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MPIDR WORKING PAPER WP 2007-029
AUGUST 2007

**Fertility Postponement and Age Norms
in Poland: Is There a Deadline for
Parenthood?**

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**Fertility Postponement and Age Norms in Poland:
Is There a Deadline for Parenthood?**

An earlier version of this paper was presented at the Population Association of America 2007
Annual Meeting, New York, March 29-31, 2007

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Abstract

The postponement of childbearing is occurring across Europe, but the paths of this trend differ profoundly from country to country. In Poland, as in other Central and Eastern European countries, most women have their first child at a relatively young age. This paper asks about the role of age norms in sustaining the pattern of early motherhood. We investigate young adults' perceptions of age in relation to their fertility choices. We find that age is indeed a salient dimension that structures and regulates individual childbearing plans. The qualitative approach of our study allows for gaining insights into how age norms are explained, argued about and sanctioned. Finally, we reconstruct the mechanisms of the normative influence of age limits (deadlines) on fertility behavior, improving our understanding of the timing of childbearing.

1. Changing Fertility Patterns – Postponement of Childbearing

Today, almost all European countries report the number of births too low to permit intergenerational replacement. In about half of these countries the total fertility rate (TFR) has already reached the “lowest-low” levels (TFR 1.3 or less, Kohler, Billari and Ortega 2002). This unprecedented decline in birth rates is associated with three aspects of reproductive behavior: Women have children at later ages, they substantially limit the number of offspring and, increasingly often, they choose to remain childless (Billari 2005, Coleman 2005, Sobotka 2004). These changes, however, do not occur in the same way and at the same speed across Europe. Persistent differences in fertility patterns exist among countries; whether any form of convergence will occur is widely discussed, but no consensus has been reached so far (Billari and Kohler 2004, Billari and Wilson 2001, Lesthaeghe and Surkyn 2002, Sobotka 2004).

In recent discussion on fertility patterns in Europe, the issue of childbearing postponement has been of a major interest. Whereas initially, the fertility decline has been mostly related to a reduction of higher order births, there is a growing body of evidence that fertility timing is “a crucial determinant of differences in fertility level among developed countries” (Billari and Kohler 2004, p.172). Thus, understanding the timing of childbearing is a priority goal in explaining the trends of reproductive behavior and their diversity in Europe.

The most commonly mentioned reasons behind fertility postponement are, on the one hand, an increasing importance of education and its prolonged duration, problems with family and work reconciliation, a desire to settle in the job market, and be financially secure before the family formation (e.g. Aassve, Billari and Speder 2004, Billari and Philipov 2004, Happel, Hill and Low 1984, Kreyenfeld 2005, Meron and Widmer 2002, Rindfuss, Morgan and Offutt 1996). On the other hand, researchers refer to the increasing aspirations as to the quality of life, the changing system of values, and the liberalization of norms as enhancing the postponement of childbearing (e.g. Lesthaeghe 2001, Liefbroer 2005, Philipov, Speder and Billari 2006, van de Kaa 1987, 1988, 2001). In general, it seems that economic and ideational factors jointly enhance a postponement of parenthood.

Whereas a substantial amount of research has been dedicated to understanding why people delay childbearing, relatively less has been done to comprehend the forces that might impede this process. In order to do so, we also need to investigate closely the countries where women still bear children at a relatively young age, and where the patterns of early childbearing persist. For Europe, these are mostly the post-socialist countries (Figure 1).

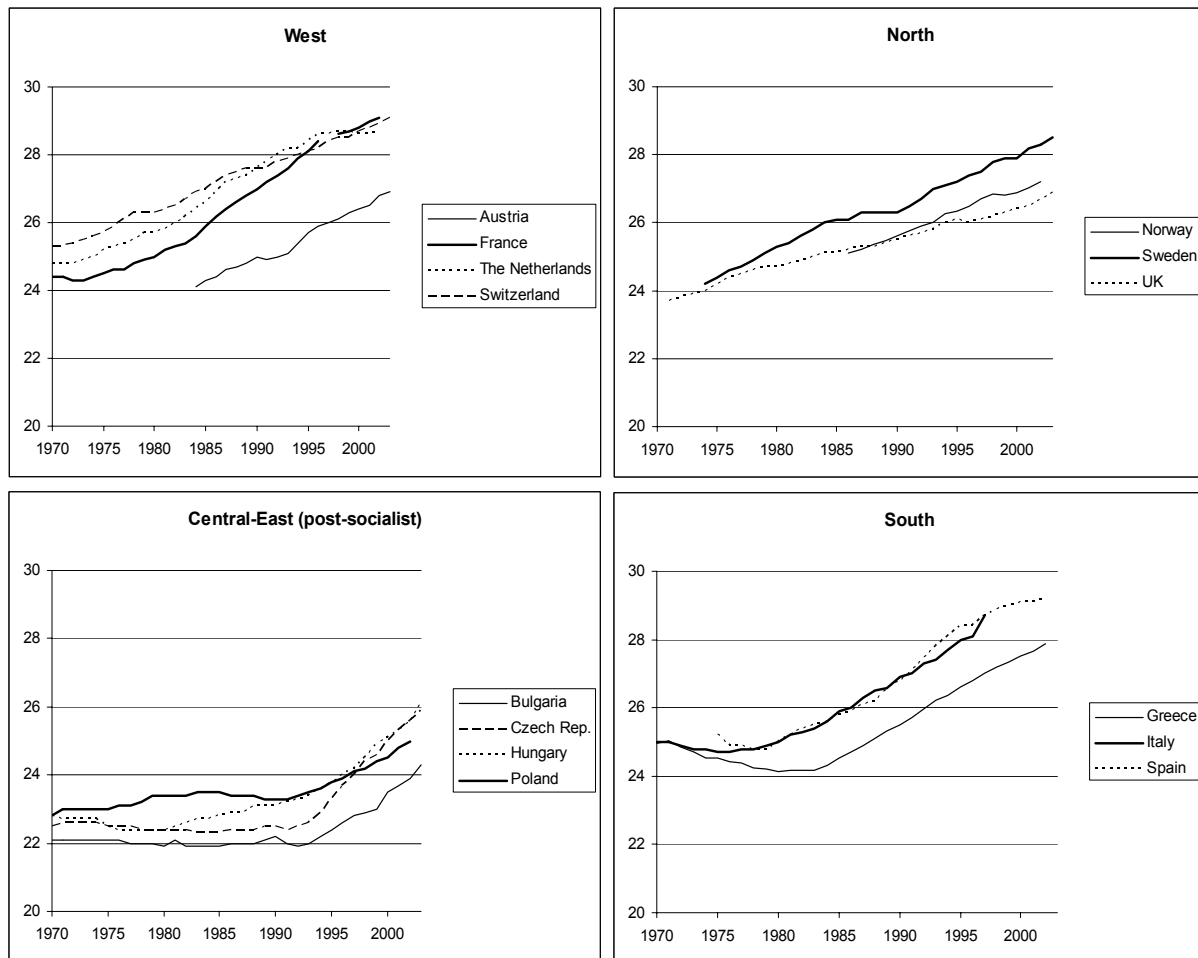


Figure 1: Women's mean age at first birth in selected European countries, 1970-2003. Source: Council of Europe, Recent Demographic Developments in Europe, 2006

Fertility postponement in the post-socialist societies started later than in other parts of Europe and was clearly triggered by the breakdown of the previous political and economic regime. It is commonly agreed that economic change was the main force driving demographic change in this region (e.g. Aassve, Billari and Speder 2004, Lesthaeghe and Surkyn 2002, Philipov 2003, Sobotka 2004).

However, even though the tempo of fertility postponement in post-socialist countries is rapid, the gap between these countries and other parts of Europe remains substantial. Whereas in many European countries the mean age of women at first childbearing is approaching 30 (e.g. 29 in Germany, 28.9 in The Netherlands, 29.2 in Spain, 29.3 in Switzerland; Council of Europe 2006), in the Central and Eastern regions it still varies from about 23 to 26 years, with Slovenia being a remarkable exception at 27.5 (Council of Europe 2006). It is not at all certain whether women in post-socialist countries will eventually be entering motherhood as late as their counterparts in other regions of Europe. Moreover, Central and Eastern Europe are not at all homogenous in relation to fertility timing; also, within this group of countries big discrepancies exist, and some countries adopt the patterns of late childbearing extremely reluctantly. Some of them (e.g. Estonia) have reported even a decline in the age at first childbearing in the first years of the economic transformation.

In attempting to explain these differences and to improve our understanding of the persistent early childbearing in some countries, Sobotka (2004) shows that the lowest increase in women's age at first birth is to a surprisingly large extent associated with a less successful economic transformation. Indeed, if we consider the change in real wages in years 1989–1999, the countries where the decline was the largest are also those, where fertility postponement did not start rapidly, if at all, as in Ukraine (see Figure 2).

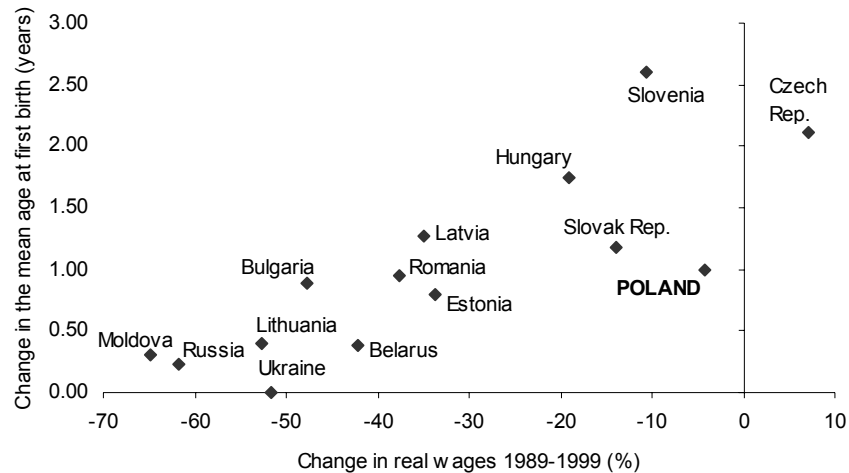


Figure 2: Relationship between the change in the mean age of women at the birth of their first child and the percentage change in real wages. Central and Eastern European countries, 1989–1999. Source: Sobotka 2004, Figure 7.11, p.199 (reproduced with the Author’s permission).

Apparently, in the countries, where the market is particularly tough and women have low chances of finding a job, they may choose to become mothers at an early age, possibly not seeing many other prospects in their life and thus not seeing any benefits from postponing family formation (Sobotka 2004). Some recent studies conducted in eastern and western Germany suggest that such a mechanism is indeed plausible (Bernardi, Klärner and von der Lippe 2006, Kreyenfeld 2005).

However, even though economic factors play a crucial role for reproductive behavior in post-socialist countries, it would be simplistic to believe that they can completely explain the variety in childbearing patterns. In relation to fertility postponement, two very illustrative examples of cases where economic factors are not sufficient explanation, are those of the Slovak Republic and (even more so) of Poland.

Surprisingly, a quite successful economic transformation in Poland was not accompanied by a rapid rise in childbearing postponement, at least not in the first decade after the change of regime. The change in real wages in this period of time was very similar to those of the Czech Republic or Slovenia. At the same time, Poland reported an increase in women’s mean age at first birth as moderate, as in countries with less successful transformations (an increase of 1 year,

compare Figure 2). Evidently, some other forces were in place in Poland which hampered fertility postponement, at least initially.

Some indicators suggest that an important role in this case might have been played by culturally-defined, widely-accepted behavioral strategies along with relevant social norms (Bernardi, Klärner and von der Lippe 2006, Sobotka 2004). The delay of childbearing is more marked when norms related to mother's age at childbearing change and when having children later in life is culturally approved (Morgan 1991). It has been argued that flexible and loose age norms are some of the reasons for the changes in the timing of childbearing (Castro Martin 1992, Rindfuss et al. 1996, Settersten and Haegstad 1996). Therefore, it seems justified to suspect that the sustained patterns of early childbearing are supported by more universal and strict age norms. In fact, some evidence of that has been already presented for Ukraine: Perelli-Harris (2005) used data from focus group discussions to illustrate how traditional norms foster early childbearing in Ukraine. However, whereas in Ukraine the economic situation and norms act in concord (i.e. supporting early childbearing), in Poland these two forces might be expected to counteract. Therefore, in order to better comprehend Polish fertility patterns, in our study, we address a question about an existence of social norms that encourage early childbearing.

Although social norms are universally referred to when one attempts to explain human behavior, the discussion on how to define and classify them has a long history (Ajzen 1991, Ajzen and Fishbein 1980, Blake and Davis 1964, Coleman 1990, Ensminger and Knight 1997, Etzioni 1992, 2000, Gibbs 1965, Heckhausen 1999, Hechter and Opp 2001, Horne 2001, Marini 1984, Morris 1956, White 1998). It is, however, commonly agreed that in order to prove the existence of norms one needs to document two things: that some behavior is statistically regular and that it is preserved by relevant generally accepted prescriptions or proscriptions. In other words, it is not only necessary to prove that most people behave in a given way. We also have to show that they feel that they *should* do so. The element of "*oughtness*" must be present as well. Moreover, some scholars argue that in order to speak of social norms, one should also be able to identify the

mechanisms of social control: negative sanctions in cases of deviance and positive enforcements for compliance (e.g. Blake and Davis 1964, Ensminger and Knight 1997, Marini 1984).¹

In the next section, we describe in more detail statistical regularities related to the timing of childbearing in Poland. Next (in section 3), we apply a qualitative methodology to investigate whether these regularities are supported by the element of “*oughtness*” and any social sanctions. We ask whether there are any social rules that encourage early parenthood or that set any age limit for having a first child. In other words, we examine whether young people consider any *deadline* for the transition to parenthood and how does it impact their behavior?

2. Polish Case – Timing of Transition to Parenthood

Our first step is to illustrate the patterns of the transition to parenthood in Poland and to see whether any age-related regularities can be detected. As already indicated in section 1, in Poland women’s mean age at the first birth increased by only one year between 1989 and 1999 (from 23.3 to 24.4, Council of Europe 2006). In the following 5-years’ period it has, however, jumped by 1.2 years, reaching a value of 25.6 in year 2004. In order to consider women’s age at transition to parenthood, we present below (Figure 3) the age distribution of first births in 1989, 1999 and 2004.

¹ Other scholars, however, argue that norms might be also internalized, and hence have a strong regulating power even in an absence of social control (e.g. Ajzen 1991, Coleman 1990, Heckhasuen 1999, Horne 2001, White 1998). The discussion on this topic is ongoing.

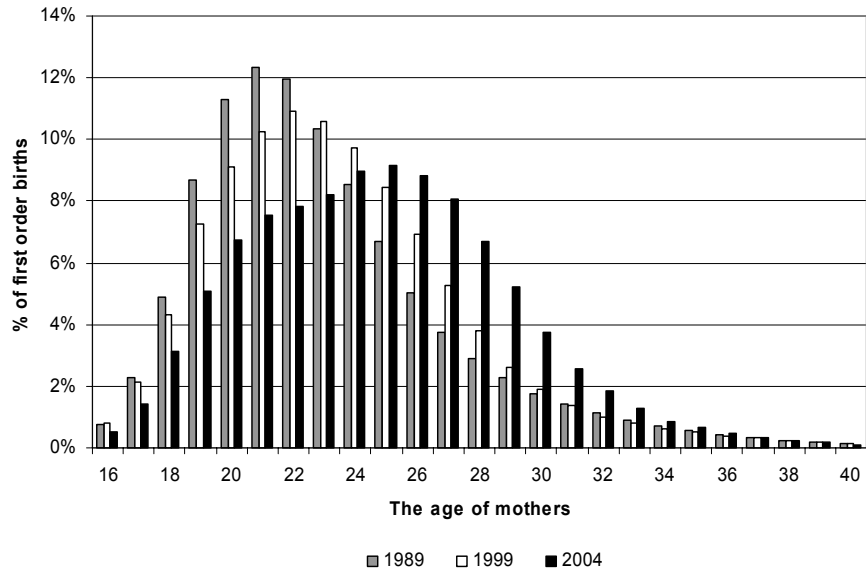


Figure 3: Distribution of first births (%) by the age of the mother, selected years, Poland. Source: Central Statistics Office (hereafter CSO).

NOTE: The CSO changed the definition of “life birth” in 1994. Therefore, compared to years 1999 and 2004, data from 1989 underestimate the number of live births by about 2,000 in total for all birth orders and all ages of mothers. If we consider that in 1989 there were over 560,000 births recorded, we trust this does not impact the overall picture.

We can see that from 1989 to 1999 age distribution did not change much, whereas the difference between 1999 and 2004 is, indeed, remarkable. The numbers of first births from women in the younger age groups (under 24) clearly declined. At the same time, relatively more births occurred to women 26 or older, although the increase for those over 32 is not considerable. Although the process of fertility postponement is more advanced in urban areas, even there the transition to motherhood is rare over this age limit (see Figure 4).

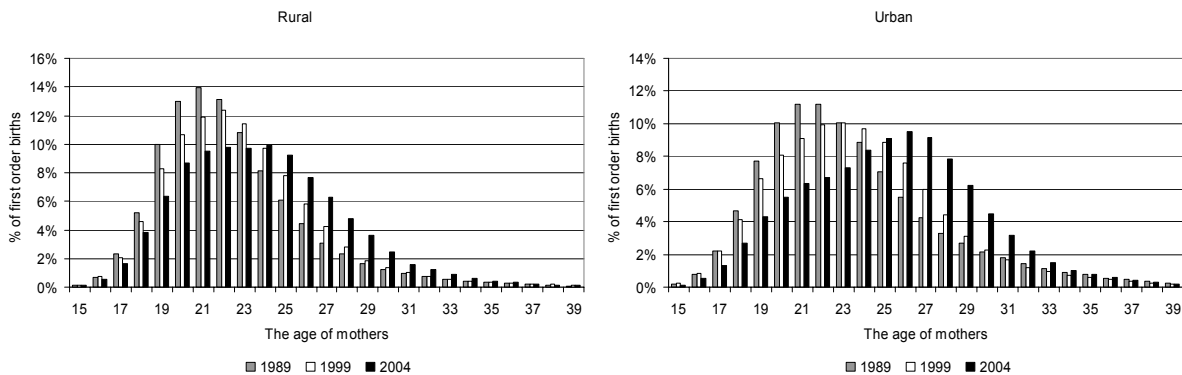


Figure 4: Distribution of first births (%) by the age of the mother, selected years, Poland, rural and urban areas. Source: CSO.

NOTE: On data comparability – see note to Figure 3.

Kurkiewicz and Frątczak (2006), who analyzed the age-specific first-birth rates, reached the similar conclusion: The number of first births has decreased substantially for the 20–24 age group, with some sign of recuperation in later ages. This recuperation, however, takes place mainly under the age of 30. As illustrated in Figure 5, birth intensities for older age groups are still very low.

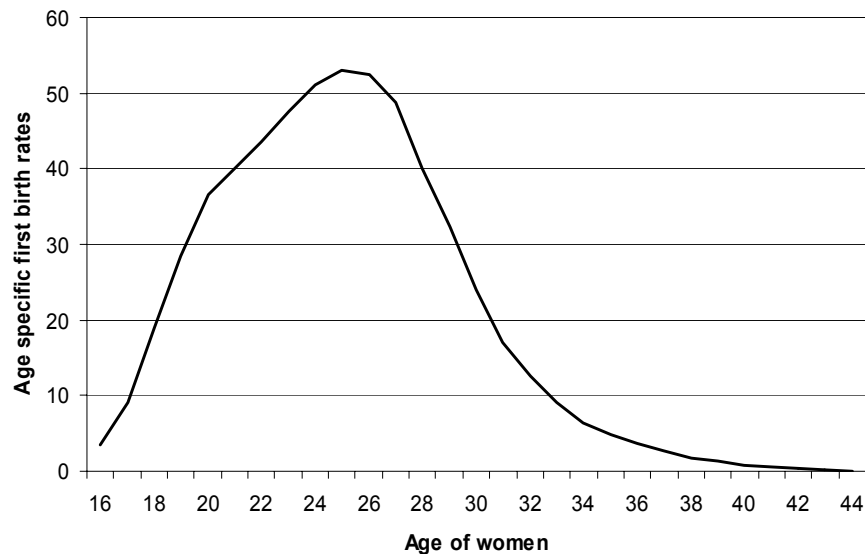


Figure 5: Age-specific first-birth rates (number of births per 1000 of women in given age group), Poland 2004. Source: CSO (2005).

To sum up, in Poland the vast majority of first births occur to mothers aged 20–30. As many as 91.3% of women who started their reproductive career in 2004 were 30 or younger. Another 4.4% were aged 31–32, and only 4.3% of first births occurred to mothers age 33 or older (CSO 2005). For comparison, in 1989 as many as 93.7% of women having their first child were 30 or younger, another 2.6% were aged 31–32, and 3.7% entered motherhood at age 33 or older (CSO 1999). The shift in age “stops” at the early thirties and this limit seems to be (at least for now) unbreakable.

This tendency has been also reconstructed by individual level data. Oláh and Frątczak (2006), using the 2001 Polish Retrospective Survey, calculated the relative risks of transition to parenthood for Polish women who were still childless at age 25. Naturally, the results show that the intensity of first birth decreases as age increases. This trend, however, is not statistically

significant up to age 30 and becomes significant only then. In other words, if a woman does not have a child by the time she is 30, the chances of her becoming a mother later substantially decline.

This study reports also, in line with existing literature (e.g. Aassve, Billari and Speder 2004, Billari and Philipov 2004, Kantorova 2004, Kreyenfeld 2005, Rindfuss, Morgan and Offutt 1996), some differences in women's reproductive behavior, related to their educational attainment (Oláh and Frątczak 2006). In general, women with higher education enter motherhood later. On the one hand, it is a straightforward consequence of staying longer in education. On the other hand, there is some evidence that women with higher education do not enter motherhood immediately after they complete their education, and that they wait longer compared to their less educated counterparts (Kantorova 2004, Kreyenfeld 2005). Kantorova (2004) shows that in the Czech Republic the longer break between obtaining a university degree and forming a family is a phenomenon that appeared only after 1990. In the Polish case, therefore, we shall take a look at the mother's age at first birth for different levels of education (Figure 6).

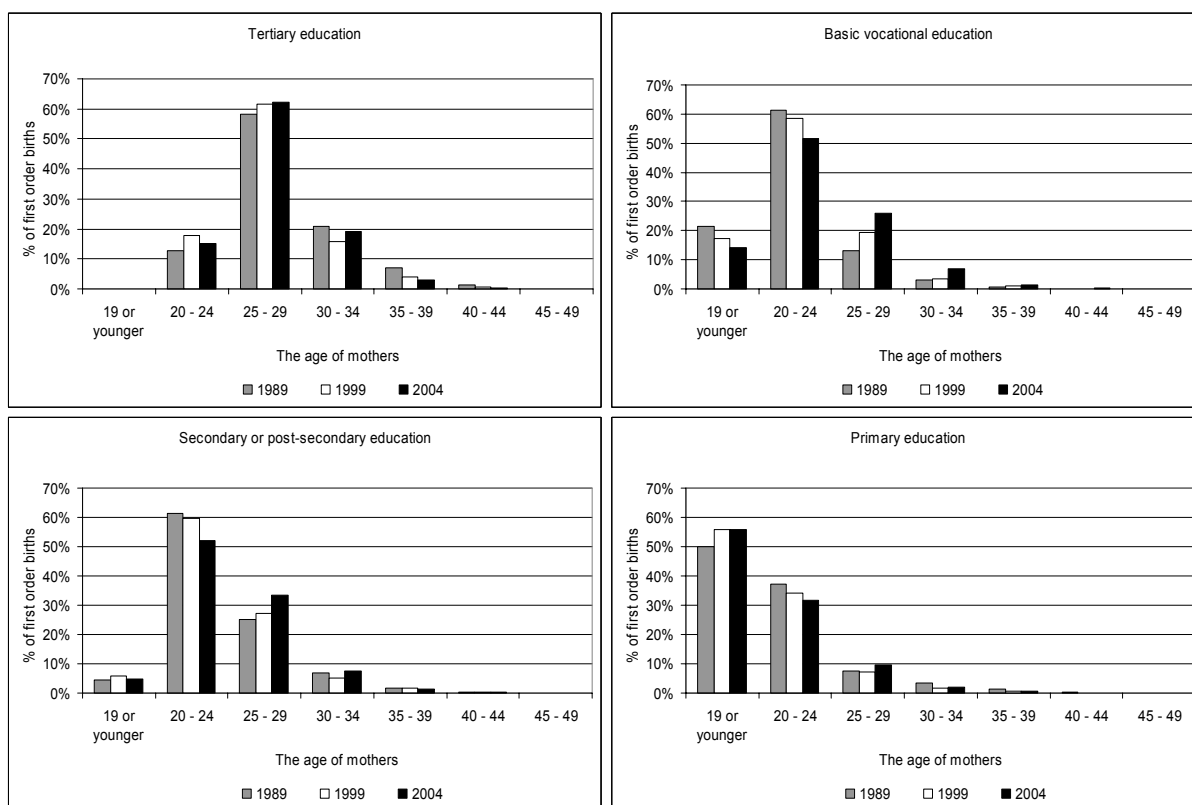


Figure 6: Distribution of first births (%) by age of mother for different educational attainment, selected years, Poland. Source: CSO.

NOTE: On data comparability – see note to Figure 3.

Not surprisingly, women with higher education are found to enter motherhood at later ages, compared to those less educated. Also the share of first births by mothers aged 30-34 is clearly the highest for women with some university degree. However, there is no clear sign of fertility postponement for this group. A large majority of them still become mothers soon after their academic education. The highest share of first births occurs among women aged 25-29, whereas in a regular path one finishes university at age 24.² On the contrary, the clearest patterns of fertility postponement are evident for women with secondary, post-secondary (not university) and basic vocational education. Moreover, we should remember that any increase of births for the 30–34 age group (in case of any educational level) concerns mostly the lower part of this age-range (compare Figure 3).

² In Poland, until recently university education was exclusively single-stage and lasted five years. Currently two-stage university programs are gaining an increasing popularity, which may – paradoxically – slow down the fertility postponement for women with tertiary education. Women who complete only the first level studies finish education at age 21–22.

Summarizing, we showed in section 1 that during the first decade after the change of regime, women's mean age at first birth in Poland did not increase as steeply as one might have expected. Moreover, even the more rapid postponement of the transition to parenthood in years 1999–2004 is mostly due to a concentration of first births in the 24–29 age group. The transition to motherhood after the 30th birthday is relatively more common only among women with higher education; however, in general, in only a marginal number of cases do first births occur from mothers 33 and older.

All in all, it is *normal* behavior (i.e. statistically common) for a woman in Poland to become a mother in her twenties. Only a few women enter motherhood in their early thirties; some of them might be women who in fact wanted to have a child before the age 30, but did not manage, as it usually takes some time to actually get pregnant.

In the next section, we investigate whether these statistical regularities are perpetuated by social norms: Do young people, planning their families, speak of any pressure to enter parenthood at an early age? How do they talk about it? And does it influence their considerations and behavior? In order to gain some insight into this issue, we conducted a qualitative study, related to individual fertility choices.

3. Qualitative Approach – Method and Sample

For our study, we conducted problem-centered interviews (Witzel 2000) that combine methodological openness in data collection with a specific theoretical focus on one or more topics. Our interview guideline covered six topical areas, providing rich information on the history of the respondents, on their current situation as well as their desires and intentions, with a special focus on the family sphere. In particular, the interview included (1) a retrospective biographical narrative of the respondent up to the moment of the interview as well as his or her current life situation; (2) the union history and the status of the current relationship; (3) the fertility history and the current desires and intentions related to childbearing and parenthood; (4) the experiences of or value-orientations connected to being a parent; (5) the impact of the political and economical transformation of the early 1990s on the respondent's family and

fertility plans; and (6) plans and fears related to the future life course development. The analysis for this paper mainly draws on the information gathered on fertility histories, as well as on fertility desires and intentions.

The study took place in Warsaw between September 2004 and July 2005. We interviewed 48 individuals (26 women and 22 men) at various stages of their family careers: couples still dating, cohabiting or married, childless or with one child. For most couples, it was possible to interview both partners, but each of them was interviewed separately. Women's age ranged from 20 to 30 and men's from 20 to 35. Our respondents varied in regard to their education. Two educational subgroups were defined: up to high school graduation (20 respondents including 2 persons with primary, 3 with vocational, 11 with secondary professional and 4 with secondary general education) or higher (28 respondents: including 7 respondents with Bachelor's, 11 with Master's degree, and 10 still studying). Almost all our respondents (except 5 men) were born in Warsaw or moved there in their childhood (before the age of 15). A detailed structure of the sample in regards to gender, educational level, marital status, and parity is presented in Appendix 1.

Our sample was purposively selected, including people living in the capital city and better educated than the Polish population overall. As shown in the previous section, this is the group that enters parenthood the latest: their behavior sets the frontiers of fertility postponement. Therefore, this group is particularly interesting for our research purposes: if we identify that the age norms, related to childbearing, impact fertility choices of our respondents, it is highly probable that norms have even more powerful influence for people living in rural areas and those less educated (in line with the diffusion theory, Rogers 1995).

The analysis of the data is modeled on the coding procedures used in the "grounded theory" approach (Strauss and Corbin 1998). During the interview, respondents talked about their experiences, desires, and intentions regarding childbearing. Using these narrations, first of all, we identify all passages related to age and childbearing desires or intentions. With this material, we categorize and define the different ways (and the reasons) our respondents considered age with regard to when they planned parenthood.

The richness of the textual data allows us to study in-depth the relation of age norms to other aspects of fertility choices; and it enables us to reconstruct the various mechanisms of the normative impact of age. The qualitative procedure we employ is beneficial for studying the age norms in two more respects. First, as our respondents are asked widely about determinants of their fertility choices, and not directly about the role of age, we are able to evaluate the subjective importance of age deadline for individuals. Of particular value is to identify who, in what context, discusses the age deadline in detail and who does not mention it at all. Second, in many cases people do not readily portray their personal choices as being shaped by the opinions of others. Therefore an in-depth interview may also allow the investigator to capture very subtle effects of social influence.

4. Results – Does Age Matter?

Before presenting the age norms related to family planning, we should note that all childless respondents in our sample (34 interviewees) intend to have at least one child. The intentions are differently reasoned and are not always well-defined (yet). Some respondents have already started their first attempts at having offspring, while for others the intention still takes the form of a strong conviction that they will have a child one day. Still, none of the childless respondents claims that they do not want to or do not intend to have a child.

We now explore the data, investigating the relevance of age for childbearing experiences and intentions of all the respondents. First, we present how the interviewees perceive and reason the age deadline for the transition to parenthood. Second, we look at the mechanisms of social control over this deadline. Next, we consider how strongly it can influence individual fertility choices. How do young people think about the age limit, when looking at their own lives? Finally, to complete our investigation on the regulating power of norms, we explore whether any exceptions are acceptable and, if so, under what circumstances.

4.1. Age Deadline for Parenthood

In our study, we ask the respondents what aspects should be taken into consideration when planning a child. We do not ask directly about the age issues in any way, so it is quite striking

that the majority of respondents spontaneously come up with the concepts of “age,” “time flying,” “getting old,” or (on the other end of continuum) “still being young.” Among the interviewees, 30 convey that they consider, or have considered in the past, some form of age deadline for having their first child. It is also remarkable that almost all childless women in the sample report some form of time pressure for becoming a mother, with just three exceptions: the youngest female in the sample (20 years old) and two women undergoing gynecological or infertility treatment. Among those who did not mention the aging aspect are some childless men, as well as respondents already with a child (in most cases, unplanned).

For those who speak of time pressure, the most frequently perceived deadline is age 30. This age appears in the interviews with women as well as with men, however it is mostly (although not exclusively) given in relation to the age of a female partner. This deadline is mentioned explicitly (“*I would like to have a child before I’m 30*”) or implicitly (“*It’s high time, I’m 28*”). It is in some cases perceived as a strict upper limit (“*I want to have a child before 30*”) or as a vaguer point of reference (“*Maybe about 30?*”). These findings are in line with the statistical regularities described earlier in this paper. We report also cases when the deadline is set lower: for instance at the age of 25. The maximum limit that appears in our data is 32, but it is given not as a single point but as an upper limit of a range: “*I think, it will be 30–32.*” In general, the clear message is: One should not wait too long in the transition to parenthood. Our respondents give several explanations as to why one ought to have children at a young age. We identify seven main categories of reasons, as presented in Table 1.

[Table 1 about here]

Not surprisingly, the age deadline is most strongly connected to biological and health aspects: a female’s optimal age for childbearing and her fertility limits. We make a distinction between these two reasons because they differ in their relation to age and in their weight. As far as a woman’s optimal age for childbearing is concerned, if respondents define it at all, they suggest the mid-twenties (24–26). They reason that this time of life is the best, but they do not mention any consequences of having a child out of this “best period.”

The argument related to fertility limits is much stronger. The substantial postponement of childbearing is perceived as a threat that women will have problems getting pregnant and delivering a baby or even that they will eventually remain childless. Our respondents clearly do not want to be responsible for such an outcome (“...later, I don’t want to blame myself”). Note that, although the argument related to fertility limits appears in the interviews with male as well as female partners, women emphasize it much more strongly. This is their biological limitation and they are more worried about it. Note also that the issue of fertility limits is not mentioned in relation to men at all.

The opinion that postponement over the age 30 can lead to childlessness is in most cases given as an undisputable fact, which does not require any additional explanation (see Table 1). However, it also happens to be supported by experiences of friends or by doctors’ opinions:

“This topic appears. They feel obliged to have children before 30, or some of them are trying and it takes time and it’s worrying, or it needs some medical tests. So I can hear about things like this...” (Female 28, childless)

“My last visit to the gynecologist ended up with some comment that gave me lots to think about: that one cannot postpone it till ‘nobody knows when’. It’s time to consider it. I keep telling myself that I am still young – that’s OK, but it does not translate into biology.” (Female 29, childless)

The deadline of age 30 is sometimes explained also in relation to the limits of completed fertility. If one wants to have more children, the first one needs to be born early. However, it appears only in a very few cases. Moreover, neither wanting to have more children does not push the deadline for the first one to the earlier ages, nor a desire to have just one kid makes our respondents more relaxed about the age limit. In fact, a woman who gave the lowest deadline of her transition to motherhood (25 years) definitely wants to have only one child. Note, however, that vast majority of the interviewees want to have two children, so there is not enough variety to compare this issue in closer details.

Whereas the foregoing reasons for early childbearing relate only to the women's ages, there are also explanations that apply to both men and women. For instance, younger parents will have more energy and patience for a child and better relations with offspring. They will also be still young and full of energy for "*enjoying life*" or to proceed with their own career when a child has grown up. Finally, having a child at an older age results in a situation of family roles being mixed: one can be taken for a grandparent of one's own child.

4.2. Social Control

Our respondents do not report much direct social pressure connected to the age of childbearing. Data do not reveal any socially imposed sanctions for having a child over the age of 30. Only one category of explanations, related to the mixed social roles of late parents, can be regarded as (to some extent) connected with a mechanism of social control: being labeled as a grandparent of one's own child may lead to an embarrassment in front of others ("*I don't want to be a grandpa when I take my child to school*"). Some direct pressure to have children in young age may come from gynecologists. This, however, appears only in two interviews, and only in one case seems to have a real impact. In other case it is mentioned as a very last, additional reason for a woman who wants to have a child very soon.

However, even though a strong direct pressure as to the age of childbearing is not present, powerful pressure and numerous mechanisms of social control exist when it comes to having a child in general. To present all the factors influencing childbearing intentions would reach beyond the scope of this paper. However, a high regard for having children in the individual values system of Poles (Frątczak and Balicki 2003, Giza-Poleszczuk and Poleszczuk 2004, Ogryzko-Wiewiórowska 2001) is clearly sustained also by social norms and a complex system of sanctions and rewards. Childlessness is clearly not an acceptable option here. In the Polish society, everybody ought to become a parent and some examples of mechanisms of social control over this norm are presented in Table 2. It is striking that punishment for childlessness (even unintended!) can be as severe as being left by a partner.

[Table 2 about here]

The pressure to have a child is combined with a great concern, described before, that the postponement of childbearing over the age 30 may ultimately lead to childlessness. Thus, we may say that there is no strong direct social control over the age at first birth, but there is an indirect one, as illustrated by Figure 7.

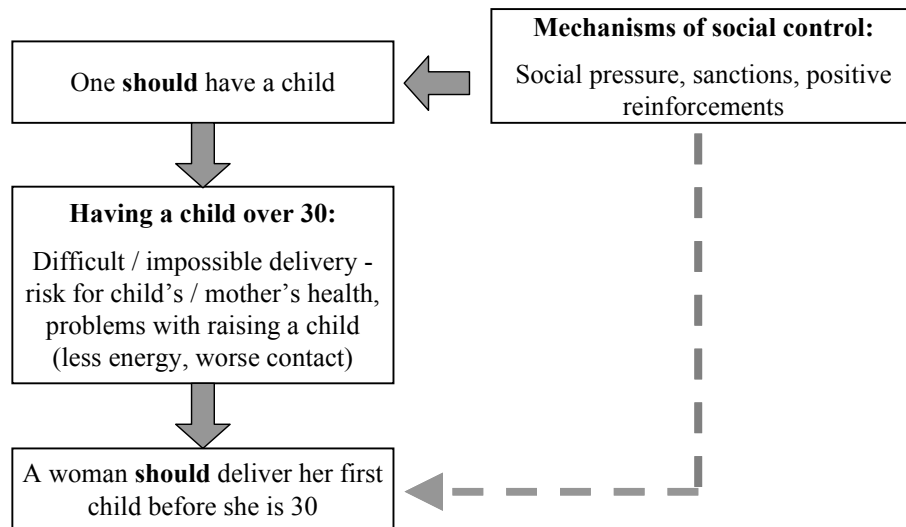


Figure 7: An indirect mechanism of social control over the age deadline for parenthood.

Women may not expect nor fear any social sanctions for having a child after they are 30. They do, however, anticipate severe consequences if they are not able to have a child afterwards. As a result, chronological age not only provides a point of reference for fertility choices, but enables us also to document a relatively strong regulating power of the perceived age deadline for parenthood.

4.3. *Regulating Power of Age Norms – Impact on Fertility Choices*

To begin with, we consider how young people consider and deal with the age limits when they plan their family. The interview data show that when a woman approaches 30, this topic becomes highly relevant for her. As a vivid illustration of this, we can consider one female respondent, still childless at age 29. She feels exceptional pressure to get pregnant in the following year. However, her partner wants to wait, saying that he is not ready for a child yet. Thus, she is almost certain to miss the deadline of 30. There are several remarkable features of her ways of dealing with and talking about this situation.

First of all, she mentions almost all possible reasons for having a child as soon as possible. In general, for all interviewees, we identified seven main explanations of the age deadline (compare Table 1). In her narration, as many as five of them are present (fertility limits, optimal time, patience for a child, contact with a child and mixed social roles):

“I’m at that age and I don’t want to blame myself later that I’m not able any more [to have a child], that we put the decision off for too long and that I got to a doctor and he says “I’m sorry, your time is up” (...) there’s a period in which women should get pregnant and give birth (...) the child is healthy then and the woman is all right too, and everything is just fine. And then I’m not a mum and grandma at the same time and the relations with the child are all right too, they are not out of balance, as when I’m 50 and my daughter is 15 or 10 because I was a mummy who had her child very late, and then everything irritates me.” (Female, 29, childless)

Not only does she present these arguments in the interview, but they are also her weapon to convince her partner (*“He knows exactly, and I always make him aware of it, that I’m at my age...”*). She urges him to think that childbearing is important *now*, and although she claims that she does not want to *“force him,”* she also says:

“You probably have to persuade the man, so he realizes that if we want to be together and set up a family at some time, then we should think about it earlier, in order not to hold a grudge against ourselves later. Because I wouldn’t like to regret and reproach P. [partner] for waiting too long and that there is a problem.”

On top of that, she has also stopped taking the Pill, leaving the issue of contraception completely to her partner.

This particular case of disagreement in a couple is quite extreme compared to other respondents in our sample. Naturally, as we indicated before, as it is first and foremost the woman’s age that is considered, the pressure is stronger for a female than for her partner. The woman is also frequently the one who brings up the topic. However, with most couples in our sample, with time, the male partner is increasingly concerned with the age issue. Hence, a consensus in a relationship is usually found.

The older our respondents are, not only do they start to perceive age-related aspects as more important for their fertility plans, but they also tend to evaluate them as more influential than other issues. Interestingly, this relates also to material factors, which are universally perceived as a crucial reason for postponing reproductive choice. A place to live, a job, and money are frequently mentioned as the prerequisites for having children – and the absence of them leads to a delay in childbearing. Still, this importance apparently loses its power as the age deadline approaches.

“A baby requires large financial expenditures and I’m just postponing it... not yet, not yet. Some dates are being mentioned: in a year’s time. Because I’m getting close to the round age and I need to take that into consideration too (...) I’m going to make this decision anyway when I’ll be getting close to 30, no matter what our financial situation position. It will cease to be a problem then.” (Female, 27, childless)

The same mechanism works in the next example of the couple who, just a few weeks before an interview, made a decision to start trying to conceive:

“I wanted to put it off for some time until some financial things are clarified. But M. [partner] is right too, saying that in one year’s time there will be still some reasons not to do it anyway and to postpone it further. We don’t want to end up in our thirties and still planning and it would be perhaps too late.” (Male, 25, childless)

Interestingly, for women the age-related pressure can be so powerful that it triggers considerations for and planning of childbearing, even if there is no clear desire to become a mother! Consider the following quotes:

“I don’t think about a child, because I want to have a child. Only... I’m almost 30 and for me this is a kind of magic number. Because I think one has to have a child eventually (...) And this is rather the reason why I think about children, not that I would like to have kids so much now and I have so strong a maternal instinct.” (Female 29, childless)

“I hope that I’ll live till I’m 50 years old and I would like to have a grown-up child who would come and talk, who would help or whom I would help or a family relationship. Since I want to have it at that time I need to start trying now. This is not yet a wish to

have a child. I don't feel this need yet (...) but let's say that you need to have your first child before you turn 30, so I have a few more years. Well, but it could also appear that it's not so easy, right?" (Female 25, childless)

These examples show the importance of a perceived age deadline: It clearly has an impact on individual considerations and behavior. The norm seems relatively powerful. Another indicator of the strength of a norm is its inflexibility. The more rigid a norm, the fewer deviations from it can be accepted, and the more rationalization is required in the case of deviant behavior (Blake and Davis 1964, Nydegger 1986). We shall conclude our results by examining in what situations missing a deadline for parenthood is justified.

4.4. Inflexibility of Norms – Justified Exceptions

It is noteworthy that our respondents do not report any desire to postpone childbearing over the age of 30. They do not perceive any benefits of it. They can imagine only three situations in which one could have a child later than age 30 (see Table 3). All of them are considered outcomes of external circumstances.

[Table 3 about here]

The first situation is infertility or infecundity, as long as it is not related to the woman's age, but rather to some congenital conditions, an illness or an accident. If a woman has problems with conceiving at a later age, she might blame herself (or possibly also be blamed by others?) for not having tried to get pregnant when she was younger.

The second situation when it is justified to miss the deadline for parenthood relates to the lack of a ("right") partner:

"I was talking to some single people... I have a colleague, she is older than I am, and she has a very strong need to become a mother, but she has no way." (Female, 28, childless)

Note, however, that the lack of a partner is treated here as (again) an external circumstance, not as a conscious choice. If a woman decides to remain single, she meets disapproval, as for instance, in the following example:

“She is partying and so on, but I don’t envy her and I think it is not right, it is not a good way (...) How much longer can she go on like this? How much power will she have? Even if 10 years longer, until she is 40, but then she will find herself alone.” (Female, 28, 1 child)

Health problems and an involuntary lack of a partner are independent of an individual’s will. In these cases, not only the substantial postponement, but also ultimate childlessness could be justified. Nevertheless, it still can lead to some social sanctions, as we discussed previously (compare Table 2).

The third and most complex reason for which it seems acceptable to postpone childbearing until a later age is a difficult financial situation:

“[My wife] often mentions that she would like to have children and that she’s running out of time, but at this very moment there’s no such chance. Well, most of all – there are no financial resources (...) That holds us back. This issue most of all: finance.” (Male, 30, childless, unemployed, wife: 29)

Apparently, the relation between age and the material situation gets even more complex. On the one hand, the normative power of an age deadline for childbearing may influence the subjective evaluation of available resources (section 4.3). On the other hand, a lack of financial means may act as a justification to postpone childbearing, even beyond the age of 30. Thus, a question arises: What economic resources are perceived as sufficient for childbearing and what are still unsatisfactory? Are there any economic conditions that would justify childlessness? Apparently the answer to the last question is negative.

“These are temporary arguments. Because of that everything prolonged for us too. But it can’t be a reason for a final decision. It’s – like my mother usually says – when there is food for two people, it would be enough for a third one. So it’s not that, I don’t know what kind of conditions you would have to have so that authentically you couldn’t afford to have a child. Besides, you read that some people are raising their children despite their very difficult situation.” (Female, 25, childless)

The interplay between age and economic aspects seems key for defining a time of a first childbearing.

5. Age Norms and Fertility Postponement – Summary and Discussion

Poles, as well as citizens of other Central and Eastern European countries, enter parenthood still at a relatively early age. Moreover, within the post-socialist block, Poland holds a peculiar position in regard to fertility timing. Economic developments after 1989 were favorable enough to foster fertility postponement, yet this process started in Poland much later than in other countries that were equally successful economically (see section 1). We put forth a hypothesis that social norms encouraging early childbearing might have been responsible for sustaining the patterns of early motherhood as they blocked demographic change for some time in this respect.

We showed (in section 2) that according to official statistics, the age patterns of transition to motherhood did not indeed change substantially over the first decade after the breakdown of socialism. Moreover, currently over 90% of first births in Poland are to women not older than 30. The shift towards later childbearing clearly occurs, but women continue to enter motherhood *at latest* in their early thirties. The qualitative study (section 3) allowed us to investigate whether this was supported by socially defined prescriptions encouraging early childbearing; that is, by age-related social norms.

Our analyses (section 4) show that age is a salient concept, important for fertility planning. Our respondents frequently and spontaneously referred to age when talking about experiences or intentions related to the transition to parenthood. They also reported a distinct pressure for having their children at a relatively young age. The most commonly mentioned deadline for entering parenthood is age 30, and it mostly, although not exclusively, refers to the age of a woman. The explanations given for this deadline are consistent with those already found in the literature (Perelli-Harris 2005, Settersten 1999, Settersten and Haegstad 1996): The strongest argument relates to the biological clock of a woman and the limits of her fertility. Our data show that these concerns do have an impact on individual fertility choices.

As the age limit is associated most of all with biological aspects, can we argue that this is a social norm that acts here? We are convinced that the answer to this question is positive. First of all, we are able to identify the mechanisms of social control over the age of first childbearing, even though they do not operate directly. Secondly, deviant behaviors are rationalized and the acceptable explanations are connected to external factors. These aspects indicate the existence of social norms (Blake and Davis 1964, Ensminger and Kinght 1997, Marini 1984, Nydegger 1986). Furthermore, there are no reasons to believe that biology works differently for Polish than, for instance, Spanish or German women. Still, in Spain and Germany women deliver their first child much later. Thus, it is not the biological clock itself, but rather the social prescriptions and proscriptions which define at what age one should enter motherhood.

This is clearly evident if we relate our findings to those of Perelli-Harris (2005) for Ukraine. Ukrainian women also opt for early motherhood, and in focus group discussions conducted in 2002 and 2003, women defended their position using basically the same set of explanations as we find in our study. They also named the same deadline: 30 years of age. However, whereas our Polish respondents believe that the best (optimal) time to have a child is in one's mid-twenties, in Ukraine, a woman who has her first child at 25 is already considered an "old birther." Quoting one of the Ukrainian respondents:

"I think it [the ideal age of first birth] is some time before 25, although if you believe the doctors, they say that children born to 18- year-olds are completely ideal; afterwards, it is already as if there has been an ageing of the organism" (Perreli-Harris 2005, p. 65).

Moreover, a single woman at age 25 in Ukraine is in fact considered an "old maid" already. The pressure to form a family early in life is strong; young women feel it from their peer group and from the older generation. They also recognize that this pressure comes from a "deep tradition" (Perelli-Harris 2005, p. 64). Apparently, in Ukraine the age norms are related with even more pressure than in Poland, and the optimal age is defined earlier – although the same arguments are used to explain it.

Unfortunately, we do not have access to any comparable, qualitative results from the post-socialist countries where fertility postponement started earlier and is more advanced. This would

provide a particularly valuable insight into the relationship between economic development, age norms and timing of the first childbearing. Still, with the data at hand we find it plausible that normative and economic influences can jointly explain different fertility timing in Central and Eastern Europe. Ukraine is an example, where both types of factors support early childbearing. Lack of prospects in relation to job, housing or financial situation and strict age norms jointly hinder fertility postponement. In countries like the Czech Republic or Slovenia, the economic and cultural factors most probably also act in concord, although in a different direction. In these countries, when the transformation started, market development and liberal or loose norms allowed for an immediate and rapid increase in mean age at the first childbearing. Our study shows that Poland is a case where the two forces clash. On the one hand, people want to settle down on the labor market; they want to be financially secure, they want to have a place to live, and they try hard to achieve it (see also Mynarska 2006). All this fosters late childbearing. On the other hand, norms related to the age at transition to parenthood remain influential, hampering the demographic change. These two counteracting powers initially blocked fertility postponement and possibly still shape this process in Poland.

Our study captures Poland at a very interesting moment: fertility postponement has just increased its pace, and the tension between the old ways of living and the new ideas is particularly strong. One might foresee at least two possible future paths. First, a resistance of social norms might be just a matter of time and would eventually dissolve. Such an expectation would be in line with the Second Demographic Transition model (Lesthaeghe 1995, Lesthaeghe and Surkyn 2002, van de Kaa 1987, 1988, 2001), which argues that all countries will follow similar paths of development, guided by an ideational shift. Another path might be that the current tensions produce a different, specific-to-Poland pattern of fertility behavior. One such pattern could be a change to a very narrow window of time for the first childbirth. In the long run, if economic aspects have more influence in making Polish women postpone their transition to motherhood later, and at the same time age norms remain rigid, a situation might develop where almost all women would bear their first child between the ages (for instance) of 28 and 32.

A pattern of “concentration of fertility into a more narrow age interval,” as women are reaching the biological limits of childbearing postponement was suggested by Kohler, Billari and Ortega

(2002, p. 669-670). On the contrary side, Sobotka (2004) finds that age-heterogeneity in first birth timing is instead increasing in European countries and “implies a widening stratification between different social groups” (Sobotka 2004, p. 228). Sobotka’s finding supports our viewpoint that it might not be the biological age itself, but its socially defined meaning, which is important for fertility planning. This meaning may vary for different social strata. Note that our respondents live in the big city and they are in most cases highly educated. This is a group that enters parenthood the latest. If in this group age norms remain influential, as shown in this study, we may suspect that the norms would be even more powerful in urban areas and among lesser educated people (according to Rogers (1995), any new ideas and behaviors are expected to diffuse faster in urban areas and among highly educated people). The more evident postponement among women without a university degree (see section 2) might be because they have more “space” to delay childbearing; they are still quite far from the normative deadline.

Certainly, more investigation is needed to understand the meaning of age and to comprehend the relation between age norms and economic conditions for different social groups and in different contexts. The next years will show whether age norms lose their power in Poland or whether, instead, a concentration of fertility within a narrow age-range occurs. On the basis of current data, however, it seems unlikely that in the near future Polish women will start to enter motherhood in their late thirties.

Our study contributes also to the general discussion on age norms. It does so to a relatively limited extent, as we focus here only on the deadlines, and do not discuss the lower limits of childbearing. Nevertheless, even in this narrow scope, we clearly find age norms to be highly relevant for behavioral choices, at least in the case of fertility choices of Polish and Ukrainian respondents. Interestingly, the regulating power of age norms changes with time: the closer the perceived deadline, the more relevant it becomes for a decision-maker. This should be taken into account in further studies.

Finally, our study shows that the mechanisms of social control over compliance with age-norms might be indirect and thus probably more difficult to capture by researchers and by respondents themselves. People are not necessarily aware to what extent and in which ways their life is

influenced by society at large. They may fail to observe or refuse to acknowledge this impact, especially if they value highly their independence and freedom of choice.

ACKNOWLEDGMENT

We would like to thank Anna Matysiak for her very detailed comments on an earlier version of this article and her support in obtaining relevant data. Also we kindly acknowledge Laura Bernardi, Sylvia Keim and other colleagues from the Independent Research Group on the Culture of Reproduction (at MPIDR) for their time and ideas, which allowed us to improve this paper. Finally, we would like to thank Susann Backer for highly valuable language editing.

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Appendix 1: Sample structure

Number of respondents by gender, marital status, parity, and education.

	Parity 0			Parity 1		<i>Subtotal</i>		Total
Educ. level	Single/ LAT	Cohab.	Married	Cohab.	Married	<i>Fem</i>	<i>Male</i>	
Lower	3 1F / 2M	3 2F / 1M	4 1F / 3M	3 1F / 2M	7 3F / 4M	8	12	20
Higher	8 6F / 2M	4 2F / 2M	12 7F / 5M	1 1F	3 2F / 1M	17	11	28
<i>Female</i>	7	4	8	2	5	Total number of interviews n = 48		
<i>Male</i>	4	3	8	2	5			
Total	11	7	16	4	10			

Table 1: Categories related to the explanations of the age deadline for parenthood.

Name of category	Description	Example
Health and biological clock – fertility limits	For women the postponement of childbearing beyond the age of 30 is a threat that they will have problems with getting pregnant.	<i>“I’m at that age and later I don’t want to blame myself that I’m not able any more [to have a child]. That we put the decision off for too long and that I go to a doctor and he says: I’m sorry, your time is up, and now you have to try hard or spend a lot of money so that you can have a baby. So I don’t want to let it happen.” (Female, 29, childless)</i> <i>“I’m simply aware that I’m getting older and older. Such postponing... later and later... and then it is too late at the end.” (Female, 25, childless)</i>
Health and biological clock – optimal time	For women, age exists biologically optimal for having children.	<i>“And after all M. (wife) is at the best age to have a child now, 24-26 years old, so we also consider the medical aspects” (Male, 25, childless, wife 25)</i> <i>“It is best to deliver a child between 20 and 30, and even better up to 25.” (Female, 22, childless)</i>
Energy and patience for a child	Having children at an older age means less energy and patience for a child	<i>“I would like to be still fit. To play [with a child], go somewhere, go cycling, play football or something. When you're older, you don't feel like doing that. One prefers to rest, to lie down.” (Male, 28, childless)</i>
Age distance – contact with a child	Older parents have worse contact with their children, especially during a child’s adolescence.	<i>“[When people] plan to have a child when they are 30, in my opinion it’s terrible. I mean terrible for a child, because a child is born, grows up and parents are old people already. And they have or they might have worse contact with a child” (Male, 29, 1 child)</i>
Mixed social roles	Having children at an older age results in being a parent and a grandparent at the same time.	<i>“I am 28. I don’t want my child to call me grandpa.” (Male, 28, childless)</i>
Nothing more to expect of life afterwards	Having a child at an older age means that when a child is grown up, parents will be too old to do other things with their lives or proceed with a career.	<i>“I always think about the stage, I think, when a child is 15 years old, how old I will be, so I would still have a life!” (Female, 25, childless)</i>
Not able to have a second child	Waiting too long with the first child means less time to manage the second one.	<i>“If I had a first child in a couple of year’s time, when I’m about 30, then... for a second child one also needs a couple of years and it is too late then!” (Female, 25, childless)</i>

Table 2: Social pressure for having children: examples of the categories related to the mechanisms of social control.

Name of category Examples	Description	Example
Social disapproval or pity (sanction)	Childless people are perceived as egoistic, strange and disturbed (when they do not want to have children) or unhappy and sad (when they cannot have children).	<p><i>“She is somehow abnormal, degenerate; she doesn’t want to have children, horrible!” (Female, 24, childless)</i></p> <p><i>“I know two couples, of my parents’ age, who don’t have children. And this is really sad, depressing. I think such people become freaks.” (Female, 29, childless)</i></p>
Direct pressure from family	Family directly communicates encouragement to have children or disapproval for not having one.	<p><i>“The parents, especially mine, are saying that we should have a baby. My mum says: I’m retired now, so I would have something to take care of after.” (Female, 26, childless)</i></p>
Loss of a partner (sanction)	Not wanting (or even not being able) to have a child is a sufficient reason for another partner to leave.	<p><i>“If she didn’t want to [have children], I think... it would end up in breaking up.” (Male, 28, childless)</i></p> <p><i>“If we tried all options and didn’t succeed [to have a child], if he wanted to leave, I would let him....” (Female, 29, childless)</i></p>
Social exclusion (sanction)	Not having children is related to being an “outsider”: losing friends, being treated as a strange person.	<p><i>“People around you set up their families, they are happy about their children, they have their problems... and you sit there on your own and it doesn’t concern you.” (Female, 28, 1 child)</i></p>
Childbearing – giving status of a mature person (positive reinforcement)	Childbearing is positively reinforced by giving a new social status to parents	<p><i>“They would look at me as a mature woman because I am over 18, but I think that in their opinion... I don’t know if they treat me completely as a child but surely not like a mature woman, maybe fifty-fifty. But when someone has a child (...) then it’s a symbol that she is a mother. so she is a responsible and mature person.” (Female, 22, childless)</i></p>

Table 3: Situations when postponing parenthood seems to be justified or acceptable.

Name of category Examples	Description	Example
Infecundity and health problems (not age related)	Any situation, when a woman (or man) has to undergo a treatment, when the attempts to conceive fail (including insemination or in vivo treatments)	<p><i>“I’ve had a customer recently, who gave a birth after 8 years [of treatment]. But we must admit that medicine hadn’t been so advanced then, but she was not expected to become a mother.” (Female, 29, childless, undergoing infertility treatment).</i></p> <p><i>“I have only few friends, mostly people who have kids (...) We have friends who are trying, they have some problems, she can’t get pregnant, they don’t have a child but they want to have a child and they are trying” (Female, 26, 1 child)</i></p>
Lack of partner	Being single, not having a proper partner to become a parent.	<p><i>“[My husband’s] sister, in turn... she’s single. She is 29 (...) and she is single, she doesn’t have anybody. But she does want to have children!” (Female, 26, 1 child)</i></p> <p><i>“I don’t think I am at such phase of my life that I should consider it [motherhood] in half a year or year’s time perspective. Especially in my current situation [of being single]” (Female, 28, childless, single)</i></p>
Poor material situation	Lack of sufficient material resources to provide for a child.	<p><i>“[My wife] often mentions that she would like to have children and that she’s running out of time, but at this very moment there’s no such chance. Well, most of all – there are no financial resources (...) That holds us back. This issue most of all: finance.” (Male, 30, childless, unemployed, wife: 29)</i></p> <p><i>“We are postponing it just now, so to speak. We know that it is going to happen but (...) we can’t decide about ourselves just now [financially] and the decision about having a baby requires large financial expenditures and I’m just postponing it that not yet, not yet. Some dates are being mentioned, that’s in a year’s time.” (Female, 27, childless, she started to work a week before the interview, and her husband was setting up his business. They are supported financially by their parents.)</i></p>