



How long will the postponement
of childbearing last?

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Structure

- On the definition of postponement
- Reasons for postponement: will they end?
- Postponement and its effect
- ... might it stop because of policy responses?
- Summary

On the definition of postponement

- In order to ask whether the postponement of childbearing will last we first need to agree that postponement is going on
- Ni Bhrolchain & Toulemon (2005). Postponement in the Hajnal definition: postponed births have to be realised



On the definition of postponement

- Rising mean age at first birth *is postponement of the transition to parenthood*, as long as there is not a clear emergence of childlessness desires. The timing of first birth has behavioral interpretations...
- We can move from this idea to think about the future of postponement



Childlessness (proportion of individuals having no children, %) for selected countries and female birth cohorts.

<i>Country/Cohort</i>	<i>1940</i>	<i>1950</i>	1960
Austria	15	17	...
Belgium	13	14	...
Bosnia & Herzegovina	11.6	10.4	16.1
Bulgaria	4.0	1.6	3.1
Croatia	8.6	6.1	4.9
Czech Republic	7.6	6.7	6.5
Denmark	...	10.9	10.0
Germany (former FRG)	12	17	...
Germany (former GDR)	11.0	7.3	7.8
Greece	11.4	9.7	10.7
Hungary	9.1	9.1	7.6
Italy	14.6	12.7	14.8
Macedonia	4.0	5.7	5.7
Netherlands	11.2	14.6	17.7
Norway	9.5	9.4	...
Romania	...	6.3	8.1
Russia	5.8
Serbia & Montenegro	3.9	0.2	2.9
Slovak Republic	9.0	9.8	9.8
Slovenia	8.3	4.4	4.7
Spain	...	10.5	...
Sweden	...	13.3	...
United Kingdom (England & Wales)	10.6	14.5	20.5

Note: the cohorts for Austria and Germany (former FRG) are 1940-44 in the first column and 1950-54 in the second column.

Source: own elaboration on Frejka and Sardon (2004); Neels (2004) for Belgium; Rowland (1998) for Austria and Germany (former FRG).



Proportion (%) of women 18-34 with 'none' as ideal number of children.

<i>Country</i>	<i>None</i>
Austria	13
Belgium	9
Bulgaria	0
Cyprus	2
Czech Republic	5
Denmark	2
Estonia	2
Finland	4
France	4
Germany	17
Greece	3
Hungary	4
Ireland	5
Italy	4
Latvia	2
Lithuania	2
Luxembourg	6
Malta	2
Netherlands	12
Poland	4
Portugal	4
Romania	3
Slovak Republic	2
Slovenia	3
Spain	4
Sweden	3
Turkey	1
United Kingdom	4

Source: Fahey and Spéder (2004) on Eurobarometer Survey 2002.

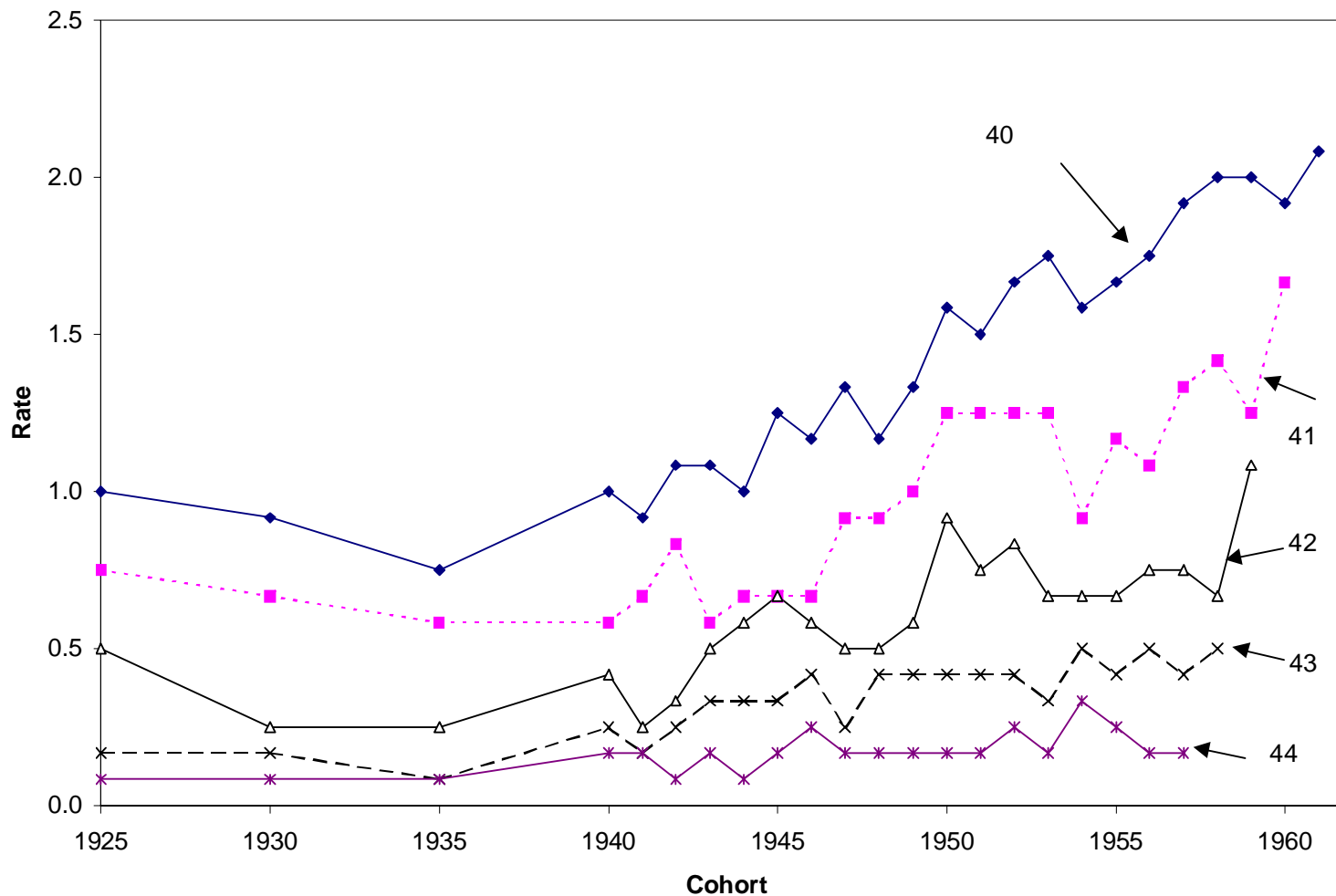


Reasons for postponement

- Physiological reasons
 - Chances in getting children at older ages.
Will they stop improving?
 - For us: [no sign](#)

Source: Billari, Kohler, Andersson, Lundström (in progress)

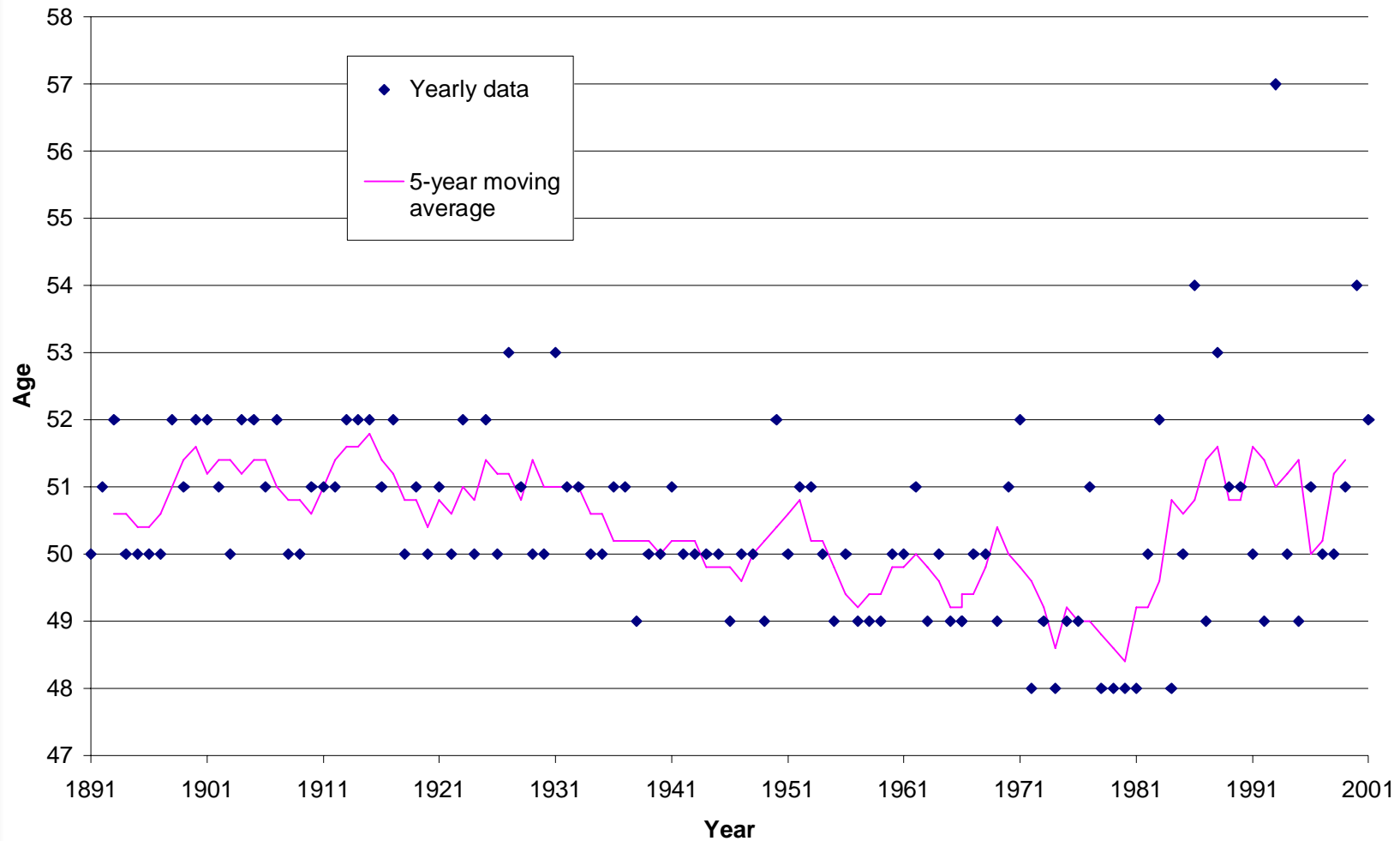
Figure 7. First birth rates (occurrence/exposure) by birth cohort at ages 40-44. Sweden (per 1000 women months), birth cohorts 1925, 1930, 1935, 1940, 1941,1942,....



Source: own elaborations on data from Statistics Sweden.

Source: Billari, Kohler, Andersson, Lundström (in progress)

Figure 4. Extreme age at birth. Sweden (women), years 1891-2001.



Source: own elaborations on data from Statistics Sweden.

Note: until 1954 data on deliveries, from 1955 onwards data on live births.



Reasons for postponement

- Physiological reasons
 - Are we close to the limits of postponement?
 - No
- Leridon (2005) estimated median age at sterility about 45. Start at age 40, probability of live birth within 4 years about 2/3; 59% within 2 years (median length less than 2 years). Age 43 with ART about 40%
- Technological advances are possible

Set Your Own Biological Clock

Importance of the Egg

The Promise of Frozen Eggs

Who is a Good Candidate

What Doctors are Saying

As women, we lead rich and demanding lives - obtaining advanced degrees, pursuing successful careers, and taking better care of ourselves. We have an astounding number of opportunities and as a result, many of us choose to start our families later than our mothers and grandmothers.

But in waiting longer to have children, many women face the real challenge of having successful, healthy pregnancies later in life. While we have made great strides in other areas, our fertility is still limited by basic biology – the "biological clock" generally stops ticking in our late 30's or early 40's. Our opportunities are endless, but our egg supply and quality are not.

Egg freezing offers women planning to have children after the age of 35 the opportunity to effectively slow down their biological clocks. Extend Fertility's service gives women the unprecedented chance to store their eggs during their reproductive prime for use when they wish to start or expand their families.

"For women who see their fertility nearing its shelf life, egg freezing is the greatest thing since birth control"

- [Newsweek magazine](#)



Reasons for postponement

■ Economic reasons

- uncertainty (especially labor market). Will it be reduced?
 - For us: **no sign**. In any case... economic forecasts on this are usually short-term
- human capital accumulation (*incompatibility with childbearing*). Will people accumulate less human capital or have it squeezed?
 - For us: **no sign**



Reasons for postponement

- Subjective issues
 - Second Demographic Transition. Will the ideational change be reversed?
 - For us: **no sign**
 - Anomie and disorientation in transition countries. May it change?
 - For us: **maybe yes**



Reasons for postponement

- Subjective issues

- Age norms: age “deadlines” on when a woman is too old to have children do seem to exist. They are relevant as long as they are lower than the biological deadlines

Reasons for postponement

Table 1 Age deadlines: social norms on the upper age limit for having a child.

	For men		For women	
	% acknowledging	Mean age limit	% acknowledging	Mean age limit
France 1998 (Toulemon & Leridon, 1999):		45.1		41.0
Italy 1998 (Friuli- Venezia Giulia):			92	40.4
Netherlands 2000 (Liefbroer & Billari, in progress)	95.5	46.7	96.2	42.3



Reasons for postponement

- Subjective issues

- Age norms: will they start “biting” and thus impose an end to postponement?
 - For us: **maybe yes** but we shall know more...
So far they seem far from current levels but lower than biological limits. They may also be changing ...



Postponement of motherhood and its effect on total fertility

- We know that delays in age at first birth *cause* lower fertility at the individual level (Kohler et al., 2001)
- Will that change? Probably this depends on policies. The effect of postponement is context-dependent (Kohler et al., 2002) and can thus change...

Analysis of FFS data (Billari & Borgoni, 2005)

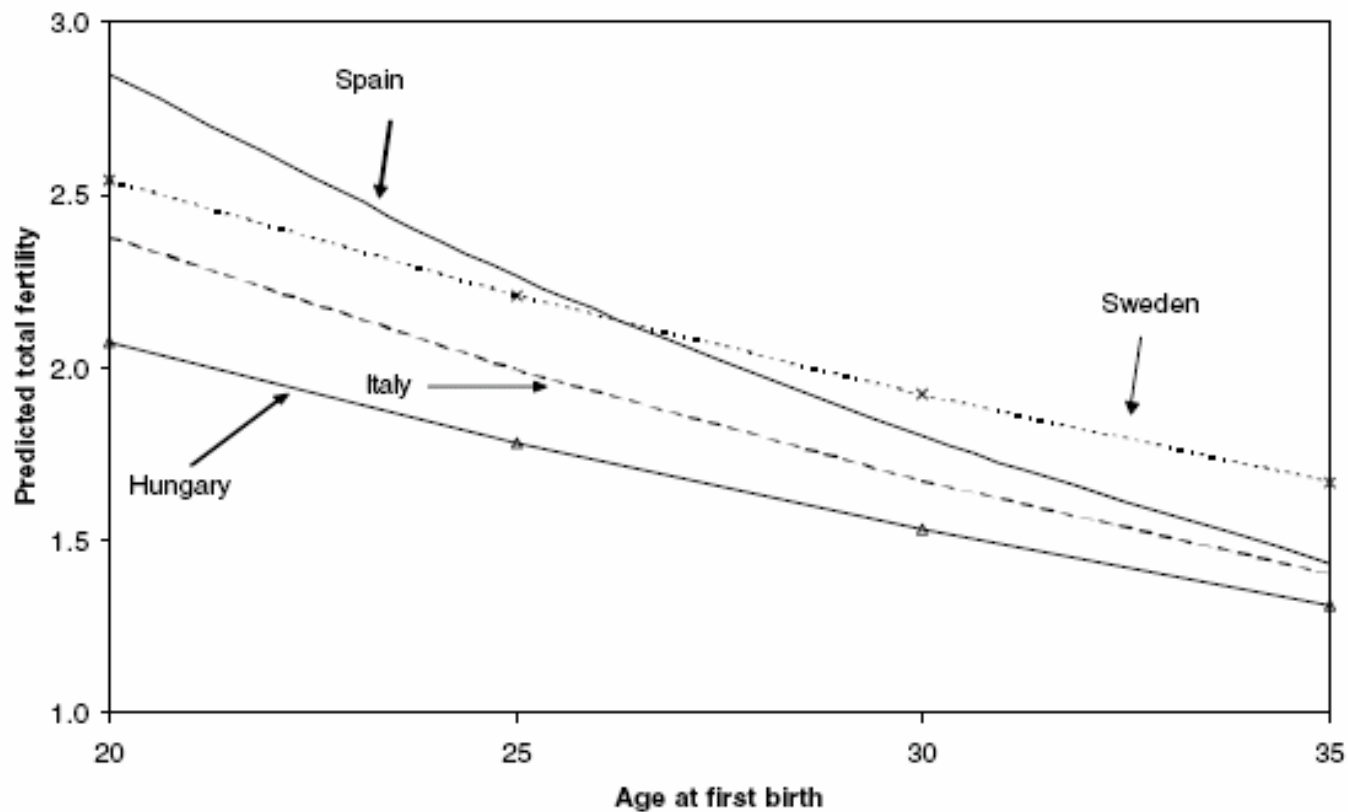


Fig. 1. Predicted total fertility by age at first birth

Analysis of FFS data (Billari & Borgoni, 2005)

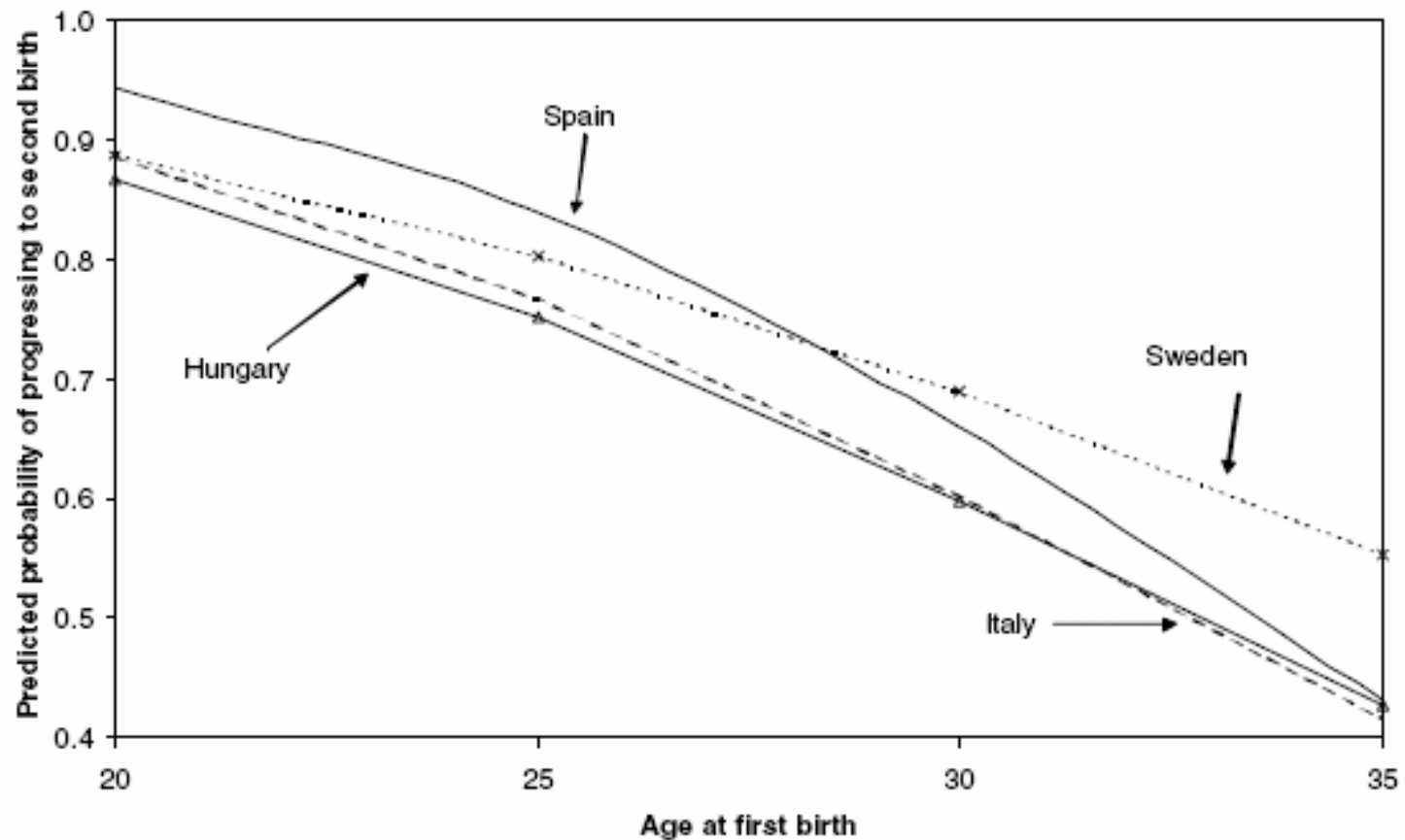


Fig. 2. Predicted probability of progression to second birth by age at first birth



Policy responses

- **Physiological reasons:** restrictions on access to Assisted Reproductive Technologies: not to be envisaged and unlikely to spread. However an example in Italy
- **Economic reasons:** shortening human capital accumulation (Lutz & Skirbekk, 2005: tempo policies). Already in place in minor forms for other purposes: anticipation of entry into school) in Italy. May spread but could probably not change radically



Policy responses

- **Economic reasons:** reducing uncertainty in work career by going back to lifetime jobs. Welfare states of the “Nordic” type with insurance against job loss. Unlikely to be spread...
- **Subjective issues:** difficult and not envisaged to influence. Some possibilities on influencing age norms (e.g. through legal norms)? What about gender relationships?



Policy responses

- Key idea: compatibility policies
- Should not enforce a sequential view of life courses (unlike tempo policies) → “decommodification” of childbearing
- Combining
 - childbearing with education
 - childbearing with work
- This might cause the end of postponement...



Summary

- Overall, the postponement of childbearing **will last for a long time**
- Key policy responses to postponement should be directed at the **compatibility of childbearing** with other roles

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“The trend in tough economic times is to put off everything that doesn’t require immediate action – as this chart shows.”