The impact of COVID-19 on fertility plans in Italy, Germany, France, Spain, and UK

Francesca Luppi (1), Bruno Arpino (2) & Alessandro Rosina (1)
(1) Università Cattolica del Sacro Cuore (Milan – IT)
(2) University of Florence (Florence – IT)

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Crisis and the decision to have a child

- Regarding **health crises**, the evidence shows that during and after major epidemics fertility declines strongly (e.g. Stone, 2020; Chandra and Yu 2015a, 2015b, 2018 for the Spanish flu and Marteleto et al. 2020 for the Zika epidemic).

- As for **economic crises**, the overall economic downturn and the loss of jobs create a climate of great uncertainty, which depresses family projects (Adsera 2011, Goldstein et al. 2013, Matysiak et al. 2018; Vignoli et al. 2020).
Therefore, the COVID-19 crisis may be not a good period for fertility

- The COVID-19 crisis has started as a health emergency in China and in the Far East, which rapidly turned out into a health pandemic and a global economic recession.

- It is expected that economic and social changes derived by the pandemic will have a negative impact on fertility worldwide, both in the short and in the long term (Aassve et al. 2020).
Heterogeneous effects in the EU context?

Demographic, as well as economic characteristics, together with the welfare state features of each country may support or further reduce individuals’ pre-crisis fertility plans, reducing (or not) the uncertainty derived from the enduring health emergency and the negative economic trend (Adsera 2004, Kreyenfeld 2016, Caltabiano et al. 2017, Vignoli et al. 2019).

E.g.
1. The still on-going effect of the 2008 Great Recession
2. The lower availability of grandparental support with childcare due to the physical distancing
Study aim

The aim of this study is to describe changes in young people’s fertility plans – i.e. the couple’s intention to have a child in the near future – due to the COVID-19 crisis at the start of the health emergency in Europe.

We compare five countries (i.e., Italy, France, Germany, Spain, and UK), characterized by different welfare regimes, pre-pandemic fertility levels and impact of COVID-19.

Within countries we contrast groups based on key socio-demographic characteristics.
Data

• “Rapporto Giovani” survey carried out by Istituto Toniolo and IPSOS (27-31 March 2020 in Italy; 2-7 April 2020 in France, Germany, Spain and UK) > 1st international survey on the topic

• CAWI (Computer Assisted Web Interviewing)

• Sample of **young adults aged between 18 and 34** (6,000 respondents overall). Quota sampling technique (quotas defined on gender, age, geographical origin, education, marital status, etc.)
Fertility plans

Retrospective fertility intentions:
Q: “At the beginning of the year [2020], i.e. shortly before the coronavirus emergency broke out, were you planning one of the following events to be made in the 2020? Conceiving/having a baby”

To those answering [2] or [3], Revised fertility plans in light of COVID-19:
Q. “Did the coronavirus emergency interfere in any way with this program?”
A: [1] “No, the program remains confirmed for 2020” (still-planners); [2] “The program remains confirmed but I had to postpone it” (postponers); [3] “For now I have quit the program” (abandoners).
Sample distribution by fertility plan

<table>
<thead>
<tr>
<th></th>
<th>Italy</th>
<th>Germany</th>
<th>France</th>
<th>Spain</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Original sample size</strong></td>
<td>2000</td>
<td>1000</td>
<td>1000</td>
<td>1000</td>
<td>1000</td>
</tr>
<tr>
<td><strong>% not planning to have a child in January 2020</strong></td>
<td>73.4</td>
<td>78.6</td>
<td>72.5</td>
<td>78.4</td>
<td>76.4</td>
</tr>
<tr>
<td><strong>Sample size of those planning to have a child in January 2020</strong></td>
<td>532</td>
<td>214</td>
<td>275</td>
<td>216</td>
<td>236</td>
</tr>
<tr>
<td><strong>% Still planners</strong></td>
<td>25.6</td>
<td>30.7</td>
<td>32</td>
<td>21.2</td>
<td>23</td>
</tr>
<tr>
<td><strong>% Postponers</strong></td>
<td>37.9</td>
<td>55.1</td>
<td>50.7</td>
<td>49.6</td>
<td>57.8</td>
</tr>
<tr>
<td><strong>% Abandoners</strong></td>
<td>36.5</td>
<td>14.2</td>
<td>17.3</td>
<td>29.2</td>
<td>19.2</td>
</tr>
</tbody>
</table>
Socio-demographic characteristics

• Living in a «red area» for COVID-19 (regions above the second tertile of the distribution of the cumulative number of confirmed COVID-19 cases per 1,000 inhabitants)

• Age group (18-24; 25-29; 30-34)

• Education (tertiary vs non-tertiary)

• Perceived income vulnerability (“Thinking about your future, do you think the current coronavirus emergency will have a positive or negative impact on your (personal) income?” Answers from 1 (much negative) to 5 (much positive). The variable has been dichotomized: 0 if any/positive effect is expected; 1 if negative income shocks are expected).
Red Areas
Income at risk
(subsample 25-34)
Final remarks

• Countries where fertility was already low before the pandemic are those where fertility plans are more at risk today (in Italy the result is confirmed also by data from early October 2020) >> pre-pandemic weaknesses in the welfare and economic system

• **Income vulnerability** is associated with a lower propensity to confirm fertility plans in Southern European countries and UK (>> low or absence of income protection)

• **Age and education** are (almost) always protective factors for original fertility plans
Revised intentions: Italian sample, March-October 2020

Note 1: subsample of those with a plan in January 2020
Note 2: still-planners category includes also those who realized the original plan during the following months