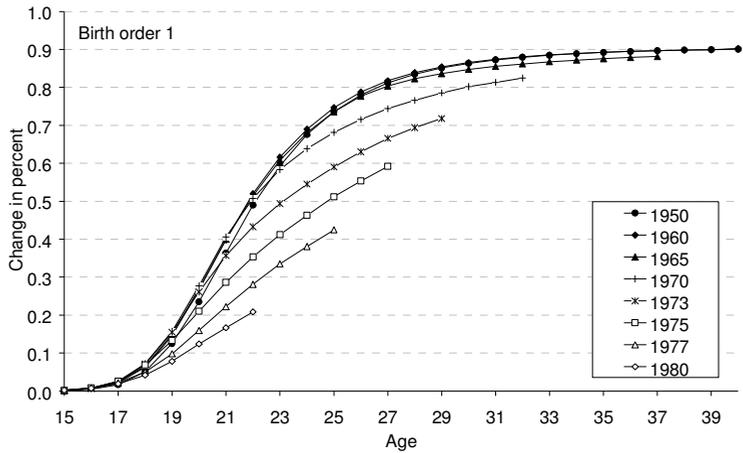
b) Probability of transition to second birth among women with one child



Source: Vital statistics data (Statistical office of the SR), computations by Tomáš Sobotka.

Figure 4: Transition to first and second birth by age among women, selected birth cohorts 1950-1980

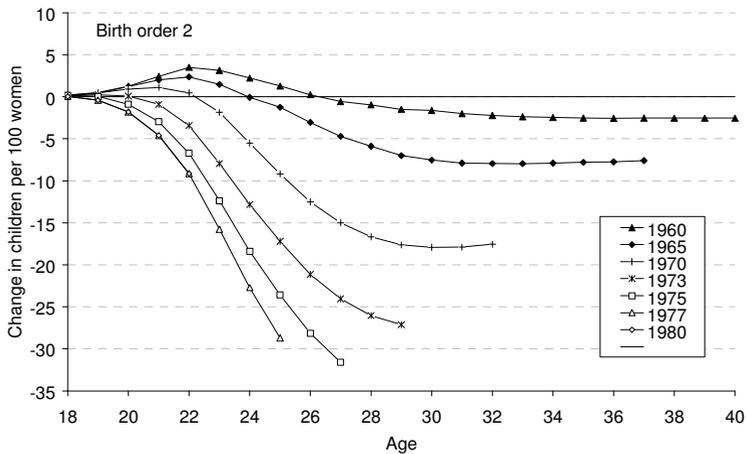
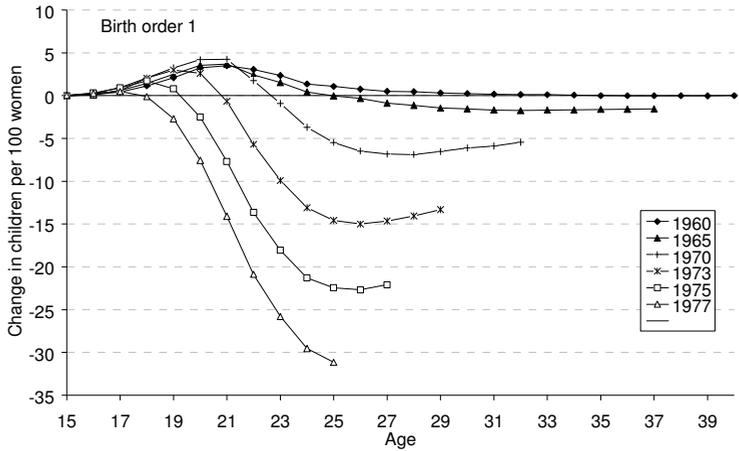
a) Cumulative fertility rate by age



Sources: Cohort fertility data ODE (2001), author's computations.

Figure 4: (Continued) Transition to first and second birth by age among women, selected birth cohorts 1950-1980

b) Cumulative change in fertility rate by age, reference cohort 1950



Sources: Cohort fertility data ODE (2001), author's computations.

2.3 Completed family size and childlessness

The reduction of family size is one of the most substantial transformations in reproductive behavior in Slovakia during the last half-century. A higher proportion of families with three or more children was historically one of the main differences in reproductive behavior compared to the Czech Republic. Half of all women born before 1930 had three or more children compared to one-third of Czech women of the same birth cohorts (see Figure 5, and Figure 2 for the Czech Republic). The reduction of completed family size applied first to fourth and higher birth orders and resulted in a growing proportion of women with three children. The probability of transition to the third birth is, however, decreasing in the long run, and so is the proportion of women with three children, starting from the birth cohort 1950. Interestingly enough, these were the women who were bearing children during the era of pro-natalist population policy. However, as fewer women reached a 'larger' family size of three children, the decline of the parity progression ratio stopped for cohorts born after 1950.

During the state socialism era, orientation on a two-child family model began prevailing and the marital nuclear family was dominant. Women born during the 1950s typically had two children. Whereas the proportion of women with two children reached around 45%, the proportions of childless women and women with one child were decreasing to 10% and below. Although previously a more widespread phenomenon, childlessness became an unusual and marginal phenomenon: only 7%-10% of women never had a child. Among married women, childlessness was even lower – at about 3%-5% (see Table 3 in the next section).

A sharp decline of fertility quantum and enduring lowest-low fertility has led to the notion of a rapid increase in childlessness among women born after 1970. We argue, however, that not a massive increase in total childlessness but a growing proportion of families with a single child will be the main consequence of the persisting low fertility and postponement. Previously, at least 90% of women became mothers at least once and probabilities of having a first child decreased only slightly for cohorts born in 1965-1968 (from values 0.90 to 0.88). While childless women born in the late 1960s have similar probability of having the first child compared to older cohorts, for women with one child, the probability of having a second child has already been decreasing (see Figure 6). The probability of having a second child dropped from 0.87 for birth cohort 1958 to 0.78 for cohort 1968, and the trend suggests a further decrease. Moreover, motherhood is considered important for the construction of femininity, and it is conceptualized as an integral and natural part of a woman's role (Šalingová 2003). For Slovak women born 1970-1975, Sobotka (2004) estimates permanent childlessness to reach 13%-17%. The proportion of women having a single child is likely to increase

Figure 5: Cohort parity distribution among women born 1916-1968

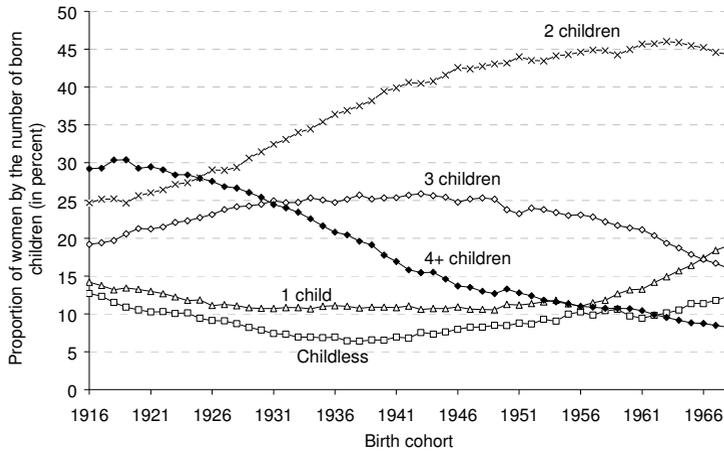
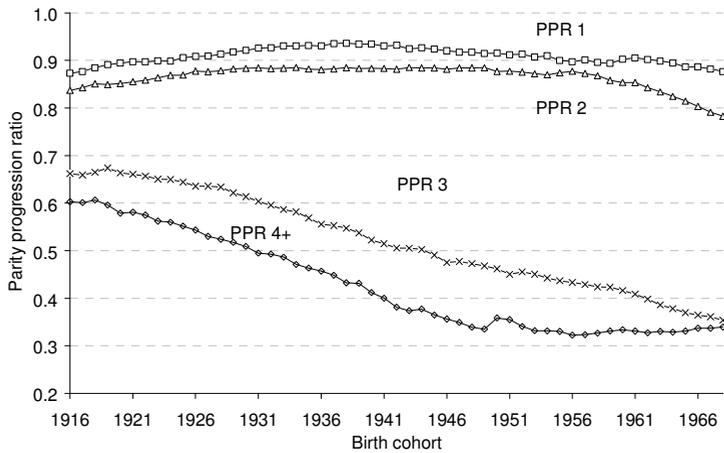


Figure 6: Parity progression ratios among women born 1916-1968



Source: Vital statistics data 1980-2004, Census 1980, computations Tomáš Sobotka.

from 15% to almost 30% among women born in the second half of the 1970s (according to the author's trend projection).

The ongoing postponement of family formation and childbearing will therefore bring more heterogeneity in parity distribution. Changes in timing of births and family size, however, differ among women who follow different educational and professional pathways.

2.4 Fertility outcomes of women by educational attainment and marital status

Education is distinguished as the most important factor influencing timing of childbearing and fertility outcomes of women (Hoem 1986, Blossfeld and Huinink 1991). First, being enrolled in education is increasingly perceived as incompatible with childbearing and thus results in postponement of family formation and childbearing. Second, women with higher educational attainments are more likely to follow a professional career and consequently differ in the process of family formation. Women with higher education tend to form smaller families and remain childless more frequently.

During the state socialist era, however, the differences in parity distribution of women with different educational attainments were less pronounced, and even tended to diminish (Table 3). Marriage was influencing fertility outcomes of women to a larger degree (see Section 2.1). A trend towards uniform pro-creative behavior of married women is apparent from the levels of childlessness and trends in completed cohort fertility according to educational attainment. The variation of the completed cohort fertility rate among ever-married women⁵ decreased: For the birth cohort 1930, completed fertility varied between 3.10 children per primary educated woman to 1.91 for university educated, and in the 1950 cohort the difference narrowed to 2.91 and 1.97, respectively. While completed fertility of women with primary and lower secondary education was decreasing, completed fertility of university educated women slightly increased and was similar to the completed fertility of women with higher secondary education.

While total childlessness among married women born in 1930 varied from 3% among primary educated to 5.8% among university educated, in the 1950 cohort 2.1%-

⁵ The analysis is based on census data and hence it is possible to distinguish only among women who have never married and those who have ever entered into marriage, since only marital status at date of the census is reported. This also means that children of those unmarried women who married after having an extra-marital child appear as marital in the data. Hence, never-married women here are only a specific selected group of single mothers.

2.6% of women with primary and secondary education and 4% of university educated never had a child. Similarly, except for women with primary education, two-child families prevailed among married women born before 1960, irrespective of attained education. The proportion of women having three children was about 30% among primary educated women compared to 15% among university graduates, who more frequently than others ended up with only one child.

After 1990, wider opportunities for tertiary education opened up for young adults (starting with cohort 1965), contributing to the process of postponement of childbearing and a consequent drop of period fertility indicators to the lowest-low fertility levels. During 1990-2005, the number of women studying at universities almost tripled⁶. While married women with secondary education born after 1965 still universally have at least one child, university graduates start to differ and frequently postpone motherhood even when they marry. Beginning with the 1968 cohort, we can find twice as many childless women among ever-married university educated women who also have a second child less frequently. High childlessness among youngest cohorts seem to support a finding of Kantorová (2004) that university educated women in the Czech Republic prolong a period between completion of studies and entry into motherhood.

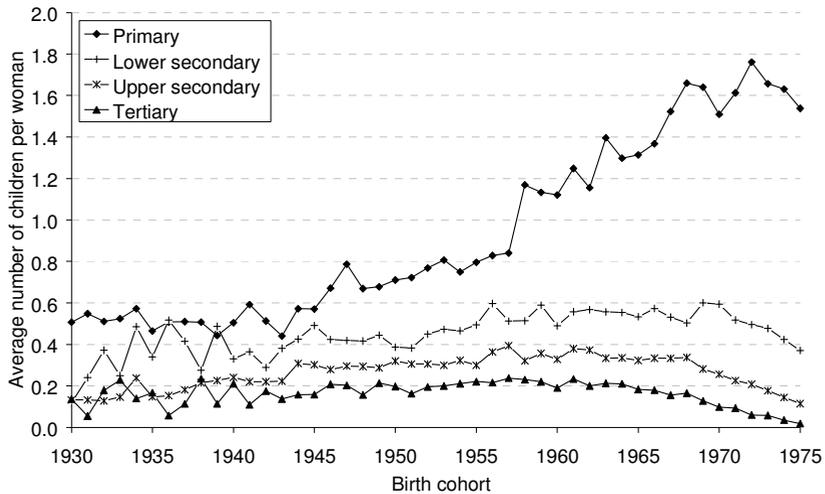
On the other side of the spectrum we find women with primary education, who seem to be a specific sub-group. These women strikingly differ in their reproductive behavior from all other groups. They form large families – the proportion of women having 4 and more children is highest in this group and women born after 1958 have very high extra-marital fertility (see Figure 7). Among these women we can find a large proportion of the Roma ethnic group, who undergo a very different process of family formation, where first births often occur before the wedding and traditional marriage is in many cases not followed by a legal wedding (Selická 2003). Hence, these women, although distinguished as married in their community, appear unmarried in the official statistics. Naturally, ethnicity cannot be the only factor influencing high fertility, and very likely, different preferences of ideal family size and knowledge and use of contraceptives matter as well.

The differences in completed fertility among women with different educational attainments increased after 1990. Completed fertility of primary educated women born in 1965-1970 remained at 2.95 children per woman, while completed fertility of other groups of women decreased, mostly due to an increasing proportion of women with a single child. Completed fertility of university educated women decreased considerably from 1.95 to 1.61 children per woman between the cohort 1960 and 1968. The increasing differentiation of fertility outcomes and family size of women with different educational attainments corresponds with the increasing range of individual pathways

⁶ Data source: <http://www.uips.sk/status/index.html>

and life course orientations. We assume that the trend of widening differences will persist in the coming years.

Figure 7: Completed fertility of never-married women by educational attainment, selected birth cohorts 1930-1975



Source: Census 2001 (Statistical office of the SR), author's computations.

Table 3: Parity distribution among ever-married women by educational attainment, selected birth cohorts 1930-1975

Birth cohort	Childless	Primary (%)				CFR
		1	2	3	4+	
1930	3.0	8.6	29.7	27.3	31.4	3.10
1940	2.2	7.9	33.8	29.2	26.8	2.97
1950	2.4	7.6	33.6	32.1	24.3	2.91
1960*	2.7	8.7	33.6	27.8	27.3	2.97
1965*	2.2	10.9	34.3	26.6	26.0	2.94
1968*	2.8	11.5	34.4	24.0	27.3	2.95
1970*	3.2	13.0	30.5	23.6	29.7	2.95
1973*	3.7	17.1	33.8	21.6	23.9	2.66
1975*	4.9	25.0	37.3	18.3	14.5	2.25
Birth cohort	Childless	Lower secondary (%)				CFR
		1	2	3	4+	
1930	3.1	12.9	43.4	26.7	13.8	2.45
1940	2.1	10.2	43.4	30.6	13.7	2.53
1950	2.1	8.6	44.4	32.0	12.9	2.50
1960*	2.2	9.5	48.2	28.6	11.4	2.45
1965*	2.4	12.7	51.8	24.3	8.9	2.29
1968*	2.7	16.6	52.6	21.2	6.9	2.17
1970*	3.1	21.8	53.4	16.2	5.6	2.04
1973*	4.7	33.5	49.3	9.8	2.7	1.75
1975*	7.0	47.2	39.1	5.6	1.1	1.49
Birth cohort	Childless	Upper secondary (%)				CFR
		1	2	3	4+	
1930	4.4	18.3	46.0	21.6	9.7	2.19
1940	3.1	15.2	54.5	21.1	6.1	2.15
1950	2.6	12.8	54.7	24.0	5.9	2.20
1960*	2.1	13.8	57.1	20.5	6.4	2.19
1965*	2.7	19.5	57.8	15.7	4.4	2.03
1968*	3.2	24.8	56.5	12.5	3.0	1.89
1970*	4.5	31.8	52.0	9.7	2.1	1.75
1973*	8.4	46.8	39.6	4.7	0.6	1.44
1975*	14.2	56.3	27.2	2.1	0.3	1.19
Birth cohort	Childless	Tertiary (%)				CFR
		1	2	3	4+	
1930	5.8	23.7	49.5	16.6	4.4	1.91
1940	4.0	22.3	56.0	14.6	3.1	1.93
1950	4.1	18.7	59.8	14.1	3.2	1.97
1960*	3.4	21.0	59.0	13.1	3.6	1.95
1965*	4.7	26.9	56.5	10.3	1.6	1.78
1968*	7.2	35.7	48.5	7.6	1.0	1.61
1970*	10.9	44.8	39.2	4.5	0.5	1.40
1973*	27.7	52.9	17.8	1.4	0.2	0.94
1975*	43.2	48.6	7.6	0.3	0.2	0.67

2.5 Roma population: contrasting reproductive behavior

Approximately 20% of the population in Slovakia belongs to ethnic minorities; Hungarians (9% of total population) and Roma being most numerous. At present approximately 370,000-400,000 Roma live in Slovakia, which represents 7% of the total population with an estimated increase to 9.5% in 2025 (INFOSTAT 2002b). Besides Macedonia, Romania and Bulgaria, Slovakia ranks among countries with the highest share of Roma population in Europe. Roma are the only ethnic group that markedly differs from the majority population by its distinct lifestyle, poor standard of living, as well as reproductive behavior (Mészáros and Vaňo 2004). Due to these characteristics, the Roma population has a disproportional influence on demographic development in Slovakia, particularly on fertility trends.

The Roma population is heterogeneous with respect to the level of integration. An estimated 20% of Roma are fully integrated, 50% are partially integrated and 30% are segregated⁷. Amongst the Roma population there exist differences in reproductive behavior, compared to both their own population as well as compared to the majority population. Integrated Roma behave more similarly to the majority population and according to estimates, the 2002 total fertility rate of integrated Roma women was 1.3 children and the mean age at first birth was 24 years (Mészáros and Vaňo 2004). Roma living in separated and segregated communities have typically high fertility, large families, an early start of reproduction, high intensity of teenage and out of wedlock childbearing, compared to the overall population of Slovakia (Table 4).

Table 4: Estimates of childbearing characteristics of Roma women, 2002

	TFR	Mean age at first birth	Extra-marital births (%)
Integrated	1.3	24.0	19
Partially integrated	3.0	20.8	44
Segregated	4.6	19.6	39
Segregated 1996-2004*	5.2	20.6	53
Roma total	3.1	21.1	37
Slovak Republic	1.19	24.7	22

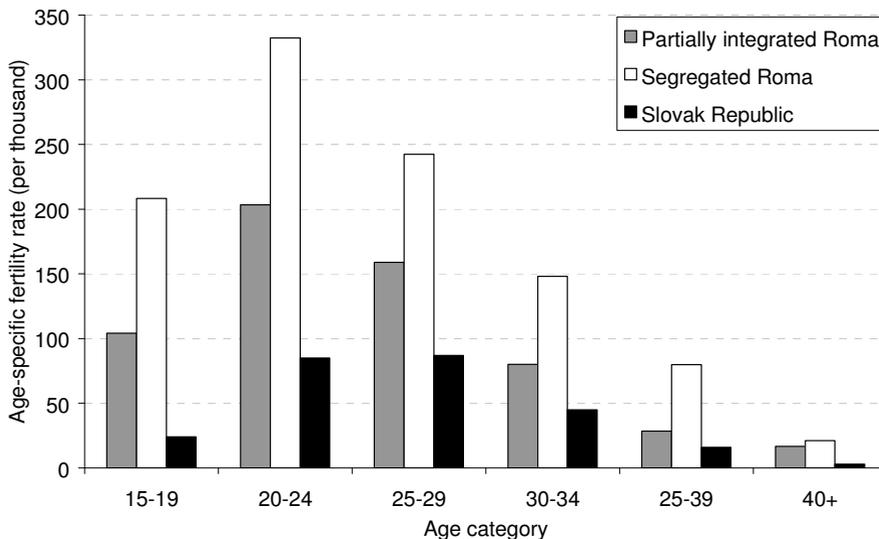
Source: Mészáros and Vaňo (2004), estimates based on vital statistics data.

*Source Šprocha (2006), based on vital statistics data 1996-2004 for municipalities with 95+ % of Roma.

⁷ Similarly to other former socialist countries, Roma were forced to settle in the 1950s. They live mostly in rural areas. Level of integration depends on the interaction with the majority society. Separated (partially integrated) Roma live in settlements mixed with the majority population although often in separated communities. Segregated Roma live concentrated in cities or villages, which are often located some distance from the majority settlement. Interaction with the majority population is low.

Comparing partially integrated and segregated communities, partially integrated Roma women have a lower total fertility rate; their TFR is at about 3 children per woman, and lower intensity of fertility over the whole reproductive life. Although teenage fertility of these women is about half of the values for not integrated Roma, it is still higher by a factor of 5 compared to the Slovak population (Figure 8). In segregated communities, 30% of women give first birth by age 18 (Kumanová, Džambazovič 2002). Early start of childbearing is connected to the synchronization of sexual maturity and union formation. Life in partnership is a demonstration of social maturity of the couple in front of the local community (*ibid*). Legal marriage often follows the traditional ceremony only after several children are born, which is partly due to the low age of mothers and also due to the lower importance Roma attribute to legal marriage. In segregated communities, half the children are born out of wedlock. Among these, about 20% are births from mothers younger than 18 years, out of which a similar proportion are extra-marital births of second and higher birth order. Among first births we find the highest proportion of extra-marital births (about 75%), about one half of second children are born out of wedlock and this number further declines with the increasing birth order (Filadelfiová and Guráň 1999, Šprocha 2006).

Figure 8: Age-specific fertility rates of Roma women in communities with different levels of integration, 2002



Source: Šprocha (2006).

Despite the early union formation, partnerships among Roma are stable and we find a higher proportion of complete families and low incidence of divorce (Kumanová, Džambazovič 2002). Family and children are highly valued. Process of family formation and the character of Roma family are very different from the majority society. Conditioned on the interaction with the majority population and level of integration, the process of nuclearization of families and a shift towards more egalitarian partnerships occurs (ibid).

Changes related to the transformation of the economy had a considerable impact especially on segregated Roma, who suffer high unemployment, social exclusion, poverty and dependency on the state provided social welfare. One of the consequences is a trend reversal in fertility: despite decreasing fertility over the 1970s and 1980s, recent studies document an increase of fertility rates during the period 1996-2002 (Mészáros and Vaňo 2004). Compared to the 1980s, contraceptive use and especially sterilization⁸ decreased among Roma women (Šaško 2002). Furthermore, the fact that child allowances are an important part of family income may be influencing reproductive strategies especially of segregated Roma women.

3. Proximate determinants of fertility

3.1 Changes in family formation

Family forms and living arrangements are undergoing a profound change and diversification in most European societies (Höhn 2005). Although living alone, living with a partner in a consensual union, or staying at the parents' home is becoming more popular within younger generations also in Slovakia since the 1990s; the most frequent family form still comprises a married couple with children. Marriage is regarded as an important institution (see Section 4.1).

Until the middle of the 20th century, the development of nuptiality in Slovakia was not significantly different from the trend observed in most other European countries. The "catching up" of marriages postponed during World War II contributed to an increase in nuptiality during the 1950s and pro-natalist population policy measures, introduced during the 1970s, caused nuptiality to persist at high levels and longer than in the Western European countries. Family formation was early and nearly universal:

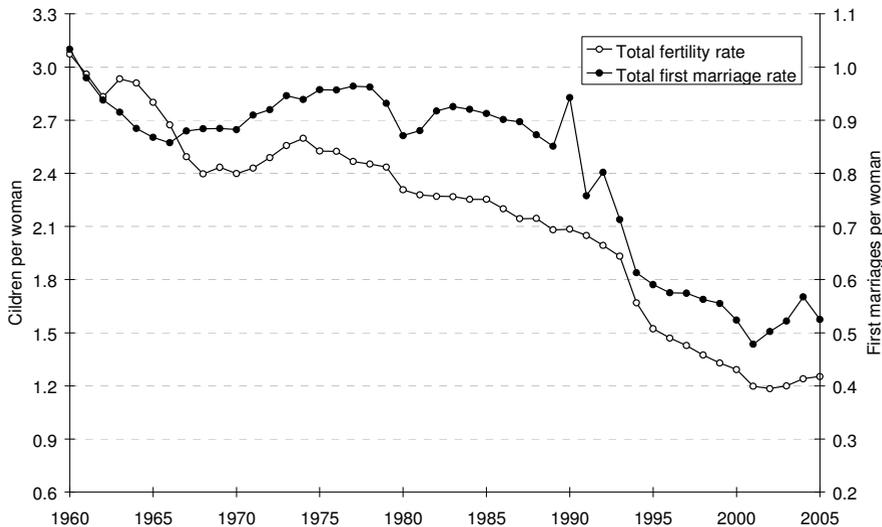
⁸ Since 1972, sterilizations were allowed for women under age 35 in case they had 4 children, for women 35+ in case they had 3 children. Roma were a target of this policy and they could obtain a financial refund for sterilization. Since 1990 sterilizations are not covered by health insurance, age limit was cancelled and having 3 children is the only necessary precondition (Vaňo and Haviarová 2002).

around 90-95% of men and women entered into marriage at least once in a lifetime and the mean age at first marriage was 26 years for men and 23 years for women by the late 1970s. Most men and women entered into marriage at age 20 to 24 years. Among women, nuptiality was also high at ages below 20. These marriages were frequently due to pregnancy and marriage was a widely-accepted and preferred solution in case of an unplanned pregnancy. Pre-marital sex became increasingly common, but without a corresponding increase of knowledge and use of birth control. Consequently, the number of unplanned pregnancies among young unmarried and childless women increased rapidly. The proportion of first birth order children conceived before marriage and born into marriage grew continuously and reached 55% in the 1980s (see Figure 10a). During 1960-1990, 85% of children conceived by women when single were actually born after they married. The widespread strategy of entering marriage in case of a pre-marital pregnancy has a decreasing tendency since the 1990s, as non-marital living arrangements are becoming more popular among younger cohorts. In case of non-marital pregnancy, childbearing out of wedlock is becoming as common as entering marriage.

A large majority of children (95%-93%) used to be born in wedlock until the late 1980s. Nuptiality and fertility were closely interlinked – periods of high nuptiality favorably influenced the fertility trend, and to the contrary, lower fertility was usually connected with a decrease in nuptiality (see Figure 9). Therefore, the development of nuptiality was an important factor determining the trend in the number of births. High nuptiality and a favorable age structure of women in their reproductive age were the main reasons for the increase in the number of live births observed during the 1970s.

The established trend of an early marriage and a high proportion of pre-marital conceptions, combined with a very low proportion of extra-marital births, changed in the 1990s. The generations born in the 1970s, who were entering the age of the highest nuptiality and fertility, initiated these changes. It was expected that these “baby-boom” cohorts would bring a new rise in the number of marriages and births, or that the numbers of marriages and births would remain at least at the same level as in the previous period. Quite to the contrary, the decrease in nuptiality and fertility occurred due to the new strategy of postponement of family formation and childbearing. A lowering proportion of married women in the previously most fertile ages and a decreasing propensity to marry are important factors of the very low fertility during the 1990s. In the period 1980-2001, the proportion of married women decreased in all age groups up to 34 years (according to census data); especially the proportion of married women aged 16 to 19 decreased considerably from 7.1% to 1.6% in 1990-2003. In the case of women aged 20 to 24, the proportion of married women dropped from 56.6% in 1990 to 27.1% in 2003.

Figure 9: Fertility and nuptiality in Slovakia, 1960-2005



Source: Vital statistics data (Statistical office of the SR), author's computations.

Similar to fertility, the probability to enter into first marriage decreased at all ages during the 1990s. The latest available data show a sign of a trend reversal and growing probabilities of marriage among single women after age 25. This trend is related to the postponement of other life course transitions such as leaving the parental home, finishing education and to the situation of young adults in the labor-market.

Although the nuclear marital family prevails in Slovakia, cohabitation and extra-marital childbearing are on the rise: the proportion of extra-marital births surpassed 26% of all live-births and 32% of first births in 2005 (see Figure 10a). This is also linked to the increasing proportion of unmarried women in the population and to the growth of extra-marital fertility. The highest intensity of extra-marital fertility is typical for women younger than 25 years of age. Extra-marital childbearing becomes increasingly diversified depending on the social status: in 2005 70% of all births of primary educated women were extra-marital, compared to 9% among university educated women (see Figure 10b). During the period 1991-2005, the proportion of extra-marital births increased the most among upper-secondary and lower-secondary educated women, among whom the proportion increased by a factor of 4.6 and 3.8,

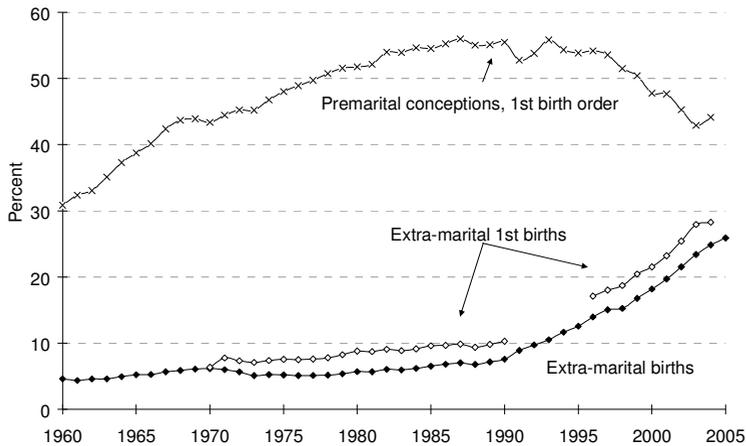
respectively. University educated women bear children out of wedlock only rarely. Extra-marital childbearing, hence, is still typical of lower social strata.

In comparison to other European countries, cohabitation⁹ is less common in Slovakia. According to the census in 2001, only 2.6% of unions were cohabitations. In the past, the occurrence of cohabitations was rather sporadic and prevalent among ever-married persons. According to the 1980 census data, cohabitation was practiced mostly by married persons, hence among those who could not enter into marriage with a new partner (approximately 60% of all registered cohabitations). Cohabitation among never-married persons is spreading gradually: in 1980 only 9% cohabitations involved single persons and this share increased to 40% in 2001. Also, cohabitation practiced by young persons (age 20 to 29) is becoming more widespread. This change is presumably related to the rising occurrence of cohabitation before marriage among younger cohorts, which has a character of the temporary living arrangement before marriage and it is related to a particular stage in the life cycle of young adults.

During the years 1991-2001, the proportion of cohabiting women increased especially in the age group 20 to 29 (from 1.7% to 4.6% of women in reproductive age living in cohabitation) and less among 35 to 49 year-olds (from 1.8% to 2.5%). A rising proportion of women in reproductive age living in non-marital union resulted in an increase of the number of children in such unions. Since post-marital cohabitation is still dominant, a large proportion of these children come from previous marriages of the cohabiting partners. However, the increase of cohabiting women (aged 20 to 29) with children and a rising proportion of extra-marital births, suggests an increasing preference for longer-lasting non-marital unions. Whereas in the past most informal partnerships were temporary and rapidly turned into marriage, it is now becoming acceptable that childbirth foregoes marriage. The bond between childbearing and marriage seems to be weakening and the first child is no longer a reason to enter into marriage.

⁹ Data on cohabitations used in this text come from population censuses 1980-2001, where cohabitations count living arrangements of person living in one household, who declared they are cohabiting (living as partners). The data are, obviously, incomplete and we can only estimate the current situation or point out the basic tendencies.

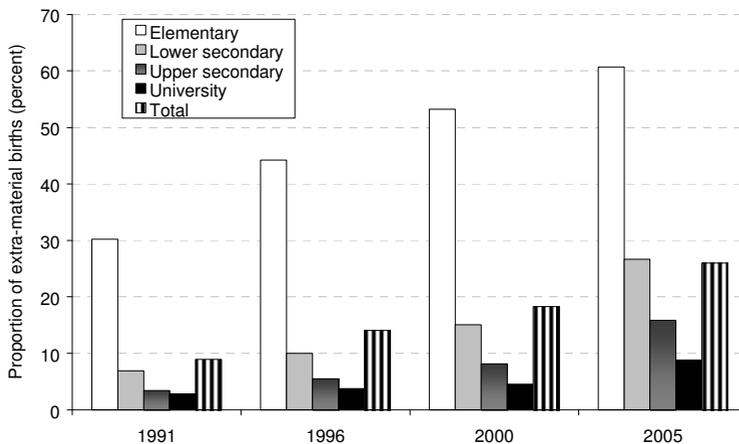
Figure 10a: Proportion of extra-marital births and conceptions, 1960-2005



Note: Proportion of pre-marital conceptions refers to the proportion of all marital first births that were realized within the 8 months after the marriage.

Source: Vital statistics data (Statistical office of the SR).

Figure 10b: Proportion of extramarital births by educational attainment of mother, selected years 1991-2005



Vital statistics data (Statistical office of the SR), author's computations.

3.2 Sexual behavior and contraceptive use

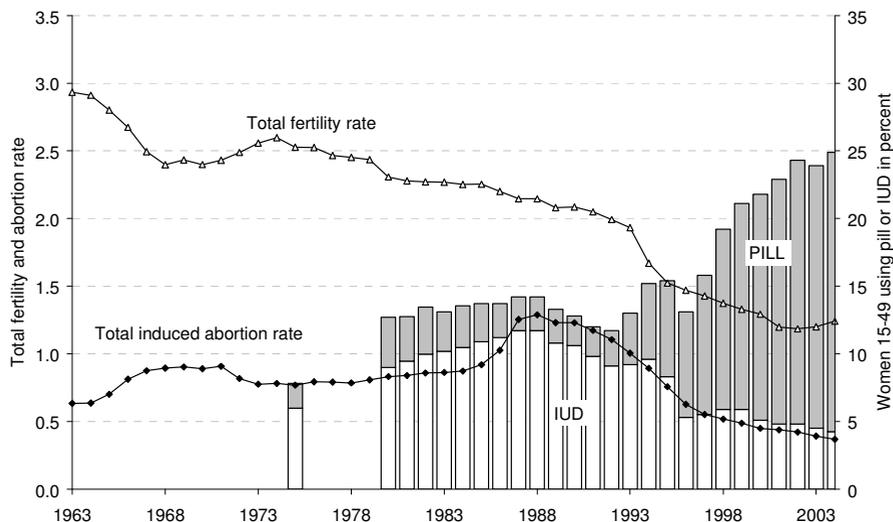
Similarly to the other domains of reproductive behavior, the 1990s brought a change in contraceptive practice: a shift from induced abortion to contraception, from traditional to modern methods of birth control, and a change in the meaning of family planning previously understood as controlling for the intended number of children, moving towards the timing of pregnancies. The diffusion of effective modern contraceptives contributes to the postponement of childbearing and a rapid decrease of induced abortion and presumably of the number of unwanted pregnancies.

Pre-marital sexual experience is broadly accepted, as data on pre-marital conceptions suggest (Figure 10a) and surveys confirm (FOCUS 1997). Seventy-five percent of women in reproductive age had a positive attitude towards pre-marital sex and 92% had this experience. Most women had their first sexual intercourse at age 17 to 18 and it was commonly unprotected, to a large extent due to the “myth” of the impossibility to get pregnant at first intercourse (FOCUS 1997). Unprotected intercourse and the prevalence of traditional contraceptive methods resulted in high numbers of unintended pregnancies. Pre-marital conception most often resulted in marriage (75% of women who experienced non-marital conception declared they entered into marriage), and only 10% of these conceptions ended up in induced abortion (FOCUS 1997). However, unplanned pregnancies of married women, especially after achieving a desired family size, were often terminated by induced abortion, which was used as contraception “ex post” (see Section 3.3).

In 1991, 74% of sexually active women used a contraceptive method, however, more than a third were relying on traditional methods (mostly withdrawal, UN 1994). Among modern methods¹⁰, the condom (21%) and IUD (10%) were most widespread, while the pill was uncommon (2.5%) (Figure 11). There were several reasons for the low use of modern methods of birth control: low knowledge and lack of information on modern contraceptive methods, difficult availability, low quality of the pill with multiple side effects before the arrival of foreign pharmaceutical products and widespread “myths” on health risks related to the pill and IUD. In general, it was not a common practice among gynecologists to inform women or offer contraceptives. Especially childless women were in a problematic situation since medical authorities did not consider the IUD and the pill suitable for them, which contributed to the early entry into motherhood until the 1990s (Potančoková 2007).

¹⁰ Information on contraceptive methods comes from various sources: trends in hormonal contraception and IUD come from medical statistics, while information on condom use and traditional methods comes from surveys (UN 1994, FOCUS 1997). Due to lack of data, we have no information on non-medical methods after 1996.

Figure 11: Total fertility and induced abortion rate and use of prescribed contraceptives by women 15-49, 1963-2004



Note: Prescribed contraceptives are pill (hormonal contraception) and intra-uterine device (IUD).

Source: Vital statistics (Statistical office of the SR), author's computations; data on prescribed contraceptives UZIS 2005.

An era of a real “boom” in contraception began in the mid-1990s: focused advertising campaigns and the promotion of contraception, as well as a broad range of new types of contraceptives, played an important role in this boom. Contraception was beginning to be seen as a tool by which women could exert influence upon their personal and also professional lives. An increasing proportion of women in reproductive age were using medical contraception (IUD or the pill), while the condom, used as a main method of birth control, seems to have been stable at 20-25 % and only about 13% of sexually active women were using withdrawal or rhythm as a main method of birth control (FOCUS 1997, Figure 11). Until the mid-1990s, women who decided for contraception preferred the intrauterine device (IUD) to the pill (Figure 11). There is probably a strong cohort effect underlying this trend: it is likely that women of older cohorts were still relying more on withdrawal and the IUD, since these were most prevalent in the past, while younger women are adopting hormonal contraceptives.

Despite the rising trend, the proportion of women in reproductive age using the pill (20% in 2004) is still lower than in Western Europe and about 50% lower than in the

Czech Republic. Almost 70% of women still think hormonal contraception is harmful at least to some extent (FOCUS 1997). Additionally, the position of the Catholic Church, which is an influential institution in Slovakia, towards birth control and especially the pill contributes to the “conservativeness” of women in this domain. Women considering themselves “deeply religious” have indeed negative attitudes towards birth control, induced abortion and pre-marital sexual intercourse, and they also markedly differ in their reproductive behavior compared to other women (*ibid*).

3.3 Induced abortion

Similar to other former socialist countries of Central and Eastern Europe, induced abortion on demand by women was legalized in 1957, for social and economic reasons. Before 1958, intensity of induced abortion was low, as it was permitted only for health reasons. Until 1985, the total induced abortion rate (TIAR) had risen to 0.9 induced abortions per woman (Figure 11). The trend in induced abortion often shifted in line with the changes in legislative directives. Abortion was accessible free of charge until 12 weeks of pregnancy and until 1986, applications had to be approved by so-called abortion committees. The liberalization of laws engendered a rapid rise in 1986-1990 (abortion committees were dissolved). The intensity of induced abortion reached 1.3 induced abortions per woman in 1988 and the ratio of abortions per birth had risen to 60% in 1990 (total number 50,000 induced abortions).

No public discussion preceded passing the laws on induced abortion in Slovakia, unlike the liberalization of abortions in Western Europe. Until the 1990s, availability of various forms of contraception was limited and contraceptive use remained low. In this period, induced abortions largely substituted for contraception and became an integral part of the reproductive behavior of the Slovak population (Kučera and Fialová 1996).

There has been a trend reversal since 1990, and the number and intensity of abortions has been falling rapidly. The diffusion of modern contraceptives after 1990 contributed to the swift decrease: in 2005, the total induced abortion rate fell to 0.35 abortions per woman, which is the lowest value since 1958. Induced abortion has decreased by more than 70% compared to the period of the highest level in the late 1980s. In 2005, 20% of pregnancies were interrupted by induced abortion, compared to 35% in 1990.

In contrast to Western Europe, where childless and unmarried women up to age 24 prevail among abortion applicants, in Slovakia – as in the past – these are still typically women over age 25, married, and with at least two children. In 2004, 55% of all abortions involved married women in the age group 30 to 39; 60% of abortions involved married women with at least two children. These are usually women who

failed to adopt effective contraception having achieved their desired number of children. However, since the mid-1990s, the proportion of childless unmarried applicants has been increasing gradually. In the age group 20 to 24, half of the abortions were performed on single childless women in 2004, compared to 30% in 1996.

A decrease in the number of induced abortions was also the result of changing attitudes towards abortion due to public discussion and the campaigns encouraging contraceptive use. The acceptance of induced abortion still remains widespread: according to surveys, almost 90% of respondents agree with induced abortion in case of health risk, 80% in case of defects of the fetus and about 50% find abortion based on social reasons acceptable (FOCUS 1997, Matulník et al. 2002).

4. Social conditions and their influence on fertility

4.1 Political system

The totalitarian regimes of socialist Eastern Europe had a significant influence on living conditions of the population and considerably influenced reproductive and family behavior (Vaňo et al. 2001). The consequence was the establishment of the so-called Eastern European pattern of reproductive behavior typical of high levels of fertility, mortality and early family formation and childbearing, aftermaths of which can be observed to the present day (Philipov and Dorbritz 2003).

In 1945, the Czechoslovak Republic was re-established, but the democratic system was preserved only until the communist putsch in 1948. The following era of an authoritarian communist regime was in the form of an unitary state, since 1968 in the form of a federation in the former Czechoslovakia. The last change of the political system in Slovakia took place in 1989. The fall of the communist regime was followed by a political and social transformation towards democracy and brought great changes for the population, as it is connected with a loss of long-run certainties and customs, and led to the discussion on the emergence of social anomie (Rabušic and Mareš 1996).

Czechoslovakia collapsed in 1993 and the independent Slovak Republic emerged. The process of European integration was continuing, which was completed for Slovakia by joining the EU and NATO. The democratic character of the Slovak Republic cannot be currently disputed, but the ongoing transformation period differs from a stable democracy in many ways and the experience of a stable, long-lasting democracy is lacking. It can be concluded that Slovak fertility has been developing for almost 70 years in politically unstable conditions.

Changes in reproductive and family behavior, taking place in Western Europe since the mid-1960s, were connected with modernization and the growth of

individualism (van de Kaa 1987, Höhn 2005). In contrast, the communist way of life was based on values of an egalitarian society, collectivism and state paternalism; and the state-guaranteed social security lead to a loss of personal responsibility and to a focus on the family (Možný 1991). A lack of consumer goods resulted in the revitalization of family networks. The family remained one of the few domains for personal realization since opportunities of studying and a professional career were based on obedience to the regime. The family was idealized as a harmonic setting for tackling problems and as a shelter from the politicized public sphere (Einhorn 1994).

Up to the end of the 1980s, Slovakia was one of the countries with the highest fertility in Europe. Political and social changes after the year 1989 brought personal freedom and wide opportunities mainly for the young. A significant decrease in fertility and a strategy of postponement of family formation and parenthood are part of the social transformation process (Vaňo et al. 2001).

4.2 Economic transformation, unemployment and expansion in education

The transition from a centrally planned to a market economy was accompanied during the 1990s with economic decline, high inflation and unemployment, a decrease in real wages and a drop in the standard of living. These trends caused feelings of disappointment and uncertainty in the population. Besides problems, economic transformation brought new opportunities for professional careers, education and traveling abroad, which were no longer dependent on the obedience to the regime.

Regarding the level of inflation, GDP and unemployment, it is useful to distinguish between two periods: before the year 1999 growth of GDP was slow, inflation was high and unemployment had grown to 18%. After 1999, the economic situation stabilized due to the consistent realization of economic reforms. Slovakia has been experiencing the highest economic growth among EU countries over the last three years (above 6% annually). However, unemployment remains the biggest economic problem, as it still reaches high levels, although it has been decreasing since entry into the EU (16% in 2005, OECD 2006).

Young adults and women face levels of unemployment well above the average, partially due to increasing competition in the labor-market because large cohorts born in the 1970s and early 1980s are entering the labor-market and also because of an insufficient demand for labor in some regions¹¹. The unemployment rate among 20 to

¹¹ Slovakia is a country with the largest regional differences among the EU 25 countries. In the capital Bratislava and western Slovakia GDP is above the EU average and unemployment is 3%-7%, while in some districts of eastern Slovakia the GDP is only 40% of the EU average and unemployment exceeds 25%.

24-year-olds was 25-32% and 20% for women aged 25 to 34 during the period 1999-2005 (OECD 2006). The problem for young adults to establish themselves in the labor-market contributes to a postponement of family formation.

Personal skills, appropriate qualification and education play an important role in finding and maintaining a job and influence the career prospects and income level. Returns of tertiary education increased (university graduates have better paid jobs and low unemployment rates) and enrolment in tertiary education has grown as well during the 1990s. The number of university students tripled and enrolment rates in tertiary education reached 30% among young adults aged 20 to 24 years (OECD 2005). The 2001 census data show that 14% of men and 15% of women aged 25 to 29 years had attained a university education.

An extended possibility to study, to increase one's qualification and to build a professional career, are seen as the main obstacles to form families at an early age (Jurčová and Mézsáros 2006), as is indicated by the regional differences in fertility in Slovakia. The decrease in fertility is higher in regions with a higher standard of living and more possibilities of self-realization for young people. In contrast, the decrease in fertility is lower in poorer regions, where competition between family and work is not as strong and where housing conditions are more favorable. The problem for young families to obtain proper housing is concentrated mainly in towns.

Causes of the fertility decline, which was most intense in the mid-1990s and ceased only after 2001, was due to a large extent in changes of the labor-market, employment and education that resulted in the strategy of postponement of life course transitions such as leaving the parental home, finishing education and entry into marriage and parenthood. Childbearing is perceived to be in strong conflict with enrolment in education, whereas the feeling of financial security and appropriate housing conditions are seen as important preconditions for starting a family and having a child (Potančoková, 2005).

4.3 Harmonization of work and family

Participation of women in the labor-market is traditionally high and typically takes the form of full-time employment. Dual-earner families are a well-established model in Slovakia, ever since mandatory female labor-force participation was introduced in 1948. Female labor-force participation remains high also during the ongoing transformation period: economic activity of women is above 60% and among women 25 to 54 years it has remained above 80% (OECD 2006). Apart from the interest of the majority of women for self-realization in their profession, another two factors come into play in Slovakia. Work or employment is highly valued (according to European Values

Studies up to 61% of respondents think that work is very important) and because of low wages two incomes are necessary to maintain an acceptable standard of living for the majority of families (Ministry of Labor, Social Affairs, and Family 2006).

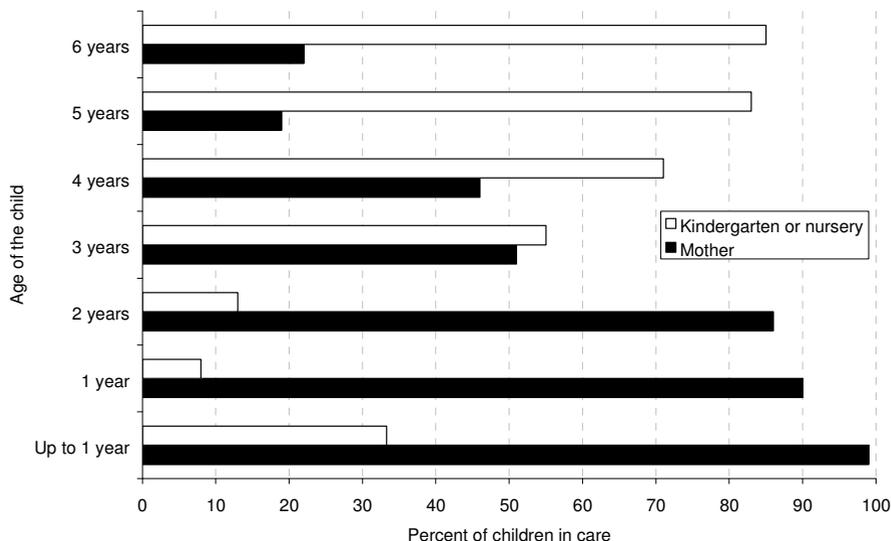
The transformation of the economy resulted in increasing difficulties to reconcile work and family as well as in a growing vulnerability of families with children. The necessity of two full incomes and legislative obstacles¹² influenced a low preference for the use of flexible forms of employment such as part-time work, flexible working hours and working from home, which in general facilitate harmonization of family and work (Hanzelová et. al 2005). Working from home is used only by 2.5% of employees and flexible working hours, which are the most popular forms, are evenly used by men and women (6.7% of employees) (ibid). Only 1.8% of men and 4.1% of women are employed part-time in Slovakia, which is the lowest level among OECD countries. According to the Labor-Force Survey (Statistical Office of SR 2005a), 9% of women taking care of a dependent child (13% of women aged 25 to 34) would like to work less hours in order to take care of the child.

Caring for small children (up to 6 years) is a female task and the proportion of men taking parental leave, or regularly taking care of a child, is negligible. Childcare is provided mostly by family members (including grandparents) and up to 3 years of age, mothers are the major care providers (Figure 12) (Bodnárová et al. 2005). The notion that a mother should take care of a child up to 3 years of age is widespread, and women tend to spend this period in parental leave. However, after maternity and parental leave, women face problems re-entering the labor-market, and the prolonged time during which they are absent from the labor-market increases their vulnerability.

The use of childcare facilities increases as the child's age increases: more than 70% of 4 to 6-year-old children are regularly taken care of in kindergartens (Bodnárová et al. 2005). The tension between work and family also multiplies due to the fact that family services are not sufficiently established in Slovakia (Pilinská et al. 2005). Especially in larger cities, the demand for kindergartens exceeds the supply, and due to insufficient capacity, children using full-time kindergarten care are given priority, rather than those whose mothers would like to use kindergartens only a few days or hours a week. Moreover, childcare facilities for children under the age of 3 are lacking. Consequently, the scope for combining work and childcare is narrowing and it may mean a reduction of work opportunities for those who choose to reduce work time, thus dedicating much more time to the family (Palomba and Kotowska 2004).

¹² Part time employees can be dismissed without giving a reason within 15 days and legal protection is lower than for full-time workers.

Figure 12: Regular care of the mother and in childcare facilities according to age of the child



Note: Regular care does not mean exclusive care, hence the overlap means combination of the form of childcare. Respondents evaluated who take care of the child regularly, time to time and never.

Source: Survey of the needs for and care-giving of the families taking care of the dependent family members. (Bodnárová et. al 2005).

4.4 Migration

According to the Statistical Office, immigration slightly exceeds emigration in Slovakia (4,500 immigrants and 1,600 emigrants were registered in 2005¹³). However, available data on emigration do not provide sufficient information, as they are underestimated.

Especially economic-driven emigration is on the rise. Numerous groups of mostly young adults leave Slovakia because of a job or in order to study. According to LFS in 2005, about 125,000 citizens of Slovakia¹⁴ were working abroad, of whom 40,000 were

¹³ Permanent residence.

¹⁴ Approximately 230 000 Slovak citizens were working abroad in 2006, which is almost 10 % of the country's labor-force (Divinský and Popjaková 2007).

women. The largest group of Slovak citizens worked in the Czech Republic followed by the UK, Hungary, Austria and Ireland. Economic-driven migration has a temporary character; however, a proportion of these migrants never return to Slovakia. The typical purpose of work migration of young adults is to accumulate savings or to avoid unemployment. Experience of working abroad (as au-pair or worker in services or agriculture) has become common among young people including university graduates and students.

Reliable data on workers with Slovak citizenship are available only from registration records of the Czech Republic. In the Czech labor market there were 84,000 Slovak citizens in 2005. The share of working women was about 29% of all Slovak citizens working in the CR. Seventy percent of all Slovak workers were at the age of 15 to 39 years¹⁵. Moreover, 14,600 Slovak citizens studied at Czech universities in the academic year 2005/2006 (CZSO 2006).

Immigrants do not compensate for low fertility, since so far, Slovakia has not yet become a typical immigration country. The proportion of foreign-born nationals is 2.5 % and the proportion of immigrants in the Slovak population is even lower (0.5 % according to OECD 2005). Their effect on reproduction is hence very low. The number of foreign citizens living in Slovakia remains low, reaching about 22,000 persons by the end of 2004. The number of live-births among non-national females remains negligible: there were 37 births of foreign citizens in the SR in 2004 (regardless of the kind of permitted residence), of whom only 23 births were of foreign nationals with a permanent residence (0.04% of all births in the SR) (Divinský 2005).

Not much is known about the reproductive behavior of the foreign workers in Slovakia. In 2005 there were 5,700 foreign workers in the SR. Fifty-three percent of these workers were 15 to 39 years of age. The share of women reached 25% of all foreign workers; the share of women aged 15 to 39 was 60% of all foreign working women (Statistical Office of SR 2005c).

Considering all movements, it is evident that the reproduction potential of Slovakia is weakened by migration. Some nationals left Slovakia and have never returned; some of them may return and thus their family formation and childbearing will be postponed to higher ages. An increasing number of economic migrants have the most important influence on fertility trends, since these people do not participate in reproduction in the country.

However, we can speculate that the total fertility rate may have been a little higher because these migrants were not included in the resident population.

¹⁵ No data concerning the age structure of women were available.

5. Cultural and ideational factors

5.1 Attitudes towards family and childbearing

In the long run, family is highly valued among the majority of the population in Slovakia. Various surveys indicate this directly, whereas demographic data provide indirect evidence. In Slovakia, 88% of respondents regard family as very important and 89% do not take marriage as an outdated institution (European Value Study 1999/2000; in all cases Slovak respondents scored above the European average). The high value of family among the Slovak population is also mirrored in divorce intensity. In spite of its growing trend, the divorce rate is still rather low compared to other European countries (total divorce rate reached 40% in 2006). Moreover, since the mid-1990s, the divorce rate of marriages with children has been decreasing.

Marital family with children dominates and is the preferred form of partnership. Cohabitation, although on the rise as trends in extra-marital births suggest, is seen as a temporary arrangement of young single partners or divorced people rather than an alternative to marriage (Pilinská 2005). Ninety-five percent of EVS respondents regard a complete family as a necessary environment in which to raise children.

Similar to other European countries, a two-child family constitutes a well-established family model in Slovakia. A preference for two children prevails and 60% of women in reproductive age intend to have two children (FOCUS 1997, Matulník et al. 2003). However, larger families with three and more children, which were common in the 1950s, are still an ideal for about 25% of men and women (ibid). Only about 10% of respondents intend to have one child. Despite this preference, current fertility trends suggest that about twice as many couples will eventually end up with only one child. The survey on fertility intentions among 20 to 44-year-olds by Matulník et al. (2003) reveals that respondents younger than 25 years are planning smaller families than their older counterparts. Among 20 to 24-year old unmarried respondents intended average family size dropped below two children. Younger respondents also expressed a higher level of uncertainty about their fertility intentions.

Universal value of childbearing still prevails among the population. Intended childlessness is a marginal phenomenon declared by only 1.8% of respondents in the above-mentioned survey. However, 4.7% of childless university educated men and 2.7% of childless university educated women declared they do not intend to have a child. This finding supports the previously stated notion of rising fertility differentials by educational attainment. It is interesting that intended fertility of tertiary educated respondents is the second highest (2.25 children). At the same time, postponement is most pronounced among university educated women and they have higher childlessness

than other women (Table 3). It seems that university graduates find larger families ideal, but do not manage to fulfill their fertility intentions or adjust them later in life.

Orientation towards “traditional” values supporting family and marriage is in close relation to the religiosity of the population. Also, fertility intentions and attitudes towards reproduction differ among non-religious and religious men and women.

5.2 The role of religion and the church

Slovakia is among the countries with the highest proportion of religious people in Europe and the Catholic Church plays an important role in society and has an influence on reproductive behavior. Only 13% of the population did not declare any religious affiliation in the 2001 census, which is in sharp contrast to the situation in the Czech Republic, which belongs to the most secularized countries in Europe. Most Slovak inhabitants (69%) declared the Roman Catholic religion (above 90% in some regions of northern Slovakia). In 2004 up to 83% of births were baptized and the number of religious weddings (57% of all marriages) was higher than the number of civil weddings¹⁶.

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

Church representatives consider current demographic trends as unfavorable, especially low fertility, they instigate public discussion on abolishing induced abortion, state their negative attitude towards modern contraception, especially the pill, and promote natural methods of family planning.

Thus Slovak society is less tolerant of abortion, divorce, cohabitation, and childlessness. Some trends common in countries of western and northern Europe, and,

¹⁶ Civil and church weddings are equal in Slovakia and couples can choose between them, i.e. a church wedding has the same legal status as a civil wedding.

e.g., also in the neighboring Czech Republic, are being adopted more slowly in Slovakia, e.g. the pill, assisted reproduction, and registered partnerships of homosexuals.

According to surveys, cohabitation is accepted by approximately 55% of the population and divorce is acceptable for 33% and acceptable in some cases for 45% of the population above 18 years (IVO 2003). Attitudes towards induced abortion are stable and the opinion that a woman has the right to decide about her pregnancy prevails in Slovak society. Seven percent of non-religious and 22% of Roman Catholics support the abolishment of induced abortion (Matulník et al. 2003).

Reproductive behavior and attitudes of women who declare themselves “deeply religious” differs from those of religious or non-religious women (FOCUS 1997). While 75% of religious and over 90% of non-religious women aged 15 to 44 have a positive opinion about pre-marital sexual experience, 65% of deeply religious women are against such a practice and they also had a higher age at first sexual intercourse. Deeply religious women have higher preferences for larger families: 30% of them consider 3 children optimal (compared to 15% among others) and 8% think the same about 4 and more children (compared to only 1% among others). Compared to 95% of non-religious and 82% of religious sexually active women, only 45% of deeply religious women use any kind of contraception.

6. Measures for influencing reproductive and family behavior

6.1 Population-related policies during the socialist era

During the 40 years of the communist regime, the state influenced reproductive behavior of the population by several policies that focused mainly on fertility support during conditions of mandatory labor-force participation of women, improvement of population health, and facilitating internal migration (Koubek 1981). Although the state did not implement population policies by force, as for example in the case of Romania, decision-making of inhabitants was not free and was under the influence of population policy measures. In addition, the lack of information, which can be considered as part of the policy, contributed to particularities in reproductive behavior during the state socialist era (for example, non-existing sexual education, lack of information on contraceptives, etc.).

Greater attention began to be paid to population problems since the mid-1950s, when the period of post-war fertility upswing ended (Koubek 1981). Strong pro-natalist measures were realized at the turn of the 1960s and 1970s; at the beginning of a period of the so-called ‘normalization’ after the occupation of Czechoslovakia by the Warsaw

pact armies. The effectiveness of these measures was strengthened by a favorable age structure. The result was a baby boom, at the time when fertility was decreasing in Western Europe. In the 1980s, policy measures became weaker, economic problems were growing, and in addition, information and influences from abroad were shaping ever more the way of life of inhabitants in Slovakia. The state was contributing fewer funds for the support of families, which also contributed to the ensuing fertility drop.

Measures introduced in the 1960s and 1970s were focused on the support of young families with children and the reduction of a double burden of working mothers. We can divide them into three groups – material aid, non-material aid, and pedagogical-educational measures (Schmid and Bolz 1980). The aim of material aid was to improve the social situation of families with children, assistance to employed mothers with small children, compensation of expenses connected with care for children, and housing assistance. The material aid had the form of direct financial aid, services subsidized by the state, and indirect financial aid. Direct financial support consisted of child allowances, paid maternity and parental leave. The lengthening of maternity leave up to 28 weeks and the increase of paid parental leave from one to three years in the mid-1980s was significant. Moreover, loans for newlyweds were introduced at the beginning of the 1970s. First-time married spouses up to age 30 could obtain a low-interest loan to purchase and furnish a home. Following the birth of children the interest rate was reduced to zero and an amount of money was deducted from the loan. The preferential distribution of state subsidized apartments became a significant tool of population policy: married couples with children had priority in acquisition of these apartments.

Among the items of indirect financial aid, tax allowances for families with children and price reduction of goods and services for families with children – e.g., children's clothes, traveling expenses, rent – should be mentioned. Services subsidized by the state were intended mainly for pre-school and school facilities. The measures of a non-material nature were designed to create a social climate supportive of families with children. Preferential treatment of families with children in various life situations can be included here.

The field of upbringing and education became a controversial part of population measures because of its misuse for ideological and political goals. The program "Upbringing to Parenthood" was the most significant pedagogical-educational tool, which was influencing reproductive and family behavior of the population. The program's target was to prepare young people for family formation and upbringing of children. It was a long-term education, starting in pre-school facilities, continuing in schools and during compulsory military service, and culminating in pre-marital and marital advisory centers. Mass media played an important role in presenting topics popularizing life in marriage, families with more children, state family support and so on, however, also in an ideological manner.

6.2 Transformation of family-related policies after 1989

Due to the sharp fertility decrease during the 1990s, population development became one of the top social issues among experts, media and the public. A discussion opened up on society's possibilities, duties and rights to influence reproductive and family behavior. The government was under pressure from public opinion as well as experiences from countries with decreasing fertility and changing population structure. Policies directly oriented towards inhabitants were transformed and developed only slowly due to caution or mistrust after the 40 years of socialist experience, especially at the beginning of the transition period. The state tried to get rid of the paternalistic approach to inhabitants and families. Family formation and childbearing is considered by politicians as an individual responsibility. (Bleha and Vaňo 2007)

The value of the child allowance, parental leave and other forms of direct family support decreased in relation to wages and prices of goods, and consequently families became more dependent on their incomes (Ministry of Labor, Social Affairs, and Family 2006). This contributes to the increasing vulnerability of families with more children, since an additional child may cause a drop in the family standard of living. Loans for the newlyweds were abolished in 1992 and due to a defective housing market, difficulties in obtaining housing became an important obstacle to family formation. Mortgages became widely available only at the end of the 1990s.

In 1996 the government approved a concept of family policy (Government of the SR 1996). In 2005 a new law regarding the family and migration policy, which reacted to the entry into the EU, was passed. The concepts and forms of population policy are only starting to be discussed. In 2006 a proposal of a concept of population policy was developed, which is currently an issue for expert and political discussion (Bleha, Jacková and Vaňo 2006). However, ongoing discussions deal with general principles and the defining of main ideas and strategies of a new concept of population policy rather than with proposals of concrete measures.

During the entire transformation period emphasis was on economic reforms and governments were not developing a welfare state or building a consistent social policy. Reforms in the economy, healthcare and a system of social state support started in 1998. In 2004 the government introduced tax benefits for parents with children. Social and family allowances were changed towards an employment-based form instead of the previously more widespread universal form and emphasized the responsibility of inhabitants and families for their situation.

The retirement age for women, also, used to be one of the ways the state was demonstrating its appreciation of the reproductive role of women. Women not only had a lower retirement age compared to men, but their retirement age was lowered according to the number of children they had borne. The reform of the pension system,

which brought a change from pay-as-you-go towards a private saving system, increased the retirement age to 62 years for both men and women. New rules for the retirement age are removing the differences between the sexes and also among women with different numbers of children (childless women and women with different number of children will retire at the same age). The differences are being removed gradually and men and all women will retire at the same age of 62 year from 2014 onwards (Ministry of Labor, Social Affairs and Family of the SR 2005).

The government preferred indirect tools and tried to connect social, family, and population measures, especially, to the economy and the reforms. However, they did not succeed in building a comprehensive system of population and family measures. The reforms contribute markedly to social and economic stabilization and create a pre-condition for a favorable development of reproductive and family behavior.

6.3 Overview of diverse population-related measures currently in force

Individual population-related measures are prevailing, without any global consistency or harmonization. No special surveys providing information on attitudes, opinions, and intentions of inhabitants in the field of reproduction and family formation are available (Bleha, Jacková and Vaňo 2006).

The state provides financial assistance to families with children mostly in the form of direct monetary allowances and benefits. At the birth of a child a one-shot childbirth allowance in the amount of 25% of the average monthly salary is paid for the second and higher order children (125 euro). Starting from 2007, childbirth allowance for the first child has been increased to about 85% of the average monthly salary (450 euro). Another regular monthly benefit is the child allowance paid for every dependent child¹⁷, which is a benefit of a symbolic amount of money (16 euro). Further, there is a tax reduction: one of the parents (only employed) can subtract directly an amount from their income tax (currently approximately 3% of the average monthly salary for each dependent child).

The mother of the child is eligible for a maternity leave of 28 weeks duration, which is related to the preceding employment and social insurance. The parent receives a monthly benefit in the amount of 80% of the previous monthly income. Parents who were not employed (students, parents on parental leave, unemployed) are eligible for an allowance during the maternity leave. Paid parental leave follows maternity leave up to 3 years of the child. Maximum duration of the parental leave is 4 years. Parental allowance is a fixed amount of money currently at about 25% of the average monthly

¹⁷ Child up to age 26 without own income.

salary (120 euro). Also full-time employed parents are eligible for this allowance, however, it must be spent on private childcare facilities or paid to a third person taking care of the child. In the vast majority of cases, women take maternity and parental leave (Kvapilová and Porubánová, 2001).

Relatively limited attention is paid to indirect measures. Services and subsidies for families with children are on a low level (Kvapilová and Porubánová, 2001). Development of the measures facilitating the reconciliation of work and family is necessary.

Demographic issues such as population ageing and measures to increase fertility played a significant role in the last election in June 2006 and emerged in programs of all political parties. The new government declared the improvement of the position and enrolment of young people in the labor market, improvement of the housing situation of young families and of conditions for family formation and care for children as one of its crucial tasks (Government of the SR 2006). The government aims to achieve this in a number of ways – mainly by increasing the childbirth allowance at the birth of the first child¹⁸, increasing the parental allowance for parents who provide all-day care to the child (but at the same time shortening the duration of the paid parental leave from 3 to 2 years and its eligibility only for parents who take full-time daily care of the child), a re-introduction of the loans for newly married couples, lowering of mortgage rates on housing, and intensification of the construction of rental and subsidized flats. Many experts oppose the increase of the parental allowance for parents taking full-time daily care for a child up to age 3 and of the childbirth allowance, since these are expected to have a minimal influence on fertility. It is questionable how the new government would succeed in balancing costs and expenditures of the state budget and what would be the effect of these measures on reproductive behavior. Moreover, their implementation would coincide with the expected upswing of fertility rates due to the starting recuperation of previously postponed births.

7. Conclusions

The collapse of state socialism in 1989 has led to changes in the social and economic context of reproduction in Slovakia. The response to the new conditions was very prompt and has brought a fundamental change in reproductive behavior: later childbearing and family formation, decline in fertility levels, changes in timing of

¹⁸ The allowance at birth of the first child has been tripled from 1.1.2007.

childbearing and diminishing universality of parenting, marriage and two-child families.

The drop of fertility levels was very prompt in the mid-1990s and has led to lowest-low fertility. The reversal of the fertility trend after 2002 was widely expected; it was the intensity and duration of the preceding decline that was surprising. It was expected that the decrease of the total fertility rate would stop earlier and at a higher value than 1.18 children per woman. The recuperation of postponed childbirths as well as gradual social and economic stabilization contributed to the turn of the fertility trend. It is well-known that fertility usually falls during periods of political and social instability. It can be assumed that the total fertility rate could increase to approximately 1.5 children per woman by 2015 (INFOSTAT 2002a). In addition, a relatively strong conservativeness of Slovak society manifested in an orientation towards families with more children can be of importance. With respect to fertility development during the last decades, we can speak of modernization in a traditional society influenced by social transformation after the collapse of communism.

The individual life course has undergone a major change among the cohorts reaching adulthood during the transformation period. Due to increased opportunities, increasing importance of higher education but also because of high unemployment, rising social disparities and problems to establish themselves in the labor-market, life course trajectories of the young generations have become remarkably differentiated. Experience of working and spending a period of time abroad, at least for a short time, became a common experience among young adults. Life transitions such as leaving the parental home, finishing education and forming a family are postponed to a higher age. One of the most remarkable changes is connected with the timing of transition to motherhood. Despite the shift from early towards later childbearing, Slovak women are on average still younger when becoming mothers than their western European counterparts.

For a further fertility increase, an involvement of the state is necessary. Currently fertility cannot increase to more favorable levels (above 1.5 children per woman) without a social climate favorable to the family and children. The government must participate in creating such a social climate by means of a comprehensive system of measures, and it also needs to motivate, employers and municipalities in particular, towards such an attitude.

The measures for fertility support, which were in force in Slovakia during state socialism, indicate that periods of increased fertility were accompanied by the increase, or at least no decrease, in the proportion of third births. However, such favorable conditions persisted always only for a short time, and the effects of the pro-natalist policies remained only temporary, with no impact on cohort fertility. One aim of the system of pro-population measures could be a long-term increase in third births.

Fertility intentions of young people suggest favorable preferences especially for a third child in the family (Matulník et al. 2003). However, these intentions are often not fulfilled. The state should promote measures towards “baby-friendly” and family-friendly policies and create conditions so that couples can realize their fertility plans.

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