REPORT

Working paper: Fertility trends in Europe: structural change, shocks and resilience

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Wioletta Grzenda
Magdalena Smyk Szymańska
Lucas Van der Velde

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INTRODUCTION

This working paper focuses social resilience with respect to fertility in selected EU countries. The low and declining birth rates observed in many EU countries have brought the issue of fertility to the forefront of discussions on how to build social and economic resilience (Chłoń-Domińczak et al., 2024). In this study, we focus on the individual level approach. An individual's resilience is defined as the capability to achieve desired outcomes by leveraging resources through different life course assets, enabling them to address evolving resource needs or manage with limited resources in the face of disruptions (Aassve and Bastianelli, 2024). We understand resilience as an individual's ability to positively adapt to the occurrence of some risk or adversity (Rutter, 2012).

Having certain features of human capital (Becker, 2009) may make a person more or less resistant to various risk factors. One of the main risk factors in fertility decision-making is economic uncertainty. It is related not only to employment stability, the amount of earnings or the level of education but also to satisfaction with employment status. Our results can help determine, for instance, whether having a satisfying job makes individuals more likely to decide to become parents once their professional needs are met, or if the job is so important to them that they no longer see room for a child in their life.

One of the characteristics of the second demographic transition (Dirk, 1987) was the rejection of traditional values in favour of liberal ones. This manifested, among others, in an increase in cohabitation, as well as the rising share of of children born out of wedlock. However, according to research (Wagner et al., 2019), the absence of a partner remains one of the main factors leading to childlessness. Therefore, in our study, we analyse factors such as partnership status and life satisfaction. We also focus on religiosity, which impact on short-term fertility intentions in Europe is ambiguous (Spéder & Kapitány, 2015). The second demographic transition is associated not only with voluntary childlessness but also with involuntary childlessness and the increasing role of biological factors. Thus, our study also takes into account factors such as subjective health and life satisfaction.

Experiencing parenthood offers firsthand insight into the costs and benefits of raising children, as well as an individual's capabilities as a parent. Consequently, the fertility intentions of childless individuals may differ from those of parents. However, in the case of Poland, it has been shown that while the fertility intentions of childless women and mothers with one child can be very similar, the realization of these intentions may differ (Grzenda, 2024). Therefore, we also examine the impact of the number of children on fertility intentions.

In this study, we focus on selected risk factors and examine how they influence the transition from uncertainty about fertility intentions to positive or negative fertility intentions. Moreover, we examine how these factors influence the decision to have a child. Taking into account the fact that some of these factors may change over time, we focus on the factors determining having a child under three years of age. We analyse the following countries: Austria, Croatia, Czechia, Denmark, Finland and the UK. The data used comes from the Gender and Generation Program Survey (GGP, 2024). For analysing short-term fertility intentions, we apply the multinomial logistic regression model. Moreover, we use binomial logistic regression

to assess, which individual characteristics are conducive to having at least one child under three years of age.

The working paper is structured as follows. In the first section, we present the research methods used. In the second section, we describe the data source and present the datasets used in the models. We provide the sizes of the analysed samples, definitions of dependent variables and potential explanatory variables. In the third section, which is the main section of this working paper, we present the results of our research for each of the analysed countries. The discussion in which we present a comparison and summary of the obtained results concludes the document.

METHODS

In this study, we analyse the determinants of short-term fertility intentions and fertility behaviour. For analysing fertility intentions, we selected the multinomial logistic regression model because we were considering the dependent variable, which takes more than two values. We use a binomial logistic regression to model having a child under the age of three. Below, we outline the key assumptions of the research methods employed. More information about these models can be found in Collett (2002), Cramer (2003), Allison (2012), and Hosmer, Lemeshow, and Sturdivant (2013).

Let y denote a binary (dichotomous) dependent variable taking two values: $y_i = 1$ or $y_i = 0$, for $i = 1, \dots, n$. Additionally, let $y_i = 1$ represent the occurrence of the event of interest, and $y_i = 0$ its non-occurrence. Thus, p_i denotes the probability that this variable takes the value one: $p_i = P(y_i = 1)$, and $1 - p_i$ denotes the probability that this variable takes the value zero: $1 - p_i = P(y_i = 0)$, for $i = 1, \dots, n$. The probability distribution of the dependent variable y_i is a Bernoulli distribution with the probability density function given by

$$f(y_i) = p_i^{y_i}(1 - p_i)^{1-y_i}, \quad y_i = 0, 1. \qquad (1)$$

In this distribution, the expected value is $E(y_i) = p_i$, and the variance $Var(y_i) = p_i(1 - p_i)$.

Let $\mathbf{x}_i = [x_{i1}, \dots, x_{ik}]^T$ denotes the covariate vector, and $\boldsymbol{\beta} = [\beta_1, \dots, \beta_k]$ be the vector of estimated model parameters. Then the value p_i is modelled as a function of the explanatory variables:

$$p_i = F(\boldsymbol{\beta}\mathbf{x}_i). \qquad (2)$$

If the function F in equation (2) is the cumulative distribution function of the logistic distribution, then one considers the binomial logistic regression model, for which:

$$p_i = P(y_i = 1) = F(\boldsymbol{\beta}\mathbf{x}_i) = \frac{\exp(\boldsymbol{\beta}\mathbf{x}_i)}{1 + \exp(\boldsymbol{\beta}\mathbf{x}_i)}. \qquad (3)$$

Then the logit of the probability is defined as the natural logarithm of the ratio of the probability of y_i taking the value one to the probability of y_i not taking the value one:

$$\text{logit}(p_i) = \ln\left(\frac{P(y_i=1)}{P(y_i=0)}\right) = \ln\left(\frac{p_i}{1-p_i}\right) \qquad (4)$$

Then, using the established notations:

$$F^{-1}(p_i) = \ln\left(\frac{p_i}{1-p_i}\right) = \boldsymbol{\beta}\mathbf{x}_i, \qquad (5)$$

where F^{-1} is the inverse function of the probability of success. For k explanatory variables and n analyzed individuals, the logit of the probability of success is given as a linear combination of explanatory variables:

$$\text{logit}(p_i) = \boldsymbol{\beta}\mathbf{x}_i = \beta_1 x_{i1} + \beta_2 x_{i2} + \cdots + \beta_k x_{ik}. \qquad (6)$$

If the dependent variable takes more than two values, the multinomial logistic regression model is considered. Let now us consider *n* individuals and individual i, $i = 1, \ldots, n$, must choose one of *J* disordered categories. Let p_{ij} denote the probability that individual i falls into category j:

$$P(y_i = j|\mathbf{x}_i) = p_{ij} \qquad (7)$$

where $\mathbf{x}_i$ denote as before a column vector of k explanatory variables $\mathbf{x}_i = [x_{i1}, \ldots, x_{ik}]^T$. Let $\boldsymbol{\beta}_j$ be a row vector of coefficients for category *j*. Then,

$$p_{ij} = \frac{\exp(\boldsymbol{\beta}_j \mathbf{x}_i)}{\sum_{t=1}^{J} \exp(\boldsymbol{\beta}_t \mathbf{x}_i)}, j = 1, \ldots, J \qquad (8)$$

denote probabilities. Furthermore, a baseline category is selected, serving as a reference for interpreting the parameters associated with all other categories. Subsequently transforming the final equation yields:

$$p_{i1} = \frac{1}{1 + \sum_{t=2}^{J} \exp(\boldsymbol{\beta}_t \mathbf{x}_i)} \qquad (9)$$

and

$$p_{ij} = \frac{\exp(\boldsymbol{\beta}_j \mathbf{x}_i)}{1 + \sum_{t=2}^{J} \exp(\boldsymbol{\beta}_t \mathbf{x}_i)}, \quad j = 2, \ldots, J \qquad (10)$$

In our work, we investigate $J = 3$ categories; therefore, we obtain 2 equations:

$$\log\left(\frac{p_{i2}}{p_{i1}}\right) = \beta_{20} + \beta_{21} x_{i1} + \beta_{22} x_{i2} + \cdots + \beta_{2k} x_{ik,} \qquad (11)$$

$$\log\left(\frac{p_{i3}}{p_{i1}}\right) = \beta_{30} + \beta_{31} x_{i1} + \beta_{32} x_{i2} + \cdots + \beta_{3k} x_{ik,} \qquad (12)$$

The primary method for estimating parameters in the logistic regression model is maximum likelihood estimation (Maddala, 1983; Kleinbaum and Klein, 2010).

DATA

This study used data from the Gender and Generation Programme Survey (GGP, 2024). We explore six countries: **Austria**, **Croatia**, **Czechia**, **Denmark**, **Finland** and the **UK**. The GGS survey usually covers people aged 18 to 79. However, if a representative survey on the older population exists in the country, the age range can be reduced to 18-59. Our study focuses on fertility intentions and having a child under three years of age, thus we considered women and men aged 25-44.

In models, we considered the following characteristics:

- Gender (dem01)
- Employment status (wrk02)
- Satisfaction with Employment Status (wrk01)
- Education level [ISCED] (dem07isced)

- Religiosity (att10)
- Subjective health (wel02)
- Life satisfaction (wel01)
- Housing status (dem11)
- Housing satisfaction (dem12)

Moreover, based on the available information, we constructed the following variables:

- Age group: 25-29, 30-34, 35-29, and 40-44
- Number of children: childless, one child, two children, three or more children
- Partnership status: single (includes divorcees and widows), married, cohabiting.

For most variables, missing values were marginal and generally related to the same observations. In these cases, observations with missing values were removed. However, if many observations had missing values for the same variable, we created a separate level that encompasses missing values.

For the short-term fertility intentions model we selected respondents who answered the question: "*Do you intend to have a/another child during the next three years? Please take into account only biological children.*" (*fer14* Intention to have a child in next 3y).Respondents could choose one of 6 possible answers:
1 Definitely not
2 Probably not
3 Unsure
4 Probably yes
5 Definitely yes
6 Currently expecting a child

For the purpose of this study, people who chose the answer "Currently expecting a child" were excluded from the analysis. When constructing the dependent variable, we combined the "Definitely not" and "Probably not" answers as well as "Definitely yes" and "Probably yes" answers. In this way, we obtained a dependent variable with three levels. Thus, we selected the multinomial logistic regression model to analyse short-term fertility intentions. Additionally, we selected the answer "Unsure" as the reference level.

Besides digging into the factors determining short-term fertility intentions, this study also considers factors determining having a child under three years of age. In this case, the dependent variable had only two levels and distinguished between childless people and those with a child (children) under three years of age. Therefore, for these analyses, the binomial logistic regression model was chosen.

Table 1 presents the sample sizes from the original GGS survey, broken down by gender. We also present the sample sizes included in each model, taking into account the restrictions discussed in the previous paragraphs. It should be emphasized that despite adopting identical restrictions for each country, the samples are not always comparable due to differences in

study implementation across countries. For example, in the Czech Republic, single men were not asked about their fertility intentions.

Table 1. The sample sizes.

		Austria Wave 1 (v. 1.0)	Croatia Wave 1 (v. 1.0)	Czechia Wave 1 (v. 1.0)	Denmark Wave 1 (v. 1.0)	Finland Wave 1 (v. 1.1)	UK Wave 1 (v. 1.1)
GGS survey	Female	4,876	4,169	3,296	4,610	1,958	4,964
	Male	3,366	3,318	2,287	3,659	1,392	2,911
Model for fertility intentions	Female	1,878	1,764	1,372	2,152	1,093	2,217
	Male	1,299	1,325	657	1,606	779	1,133
Model for having a child	Female	1,148	999	687	1,318	712	1,305
	Male	939	879	358	1,075	565	819

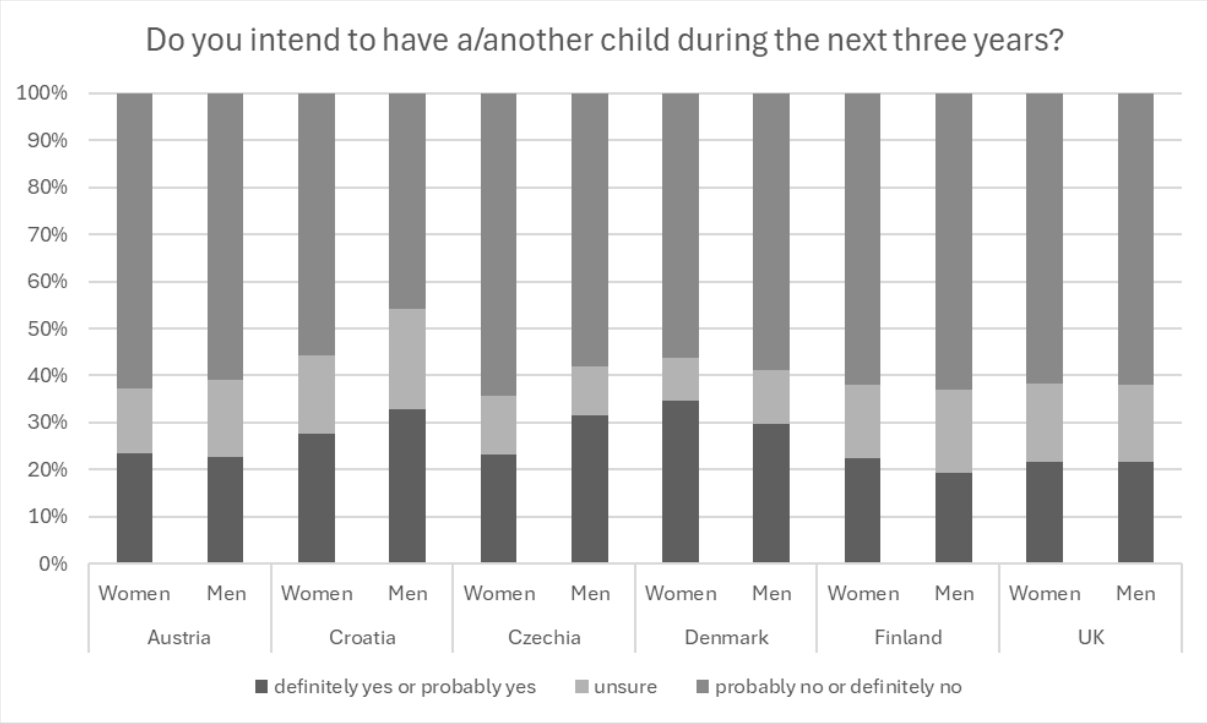


Figure 1. The fertility intentions – Austria, Croatia, Czechia, Denmark, Finland, UK. Source of data: GGP 2024.

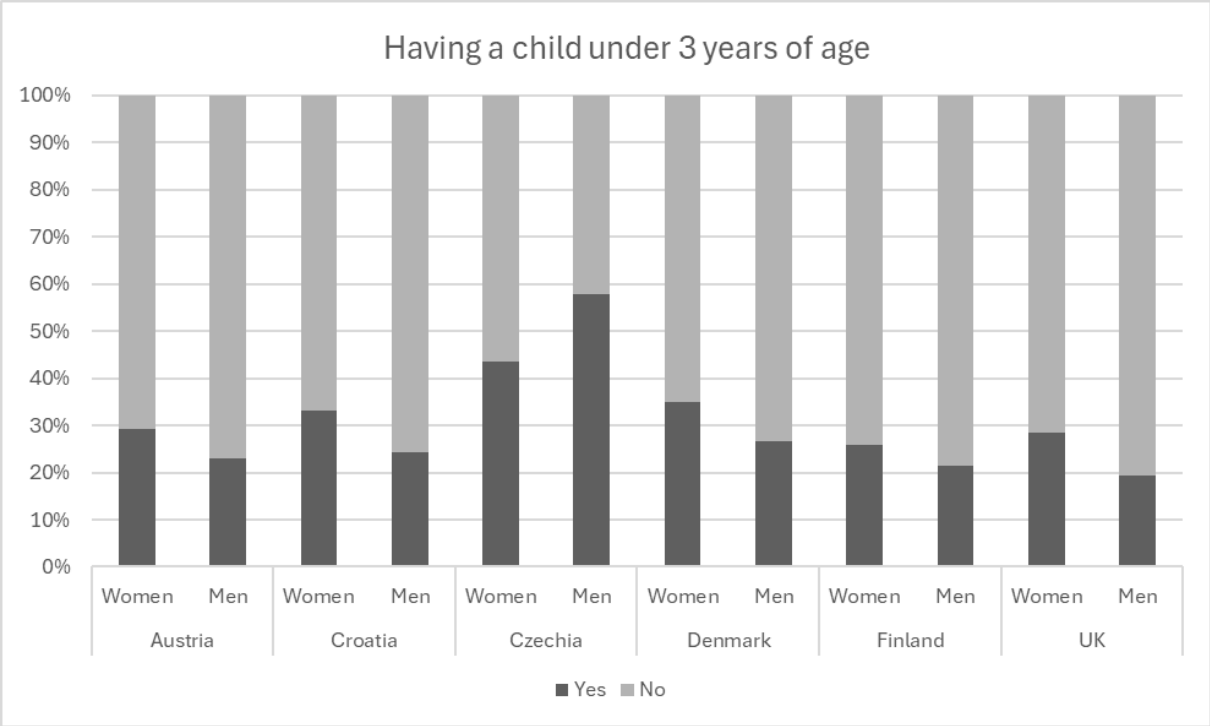


Figure 2. The fertility realizations – Austria, Croatia, Czechia, Denmark, Finland, UK. Source of data: GGP 2024.

Figures 1 and 2 summarize the distributions of the dependent variables across countries. The distributions of fertility intentions look similar. Across countries the fraction of women unsure about fertility intentions oscillates between 10 and 20 percent, while around 40 percent of respondents do not intend to have a(nother) child. Proportions are similar for men. Two countries stand out, Croatia and Czechia. In those countries, men are slightly more likely to intend to have a child in the next three years than women, and in Croatia, the group of unsure men seems to be the largest in this sample. This makes Croatian men the only group in which there is less than 50% of respondents not intending to have a child in the nearest future. In Czechia, we cannot rule out that differences in fertility intentions among men are due to sample composition. As stated earlier, only men with a partner answered this question.
The second dependent variable – having a child under 3 years of age – presents a similar distribution across countries. Around one-fifth to one-third of the sample has a small child. The exception is Czechia, where over 40% of female respondents and more than 50% of male respondents declared to have a small child (the high share for men is most likely due to the lack of single men in this sample). For this second variable, Czechia also has the smallest sample.

RESULTS

Model of short-term fertility intentions

In this section, the results from a model of short-term fertility intentions are presented and interpreted.

AUSTRIA

Table 1.1. presents the results from a regression model on short-term fertility intentions in Austria. Age group is only moderately associated with the significantly different odds to have specified fertility plans for the next three years. Both the youngest women and men are less likely to plan not to have a child than to be unsure. Older individuals (40-44) are less decided in terms of having a child in comparison to the youngest group, while women in their early 40s have five times higher odds to not planning a child than being unsure.

The number of children determines fertility plans. Those who already have at least two children present higher odds of not planning any additional child for the next three years (three times more among women, and almost five times more among men). Similarly, they are less likely to state a positive intention to have a child in comparison to childless respondents. There are no statistical differences between childless respondents and parents of only one child.

Being married increases the odds of having specified fertility intentions rather than being unsure, both among women and men. As expected, for very religious individuals in comparison to not religious, the odds to declare that they do not intend to have a child in the next three years are lower compared to the "unsure" answer. Religiosity also plays a role in understanding fertility intentions. When compared to non-religious individuals, men with any level of religiosity present lower odds of expressing negative fertility intentions. A similar relation is observed when comparing very religious and non-religious women.

Employment status also affects fertility plans. Inactive women are less likely to express negative fertility intentions than employed ones. For men satisfaction from employment status is associated with the differences in fertility intentions. Counterintuitively men who are dissatisfied from their employment status report specified fertility plan (to have and not to have a child in the nearest future) more often.

The higher the life satisfaction, the higher the odds that the respondent has specified fertility plans, especially among women. For men statistically significant difference can be observed only between satisfied and dissatisfied, and when it comes to intention to have a child and being unsure. Subjective health status matters mostly for intention not to have a child – the worse the health, the higher the odds of expressing negative fertility intentions as opposed to being unsure. Finally, women who are tenants are less likely to have specified fertility intentions than homeowners.

TABLE 1.1. THE SHORT-TERM FERTILITY INTENTIONS IN AUSTRIA
The odds ratios and 95% confidence intervals for the odds ratios

DO YOU INTEND TO HAVE CHILDREN IN THE NEXT 3 YEARS? *(ref. UNSURE)*				
	WOMEN (n=1878)		MEN (n=1299)	
	NO	YES	NO	YES
Age group *(ref. 25-29)*				
30-34	0.609***	1.191	0.555***	1.272
	(0.416, 0.890)	(0.804, 1.765)	(0.360, 0.854)	(0.781, 2.070)

35-39	1.362	0.868	0.802	1.181
	(0.908, 2.042)	(0.548, 1.374)	(0.517, 1.243)	(0.703, 1.982)
40-44	5.575***	0.485**	0.877	0.349***
	(3.256, 9.547)	(0.239, 0.984)	(0.543, 1.415)	(0.181, 0.675)
Number of children *(ref. childless)*				
one child	1.124	0.754	0.851	1.006
	(0.738, 1.710)	(0.479, 1.189)	(0.534, 1.358)	(0.601, 1.682)
two children	3.015***	0.125***	4.844***	0.387**
	(1.831, 4.967)	(0.064, 0.245)	(2.571, 9.126)	(0.157, 0.951)
three or more children	2.812***	0.153***	2.274*	0.051**
	(1.384, 5.711)	(0.060, 0.393)	(0.925, 5.591)	(0.005, 0.523)
Partnership status *(ref. married)*				
single	0.574**	0.101***	0.401***	0.125***
	(0.348, 0.946)	(0.055, 0.183)	(0.215, 0.748)	(0.060, 0.264)
partner	0.408***	0.373***	0.223***	0.249***
	(0.263, 0.632)	(0.232, 0.601)	(0.128, 0.391)	(0.132, 0.468)
Employment *(ref. employed)*				
seeking employment	0.522*	1.011	1.404	0.736
	(0.255, 1.069)	(0.471, 2.170)	(0.509, 3.873)	(0.190, 2.860)
inactive	0.395***	0.797	1.225	1.723
	(0.263, 0.594)	(0.507, 1.253)	(0.653, 2.296)	(0.830, 3.578)
unknown	0.722	0.552*	0.782	0.482*
	(0.395, 1.318)	(0.280, 1.087)	(0.416, 1.472)	(0.205, 1.132)
Employment status satisfaction *(ref. dissatisfied)*				
moderately	1.004	0.743	0.288**	0.190***
	(0.437, 2.307)	(0.297, 1.863)	(0.109, 0.765)	(0.055, 0.655)
satisfied	0.750	0.541*	0.370**	0.303**
	(0.396, 1.420)	(0.271, 1.080)	(0.166, 0.828)	(0.122, 0.755)
unknown	0.887	0.841	0.632	0.347
	(0.357, 2.203)	(0.302, 2.341)	(0.206, 1.935)	(0.088, 1.370)
Religiosity *(ref. not religious)*				
average	0.713	1.179	0.332***	0.491**
	(0.442, 1.149)	(0.689, 2.017)	(0.198, 0.556)	(0.259, 0.930)
very religious	0.440***	1.332	0.573**	1.281
	(0.301, 0.644)	0.885, 2.006	(0.375, 0.877)	(0.794, 2.067)
unknown	0.611	1.656	0.683	0.824
	(0.317, 1.181)	(0.815, 3.362)	(0.377, 1.239)	(0.388, 1.748)
Subjective health status *(ref. very good)*				
good	1.497**	1.155	1.549**	1.293
	(1.066, 2.103)	(0.797, 1.676)	(1.068, 2.247)	(0.843, 1.983)

fair	3.176***	1.488	1.301	0.777
	(1.849, 5.457)	(0.795, 2.784)	(0.778, 2.175)	(0.404, 1.497)
bad or very bad	0.999	1.108	5.163*	3.322
	(0.354, 2.816)	(0.314, 3.906)	(0.971, 27.449)	(0.516, 21.384)
Life satisfaction *(ref. dissatisfied)*				
moderately satisfied	1.136	1.853***	1.073	1.366
	(0.789, 1.636)	(1.223, 2.806)	(0.710, 1.621)	(0.818, 2.282)
satisfied	1.949***	2.743***	1.436	2.212***
	(1.277, 2.975)	(1.716, 4.385)	(0.916, 2.253)	(1.306, 3.746)
Housing ownership *(ref. owner)*				
tenant	0.529***	0.448***	0.817	0.756
	(0.367, 0.762)	(0.301, 0.668)	(0.567, 1.176)	(0.492, 1.162)
other	0.979	0.620	0.592*	0.643
	(0.571, 1.678)	(0.344, 1.116)	(0.339, 1.035)	(0.334, 1.239)
Housing satisfaction *(ref. dissatisfied)*				
moderately satisfied	0.450*	0.507	0.597	0.387*
	(0.183, 1.106)	(0.187, 1.377)	(0.242, 1.469)	(0.129, 1.165)
satisfied	0.671	0.385**	0.861	0.727
	(0.306, 1.470)	(0.162, 0.915)	(0.442, 1.676)	(0.333, 1.588)

Notes: p-values: *** 1%, ** 5%, * 10%, .

CROATIA

In Croatia, age significantly increases the odds of expressing negative fertility intentions as opposed to being unsure or having positive fertility intentions. Among men, the older the respondents the more decisive they are. Similarly, men above the age of 40 have higher odds of expressing negative fertility intentions, whereas for those in the later thirties differences to the youngest group are not statistically significant. In short, men appear to be open to have children at older ages than women.

Compared to childless individuals, parents of any parity are more likely not to plan more children and less likely to plan the next one in comparison to being unsure. Married individuals have higher odds of expressing fertility plans – for men both to have and not to have child, while among women, marital status increases odds of planning a child in a next three years. Women who are seeking employment less often intend to have a child in comparison to be unsure than employed ones. For men satisfaction from the employment status matters – moderately and satisfied men have higher odds to plan a child than those unsatisfied with their current status. The level of religiosity differentiates the odds expressing negative fertility intentions. The odds are lower for average and very religious men and women than among non-religious respondents. Fair, bad and very bad subjective health status is related to higher odds of not planning a child in the next three years among women. The odds of not planning a child are higher among tenants than house owners.

TABLE 1.2. THE SHORT-TERM FERTILITY INTENTIONS IN CROATIA
The odds ratios and 95% confidence intervals for the odds ratios

DO YOU INTEND TO HAVE CHILDREN IN THE NEXT 3 YEARS? (*ref. UNSURE*)				
	WOMEN (n=1764)		MEN (n=1325)	
	NO	YES	NO	YES
Age group *(ref. 25-29)*				
30-34	0.739	0.891	0.568**	1.348
	(0.488, 1.117)	(0.603, 1.315)	(0.352, 0.918)	(0.849, 2.14)
35-39	1.962***	0.759	0.776	0.897
	(1.284, 2.998)	(0.484, 1.189)	(0.492, 1.225)	(0.55, 1.462)
40-44	5.482***	0.250***	1.642**	0.722
	(3.491, 8.160)	(0.135, 0.460)	(1.019, 2.647)	(0.419, 1.241)
Number of children *(ref. childless)*				
one child	1.665**	0.447***	1.344	0.558**
	(1.065, 2.602)	(0.283, 0.708)	(0.772, 2.341)	(0.315, 0.987)
two children	4.311***	0.123***	1.959**	0.059***
	(2.627, 7.074)	(0.068, 0.223)	(1.077, 3.563)	(0.029, 0.121)
three or more children	5.463***	0.127***	3.634**	0.032***
	(2.906, 10.268)	(0.056, 0.291)	(1.73, 7.634)	(0.009, 0.113)
Partnership status *(ref. married)*				
single	1.011	0.139***	0.538**	0.094***
	(0.616, 1.658)	(0.081, 0.239)	(0.307, 0.945)	(0.051, 0.172)
partner	0.723	0.452***	0.449***	0.37***
	(0.474, 1.101)	(0.289, 0.706)	(0.261, 0.774)	(0.211, 0.649)
Employment *(ref. employed)*				
seeking employment	0.7	0.399***	1.321	1.599
	(0.426, 1.15)	(0.221, 0.72)	(0.626, 2.788)	(0.67, 3.815)
inactive	1.256	1.065	1.621*	1.167
	(0.837, 1.885)	(0.685, 1.654)	(0.915, 2.872)	(0.601, 2.267)
unknown	1.434	1.447	0.865	0.455**
	(0.691, 2.974	(0.668, 3.134)	(0.459, 1.63)	(0.214, 0.966)
Employment status satisfaction *(ref. dissatisfied)*				
moderately			0.592	2.955**
			(0.302, 1.161)	(1.283, 6.805
satisfied			0.818	2.428**
			(0.477, 1.401)	(1.189, 4.958)
unknown			1.966	4.34**
			(0.659, 5.865)	(1.159, 16.243)

Education level *(ref. primary or lower secondary)*				
Upper secondary			0.412*	0.609
			(0.165, 1.031)	(0.195, 1.901)
Bachelor			0.454	0.714
			(0.167, 1.237)	(0.214, 2.386)
Tertiary			0.478	0.694
			(0.18, 1.27)	(0.213, 2.262)
Religiosity *(ref. not religious)*				
average	0.332***	0.726	0.578**	0.931
	(0.202, 0.548)	(0.419, 1.259)	(0.37, 0.903)	(0.562, 1.542)
very religious	0.347***	1.155	0.451***	1.388
	(0.228, 0.529)	(0.737, 1.809)	(0.31, 0.658)	(0.922, 2.089)
unknown	0.637	0.968	0.534**	1.485
	(0.341, 1.191)	(0.479, 1.956)	(0.288, 0.988)	(0.755, 2.921)
Subjective health status *(ref. very good)*				
good	1.316	0.87	0.806	0.761
	(0.944, 1.837)	(0.615, 1.231)	(0.57, 1.139)	(0.524, 1.106)
fair	2.128***	0.679	0.927	0.576*
	(1.294, 3.5)	(0.387, 1.19)	(0.552, 1.556)	(0.308, 1.077)
bad or very bad	4.583*	2.287	0.718	0.519
	(0.983, 21.354)	(0.461, 11.337)	(0.256, 2.017)	(0.157, 1.718)
Life satisfaction *(ref. dissatisfied)*				
moderately satisfied	0.635**	0.964	1.132	1.091
	(0.435, 0.928)	(0.643, 1.446)	(0.756, 1.695	(0.699, 1.703)
satisfied	0.917	1.354	1.153	1.581*
	(0.619, 1.357)	(0.887, 2.067)	(0.744, 1.788)	(0.989, 2.527)
Housing status *(ref. owner)*				
Tenant			1.969**	1.438
			(1.105, 3.51)	0.783, 2.641)
Other			0.732	0.969
			(0.492, 1.09)	0.625, 1.501)
Housing satisfaction *(ref. not satisfied)*				
moderately satisfied			0.683	0.493*
			(0.334, 1.397)	(0.219, 1.112)
satisfied			0.782	0.798
			(0.403, 1.516)	(0.385, 1.653)

Notes: p-values: *** 1%, ** 5%, * 10%.

CZECHIA

Looking at the differences between age groups, the older the women the higher the odds that they intend not to have (more) children in the next three years in comparison to being unsure about their plans. At the same time, age does not play a significant role in differentiating Czech's women who are unsure from those who intend to have a child. For men, age is more likely to be significant. The older the men, the higher the odds of not intending to have a child in comparison to being undecided about fertility plans. Czech men in their earlier thirties (30-34) are three times more likely to plan a child in the next three years than to be unsure about fertility intentions, when compared to younger respondents.

Having children differentiates both women and men in the same direction, however the magnitude of the effect differs by gender. The odds that women (or men) do not plan to have more children in the next three years are higher if she (he) already has at least two children, when compared to childless individuals. The difference is 4 times bigger for women than for men among parents of families with at least three children. In comparison to childless men and women, those who already have at least one child are less likely to be sure about planning a child in the next three years. When it comes to the partnership status, single women are less likely to plan having children in the next three years in comparison to married women. At the same time, women cohabitating with a partner are less likely to intend not to have children than married women. This can be an effect of young couples, who are not married yet, nor planning their first child in comparison to married couples that already have children. The partnership status of men plays a significant role only when it comes to comparison between planning child and being undecided. Unmarried men with a partner are less likely to report planning a child in comparison to married men.

Employed women are less likely to express an intention to have a child, while those inactive are twice more likely to intend to have a child in comparison to being unsure than employed women. This second effect can be, among others, driven by housewives planning large families. Employment status and satisfaction from it are insignificant for men. Women with higher education (especially bachelor) are less likely not to intend to have a child than women with primary education. For men with tertiary education the odds are higher to plan to have a child in the next three years than to be undecided. As expected, very religious women are more likely to plan a child than unreligious ones. Finally, subjective assessment of health is significant only when it comes to the difference between very good and very bad health. Women that describe their health status as very bad are less likely to intend to have a child. Those characteristics are insignificant for men. However, if men are at least moderately satisfied with life, the odds that they have specific fertility plans (both to have and not to have children) are higher.

TABLE 1.3. SHORT-TERM FERTILITY INTENTIONS IN CZECHIA
The odds ratios and 95% confidence intervals for the odds ratios

DO YOU INTEND TO HAVE CHILDREN IN THE NEXT 3 YEARS? ***(ref. UNSURE)***

	WOMEN (n=1372)		MEN (n=657)	
	NO	YES	NO	YES
Age group *(ref. 25-29)*				
30-34	1.034	0.719	2.517**	3.496*
	(0.622, 1.719)	(0.452,1.143)	(1.036, 6.116)	(1.448, 8.442)
35-39	5.472***	1.643	2.023*	1.579
	(2.983, 10.036)	(0.89,3.034)	(0.935, 4.377)	(0.709, 3.52)
40-44	12.186***	1.007	6.965***	1.075
	(6.155, 24.125)	(0.475, 2.139)	(3.019, 16.07)	(0.426, 2.709)
Number of children *(ref. childless)*				
one child	0.733	0.368***	0.941	0.347***
	(0.444, 1.21)	(0.225, 0.6)	(0.422, 2.1)	(0.159, 0.756)
two children	3.838***	0.122***	2.443**	0.053***
	(2.146, 6.864)	(0.062, 0.242)	(1.031, 5.792)	(0.02, 0.141)
three or more children	18.683***	0.349	4.616**	0.122**
	(4.289, 81.381)	(0.062, 1.962)	(1.193, 17.858)	(0.025, 0.606)
Partnership status *(ref. married)*				
single	0.711	0.343***		
	(0.382, 1.324)	(0.175, 0.674)		
partner	0.608**	0.675	0.99	0.465**
	(0.375, 0.987)	(0.402, 1.134)	(0.518, 1.893)	(0.234, 0.923)
Employment *(ref. employed)*				
seeking employment	0.511	0.444*		
	(0.227, 1.152)	(0.17, 1.158)		
inactive	1.332	2.453***		
	(0.813, 2.181)	(1.474, 4.082)		
unknown	1.949	0.398		
	(0.624, 6.09)	(0.089, 1.778)		
Employment status satisfaction *(ref. dissatisfied)*				
moderately	0.801	0.494**		
	(0.427, 1.504)	(0.254, 0.961)		
satisfied	1.175	0.912		
	(0.679, 2.032)	(0.519, 1.603)		
unknown	1.108	0.363		
	(0.321, 3.828)	(0.087, 1.506)		
Education level *(ref. primary or lower secondary)*				
Upper secondary	0.672	0.782	1.093	1.517
	(0.313, 1.44)	(0.337, 1.817)	(0.43, 2.787)	(0.535, 4.304)

Bachelor	0.338**	0.567	1.404	2.866
	(0.134, 0.851)	(0.216, 1.487)	(0.394, 5)	(0.736, 11.156)
Tertiary	0.47*	0.749	1.151	3.395**
	(0.197, 1.121)	(0.297, 1.89)	(0.418, 3.174)	(1.117, 10.316)
Religiosity *(ref. not religious)*				
average	0.942	1.29		
	(0.503, 1.766)	(0.652, 2.551)		
very religious	1.265	2.22**		
	(0.691, 2.316)	(1.162, 4.243)		
unknown	0.338***	0.93		
	(0.177, 0.644)	(0.492, 1.759)		
Subjective health status *(ref. very good)*				
good	0.98	0.817		
	(0.631, 1.523)	(0.522, 1.279)		
fair	1.079	0.967		
	(0.617, 1.886)	(0.546, 1.711)		
bad or very bad	0.952	0.281		
	(0.394, 2.296)	(0.11, 0.717)		
Life satisfaction *(ref. dissatisfied)*				
moderately satisfied			1.753*	1.933*
			(0.912, 3.371)	(0.958, 3.899)
satisfied			1.774*	2.207**
			(0.93, 3.385)	(1.105, 4.406)

Notes: p-values: *** 1%, ** 5%, * 10%.

DENMARK

In Denmark, the age group matters for the odds of fertility plans mostly for women. The odds are higher in the older groups (35 and older) when it comes to comparison between intention not to have a child and being unsure, and lower when it concerns comparison between intention to have a child and being unsure. Among men, only in the oldest group, the odds are higher for intention not to have a child and being unsure.

Respondents who have children are less likely to state a positive intention of having an additional child, and are more likely to state that they do not want any additional child when compared to childless respondents. Interestingly, among women with one child the odds not to intend to have a second child (vis a vis being uncertain) are lower than among childless women. Being married in comparison to being single is associated with higher odds of having specified fertility plans. However, having an informal partner rather than being married lowers the odds between not planning a child and being unsure. This means that married respondents are more decisive in negative fertility plans than unmarried respondents who are in a relationship.

Among men who are either seeking employment or inactive, the odds of expressing positive fertility intentions are lower than among those who are employed. The odds of declaring having a child are higher for men with higher education attainment than for those with primary education, while among women with bachelor the odds are higher in the case of plans not to have a child. Among women, higher average religiosity in comparison to lack of it, is associated with higher odds to have specified fertility intentions. For men average and high religiosity is associated with lower odds of reporting intention not to have a child in the next three years in comparison to unreligious respondents. Bad or very bad subjective health is related to lower odds among women to declare to plan a child, and higher odds among men to declare not to have a child. For men, also life satisfaction influences fertility plans - reported life satisfaction in comparison to lack of it is associated with higher odds to have a specified fertility intention.

TABLE 1.4. SHORT-TERM FERTILITY INTENTIONS IN DENMARK
The odds ratios and 95% confidence intervals for the odds ratios

DO YOU INTEND TO HAVE CHILDREN IN THE NEXT 3 YEARS? *(ref. UNSURE)*				
	WOMEN (n=2152)		MEN (n=1606)	
	NO	YES	NO	YES
Age group *(ref. 25-29)*				
30-34	1.054	0.908	0.814	1.226
	(0.685, 1.624)	(0.597, 1.381)	(0.521, 1.272)	(0.781, 1.923)
35-39	1.747**	0.527**	1.303	0.694
	(1.091, 2.797)	(0.323, 0.861)	(0.799, 2.125)	(0.411, 1.170)
40-44	8.177***	0.419**	3.769***	0.873
	(4.371, 15.298)	(0.204, 0.859)	(2.043, 6.954)	(0.438, 1.737)
Number of children *(ref. childless)*				
one child	0.601**	0.959	0.927	1.212
	(0.383, 0.942)	(0.619, 1.487)	(0.528, 1.628)	(0.691, 2.125)
two children	2.377***	0.249***	1.858**	0.272***
	(1.459, 3.872)	(0.144, 0.433)	(1.053, 3.279)	(0.143, 0.517)
three or more children	5.061***	0.388*	4.772***	0.220**
	(2.051, 12.488)	(0.137, 1.098)	(1.721, 13.231)	(0.057, 0.860)
Partnership status *(ref. married)*				
single	0.407***	0.185***	0.415***	0.234***
	0.253, 0.654	0.112, 0.305	(0.236, 0.731)	(0.128, 0.428)
partner	0.651*	0.687	0.566**	0.986
	0.413, 1.026	0.430, 1.099	(0.335, 0.959)	(0.570, 1.708)
Employment *(ref. employed)*				
seeking employment	2.070*	1.494	0.674	0.321***
	(0.952, 4.501)	(0.679, 3.289)	(0.384, 1.184)	(0.170, 0.607)

inactive	0.985	0.815	0.883	0.518**
	(0.628, 1.543)	(0.512, 1.298)	(0.519, 1.503)	(0.284, 0.946)
unknown	0.872	1.373	2.708	1.706
	(0.371, 2.054)	(0.583, 3.232)	(0.711, 10.319)	(0.417, 6.975)
Education level *(ref. primary or lower secondary)*				
Upper secondary	1.269	1.527	1.288	1.157
	(0.633, 2.544)	(0.705, 3.308)	(0.742, 2.237)	(0.632, 2.117)
Bachelor	1.132	2.231**	1.873**	1.641
	(0.571, 2.246)	(1.044, 4.765)	(1.041, 3.369)	(0.868, 3.100)
Tertiary	0.758	2.096*	1.102	1.555
	(0.366, 1.569)	(0.945, 4.646)	(0.586, 2.072)	(0.795, 3.042)
Religiosity *(ref. not religious)*				
average	1.853*	1.849*	0.314***	0.777
	(0.947, 3.628)	(0.922, 3.708)	(0.173, 0.570)	(0.418, 1.443)
very religious	0.701	0.747	0.446***	0.933
	(0.447, 1.100)	(0.467, 1.195)	(0.266, 0.748)	(0.547, 1.592)
unknown	0.474**	0.686	0.438**	1.326
	(0.231, 0.969)	(0.339, 1.388)	(0.196, 0.979)	0.598, 2.939)
Subjective health status *(ref. very good)*				
good	1.401*	1.286	1.383	1.272
	(0.947, 2.074)	(0.868, 1.904)	(0.905, 2.113)	(0.821, 1.973)
fair	1.315	0.920	1.270	0.914
	(0.829, 2.087)	(0.574, 1.475)	(0.756, 2.132)	(0.526, 1.590)
bad or very bad	1.155	0.414**	4.084***	2.421*
	(0.572, 2.333)	(0.185, 0.927)	(1.607, 10.378)	(0.888, 6.600)
Life satisfaction *(ref. dissatisfied)*				
moderately satisfied			0.686*	0.728
			(0.453, 1.040)	(0.469, 1.132)
satisfied			1.930**	2.004**
			(1.144, 3.256)	(1.166, 3.446)
Housing status *(ref. owner)*				
tenant			0.897	0.662*
			(0.592, 1.359)	(0.429, 1.021)
other			0.676	0.620
			(0.365, 1.252)	(0.328, 1.173)
Housing satisfaction *(ref. dissatisfied)*				
moderately satisfied			0.998	1.072
			(0.409, 2.436)	(0.427, 2.690)
satisfied			0.672	0.462**

			(0.367, 1.232)	(0.248, 0.863)

Notes: p-values: *** 1%, ** 5%, * 10%.

FINLAND

Similarly to the results in the previous countries, in Finland the odds are higher not to plan a child in the next three years in older age groups – 30-39, and 40-44. For women, also in the oldest age group the odds are lower to plan a child than in the youngest in comparison to be unsure.

Women who already have two or more children are less likely to plan next one in the nearest future. For men, the odds are higher among fathers of two children not to plan a next child, and lower among fathers of three and more to plan a child in comparison to be unsure than among childless men.

Being married is universally associated with higher odds of having specified fertility plans of any kind. For men being employed increase the odds of having specified short-term fertility plans. Among women only the inactive ones are less likely not to plan a child than to be unsure in comparison to employed.

The higher the education level completed, the lower the odds of not planning a child in the next three years. Also, the subjective health status shows that the odds are higher not to plan a child if the health is reported as fair or bad (significant only among men). However, men with a bad or very bad health status are also more likely to intend to have a child than to be unsure. Again, the odds not to plan a child are higher among men who are tenants versus the house owners.

TABLE 1.5. SHORT-TERM FERTILITY INTENTIONS IN FINLAND

The odds ratios and 95% confidence intervals for the odds ratios

DO YOU INTEND TO HAVE CHILDREN IN THE NEXT 3 YEARS? *(ref. UNSURE)*				
	WOMEN (n=1093)		MEN (n=779)	
	NO	YES	NO	YES
Age group *(ref. 25-29)*				
30-34	0.995	1.209	0.914	1.368
	(0.577, 1.717)	(0.665, 2.199)	(0.519, 1.61)	(0.666, 2.809)
35-39	2.084**	0.684	1.896*	1.331
	(1.167, 3.720)	(0.344, 1.361)	(0.992, 3.624)	(0.573, 3.09)
40-44	3.963***	0.212***	2.406**	0.434
	(2.024, 7.761)	(0.079, 0.567)	(1.157, 5.005)	(0.152, 1.237)
Number of children *(ref. childless)*				
one child	1.012	1.319	0.92	1.485
	(0.552, 1.856)	(0.667, 2.605)	(0.467, 1.812)	(0.697, 3.162)
two children	1.401	0.141***	4.906***	0.396

	(0.777, 2.523)	(0.060, 0.330)	(2.007, 11.994)	(0.118, 1.324)
three or more children	1.560	0.332**	1.866	0.161***
	(0.719, 3.384)	(0.121, 0.916)	(0.779, 4.465)	(0.042, 0.623)
Partnership status *(ref. married)*				
single	0.371***	0.075***	0.758	0.094***
	(0.205, 0.67)	(0.034, 0.167)	(0.36, 1.599)	(0.035, 0.252)
partner	0.541**	0.511**	0.36***	0.29***
	(0.317, 0.921)	(0.278, 0.939)	(0.183, 0.705)	(0.133, 0.635)
Employment status *(ref. employed)*				
seeking employment	1.353	0.525	0.49*	0.096**
	(0.457, 4.01)	(0.126 ,2.193)	(0.212, 1.133)	(0.016, 0.576)
inactive	0.607**	0.611	0.578*	0.241***
	(0.378, 0.976)	(0.34, 1.099)	(0.316, 1.055)	(0.094, 0.616)
unknown	1.396	3.933		
	(0.143, 13.6160	(0.292, 52.998)		
Employment status satisfaction *(ref. dissatisfied)*				
moderately			0.332**	0.199*
			(0.117, 0.949)	(0.039, 1.018)
satisfied			0.827	0.648
			(0.389, 1.76)	(0.236, 1.774)
unknown			2.94	1.101
			(0.562, 15.383)	(0.125, 9.674)
Education level *(ref. primary or lower secondary)*				
Upper secondary	0.326**	0.744	0.893	0.368*
	(0.128, 0.83)	(0.247, 2.241)	(0.436, 1.829)	(0.134, 1.01)
Bachelor	0.158***	0.46	0.942	0.766
	(0.06, 0.412)	(0.148, 1.427)	(0.4, 2.22)	(0.248, 2.367)
Tertiary	0.145***	0.407	0.592	0.62
	(0.055, 0.384)	(0.13, 1.274)	(0.248, 1.414)	(0.199, 1.93)
Religiosity *(ref. not religious)*				
average	0.837	1.761	0.305***	0.715
	(0.359, 1.952)	(0.683, 4.537)	(0.137, 0.682)	(0.25, 2.047)

very religious	0.396***	0.505**	0.284***	1.007
	(0.253, 0.62)	(0.292, 0.871)	(0.16, 0.506)	(0.498, 2.038)
unknown	0.276***	0.298**	0.966	0.709
	(0.127, 0.6)	(0.106, 0.834)	(0.355, 2.631)	(0.185, 2.711)
Subjective health status *(ref. very good)*				
good	1.264	0.94	1.427	1.362
	(0.753, 2.124)	(0.518, 1.708)	(0.812, 2.51)	(0.683, 2.715)
fair	2.006**	0.853	2.135**	1.594
	(1.051, 3.829)	(0.398, 1.827)	(1.086, 4.201)	(0.662, 3.835)
bad or very bad	1.671	1.941	3.766*	9.624**
	(0.493, 5.667)	(0.474, 7.942)	(0.782, 18.136)	(1.469, 63.044)
Housing ownership *(ref. owner)*				
tenant	0.863	0.598*	1.737**	1.128
	(0.542, 1.374)	(0.346, 1.033)	(1.012, 2.981)	(0.584, 2.178)
other	1.489	1.195	2.522	0.18
	(0.61, 3.637)	(0.437, 3.271)	(0.808, 7.871)	(0.015, 2.13)

*Notes: p-values: *** 1%, ** 5%, * 10%.*

UNITED KINGDOM

In the UK age groups differentiate having specified fertility plans mostly among women. The odds are higher not to plan a child in age groups older than 35, and lower to plan a child. For men the difference is observe between the youngest and the oldest group and respondents in their early thirties. For the youngest group, the odds are higher in both cases.

Having two or more children is associated with higher odds of not planning another one, and lower chances of planning the next one. Married respondents are more likely to have specified fertility plans. However, the difference between single and married is insignificant for not planning a child in the near future. For women seeking employment odds are lower not to plan a child, while for inactive men the odds are higher than for those employed. Women with tertiary education in UK are less likely not to intend to have a child than to be unsure. Religious respondents are less likely not to plan a child than being unsure in comparison to the not religious ones. Among women with good and fair health status in comparison to very good health the odds for having specified fertility plans are lower.

TABLE 1.6. SHORT-TERM FERTILITY INTENTIONS IN UK

The odds ratios and 95% confidence intervals for the odds ratios

DO YOU INTEND TO HAVE CHILDREN IN THE NEXT 3 YEARS? *(ref. UNSURE)*

	WOMEN (n=2217)		MEN (n=1133)	
	NO	YES	NO	YES
Age group *(ref. 25-29)*				
30-34	0.952	1.038	0.562**	1.122
	(0.682, 1.329)	(0.725, 1.485)	(0.348, 0.906)	(0.649, 1.941)
35-39	1.394*	0.438***	1.139	1.213
	(0.992, 1.959)	(0.288, 0.665)	(0.679, 1.913)	(0.658, 2.237)
40-44	5.468***	0.482**	1.22	0.469**
	(3.446, 8.678)	(0.26, 0.894)	(0.716, 2.082)	(0.233, 0.941)
Number of children *(ref. childless)*				
one child	0.843	1.102	0.672	0.746
	(0.603, 1.178)	(0.771, 1.575)	(0.404, 1.12)	(0.424, 1.312)
two children	2.887***	0.231***	2.249***	0.231***
	(1.987, 4.196)	(0.135, 0.394)	(1.216, 4.159)	(0.105, 0.51)
three or more children	4.663**	0.144***	1.593	0.067***
	(2.777, 7.829)	(0.058, 0.361)	(0.74, 3.425)	(0.016, 0.281)
Partnership status *(ref. married)*				
single	1.007	0.166***	0.849	0.113***
	(0.709, 1.432)	(0.107, 0.258)	(0.506, 1.426)	(0.06, 0.213)
partner	0.705**	0.41***	0.627*	0.381***
	(0.503, 0.989)	(0.284, 0.592)	(0.378, 1.038)	(0.218, 0.666)
Employment *(ref. employed)*				
seeking employment	0.481***	0.903	0.683	1.365
	(0.279, 0.831)	(0.48, 1.697)	(0.328, 1.423)	(0.607, 3.068)
inactive	0.994	0.942	1.872*	0.939
	(0.692, 1.429)	(0.61, 1.455)	(0.948, 3.694)	(0.371, 2.376)
unknown	1.011	0.774	0.398**	0.786
	(0.526, 1.941)	(0.349, 1.718)	(0.184, 0.862)	(0.298, 2.076)
Education level *(ref. primary or lower secondary)*				
Upper secondary	1.43	0.53*		
	(0.867, 2.359)	(0.274, 1.023)		

Bachelor	1.543	0.727		
	(0.916, 2.598)	(0.375, 1.411)		
Tertiary	2.078**	0.917		
	(1.178, 3.666)	(0.453, 1.857)		
Religiosity *(ref. not religious)*				
average	0.501***	0.714	0.32***	0.831
	(0.326, 0.769)	(0.433, 1.176)	(0.178, 0.574)	(0.412, 1.68)
very religious	0.512***	1.269	0.353***	1.803**
	(0.362, 0.725)	(0.867, 1.858)	(0.217, 0.573)	(1.052, 3.089)
unknown	0.677	1.41	0.33***	0.576
	(0.391, 1.173)	(0.748, 2.66)	(0.169, 0.645)	(0.231, 1.436)
Subjective health status *(ref. very good)*				
good	0.726*	0.497***		
	(0.516, 1.023)	(0.341, 0.724)		
fair	0.668**	0.386***		
	(0.457, 0.976)	(0.248, 0.602)		
bad or very bad	1.059	0.585		
	(0.597, 1.88)	(0.297, 1.151)		

Notes: p-values: *** 1%, ** 5%, * 10%.

Having a child under 3 years of age

This section presents insights from the model of short-term fertility realizations, i.e. whether respondents have at least one child under 36 months of age in their household. The reference category are childless individuals. Parents whose youngest child is older than 36 months are excluded from the sample. As in the previous section, we describe results country by country.

AUSTRIA

In Austria, the odds of having a child under 36 months old are the highest among women in the age group 35-39. Women older than 40 years old present a similar odds ratio to women in the younger age group. Among men, all groups presents odds ration higher than one, suggesting that the probability of having a child under 36 months old is the lowest in the youngest age group presents the lowest odds. Being married is also associated with higher odds of having a small child. Women who are either seeking employment or who are inactive also are more likely to have a small child. Also, the higher the satisfaction from the employment status the higher the odds that women have a child under 3 years old. For men, significant difference is only observed between moderately satisfied and unsatisfied. The highest odds of

having a small child are observed among the least educated participants (with primary or lower secondary education) and among homeowners.

TABLE 2.1. HAVING A CHILD UNDER 3 YEARS OF AGE IN AUSTRIA

The odds ratios and 95% confidence intervals for the odds ratios

DO YOU HAVE A CHILD UNDER 3 YEARS OF AGE? (ref. NO)		
	WOMEN (n=1148)	MEN (n=939)
	YES	YES
Age group *(ref. 25-29)*		
30-34	1.568*	2.259***
	(0.979, 2.509)	(1.267,4.027)
35-39	4.124***	3.331***
	(2.504, 6.792)	(1.894,5.857)
40-44	1.041	3.018***
	(0.559, 1.938)	(1.603,5.684)
Partnership status *(ref. married)*		
single	0.025***	0.009***
	(0.012, 0.054)	(0.003,0.029)
partner	0.207***	0.226***
	(0.139, 0.307)	(0.144,0.354)
Employment *(ref. employed)*		
seeking employment	3.4***	
	(1.547, 7.471)	
inactive	13.05***	
	(8.402, 20.27)	
unknown	0.541	
	(0.22, 1.331)	
Employment status satisfaction *(ref. dissatisfied)*		
moderately satisfied	4.446***	3.862**
	(1.499, 13.185)	(1.253, 11.903)
satisfied	2.637**	1.573
	(1.063, 6.538)	(0.689, 3.593)
unknown	2.29	0.433
	(0.637, 8.236)	(0.073, 2.552)
Education level *(ref. primary or lower secondary)*		
Upper secondary	0.163***	0.549*
	(0.07, 0.378)	(0.293, 1.031)
Bachelor	0.158***	0.405**
	(0.065, 0.384)	(0.197, 0.834)
Tertiary	0.144***	0.311***
	(0.06, 0.348)	(0.152, 0.635)

Housing ownership *(ref. owner)*		
Tenant	0.384***	0.406***
	(0.255, 0.579)	(0.27, 0.61)
Other	0.623	0.324***
	(0.338, 1.148)	(0.148, 0.708)
Housing satisfaction *(ref. dissatisfied)*		
moderately satisfied	0.445	
	(0.156, 1.273)	
satisfied	0.426**	
	(0.187, 0.97)	
Religiosity *(ref. not religious)*		
average		1.747*
		(0.921,3.314)
very religious		1.110
		(0.669,1.844)
unknown		0.679
		(0.260, 1.771)

Notes: p-values: *** 1%, ** 5%, * 10%.

CROATIA

The odds to have a child under 3 years old in Croatia are higher among women in their thirties than in the younger group. The odds of having a small child are the same among the youngest the oldest in our sample. For men in each age group above 30 years old the odds to have a small child are higher than among men in their 20s.

Partnership status matters only for women, married respondents are more likely to have a small child than single ones or in an informal partnership. Seeking employment and inactive women have higher odds to have a small child but among men inactive ones have lower odds than employed.

Women with primary education are more likely to have a child, more educated respondents have similar odds. For very religious and satisfied with life men the odds to have a child under 3 are higher. Women who report fair or bad health status are less likely to have a child than women with good health, among men those reporting good health have higher odds to have a child than those with a very good health status.

TABLE 2.2. HAVING A CHILD UNDER 3 YEARS IN CROATIA

The odds ratios and 95% confidence intervals for the odds ratios

DO YOU HAVE A CHILD UNDER 3 YEARS OF AGE? (ref. NO)		
	WOMEN (n=999)	MEN (n=879)
	YES	YES
Age group *(ref. 25-29)*		
30-34	2.421***	1.927***
	(1.532, 3824)	(1.173, 3.166)

35-39	2.762***	4.932***
	(1.687, 4.522)	(3.017, 8.063)
40-44	1.179	3.233***
	(0.674, 2.064)	(1.879, 5.563)
Partnership status *(ref. married)*		
single	0.008***	
	(0.003, 0.023)	
partner	0.091***	
	(0.061, 0.136)	
Employment *(ref. employed)*		
seeking employment	2.030**	0.620
	(1.055, 3.906)	(0.256, 1.498)
inactive	4.832***	0.409**
	(3.031, 7.704)	(0.199, 0.840)
unknown	1.164	1.001
	(0.55, 2.465)	(0.466, 2.149)
Education level *(ref. primary or lower secondary)*		
Upper secondary	0.165***	
	(0.045, 0.605)	
Bachelor	0.164***	
	(0.042, 0.646)	
Tertiary	0.101***	
	(0.026, 0.388)	
Religiosity *(ref. not religious)*		
average		1.248
		(0.733, 2.122)
very religious		2.034***
		(1.358, 3.047)
unknown		1.953**
		(1.011, 3.771)
Life satisfaction *(ref. dissatisfied)*		
moderately satisfied		1.750**
		(1.104, 2.773)
satisfied		4.173***
		(2.672, 6.518)
Subjective health status *(ref. very good)*		
good	0.833	1.758***
	(0.564, 1.229)	(1.205, 2.566)
fair	0.531**	1.046
	(0.300, 0.941)	(0.512, 2.134)
bad or very bad	0.149**	2.011

	(0.025, 0.899)	(0.568, 7.127)

Notes: p-values: *** 1%, ** 5%, * 10%.

CZECHIA

In Czechia, the odds of having a small child are higher among thirty years olds than in the younger and older age groups. The effects are similar for men and women. Marriage is correlated positively with the odds of having a small child, again both for men and women. Women who are seeking a job, and especially inactive women are more likely to have a child. This result confirms that the burden of taking care of small children rests on women's shoulders, and that they are not returning to work soon after childbearing. However, the more satisfied from their employment status women are, the lower the odds that they have a child. For respondents with secondary or tertiary education the odds of having a small child are lower. Women reporting higher life satisfaction and better health status are also more likely to have a small child.

TABLE 2.3. HAVING A CHILD UNDER 3 YEARS OF AGE IN CZECHIA
The odds ratios and 95% confidence intervals for the odds ratios

DO YOU HAVE A CHILD UNDER 3 YEARS OF AGE? (ref. NO)		
	WOMEN (n=687)	MEN (n=358)
ODDS RATIOS	YES	YES
Age group *(ref. 25-29)*		
30-34	2.545***	Respo2.582***
	(1.377, 4.704)	(1.34, 4.972)
35-39	3.380***	3.219**
	(1.681, 6.796)	(1.554, 6.666)
40-44	1.935	0.974
	(0.808, 4.629)	(0.447, 2.122)
Partnership status *(ref. married)*		
single	0.025***	
	(0.009, 0.069)	
partner	0.239***	0.133***
	(0.132, 0.432)	(0.078, 0.226)
Employment status *(ref. employed)*		
seeking employment	3.975**	
	(1.306, 12.102)	
inactive	19.12***	
	(10.465, 34.931)	
unknown	1.228	
	(0.308, 4.904)	
Employment status satisfaction *(ref. dissatisfied)*		
moderately satisfied	0.478*	

	(0.209, 1.095)	
satisfied	0.087***	
	(0.042, 0.184)	
unknown	0.048***	
	(0.011, 0.206)	
Education level *(ref. primary or lower secondary)*		
Upper secondary	0.139***	0.69
	(0.041, 0.473)	(0.253, 1.885)
Bachelor	0.206**	0.289**
	(0.053, 0.796)	(0.087, 0.962)
Tertiary	0.158***	0.997
	(0.044, 0.563)	(0.352, 2.82)
Housing ownership *(ref. owner)*		
Tenant	0.721	0.655
	(0.415, 1.252)	(0.362, 1.185)
Other	0.432*	0.422**
	(0.181, 1.088)	(0.191, 0.93)
Housing satisfaction		
moderately satisfied	0.584	
	(0.160, 2.135)	
satisfied	0.363*	
	(0.114, 1.158)	
Religiosity		
average	0.689	
	(0.296, 1.606)	
very religious	0.663	
	(0.327, 1.343)	
unknown	0.265***	
	(0.105, 0.672)	
Life satisfaction		
moderately satisfied	1.821*	
	(0.973, 3.409)	
satisfied	2.916***	
	(1.502, 5.661)	
Subjective health		
good	0.799	
	(0.449, 1.421)	
fair	0.349***	
	(0.166, 0.735)	
bad or very bad	0.082***	
	(0.028, 0.242)	

Notes: p-values: *** 1%, ** 5%, * 10%.

DENMARK

Similarly to the previous countries, in Denmark the odds to have a small child are the highest for 30–39-year-old women. Women older than 40 have similar odds-ratios than women under 30. For men, in each older age group the odds are higher than among 25–29-year-olds, with the highest odds between 35 and 39. The odds are the highest if respondent is married in comparison to being single or in an informal relationship. Inactive women are three times more likely to have than not to have a child under 3 years of age, in comparison to employed women. Women with higher education have higher odds to have a small child than woman with primary education. Also, house ownership is associated with higher odds of having a small child.
he odds of having a small child are higher among individuals who have a higher life satisfaction. Finally, women with very good and good health status are more likely to have a small child than those with fair or poor health.

TABLE 2.4. HAVING A CHILD UNDER 3 YEARS OF AGE IN DENMARK
The odds ratios and 95% confidence intervals for the odds ratios

DO YOU HAVE A CHILD UNDER 3 YEARS OF AGE? (ref. NO)		
	WOMEN (n=1318)	MEN (n=1075)
ODDS RATIOS	YES	YES
Age group *(ref. 25-29)*		
30-34	3.450***	3.957***
	(2.414, 4.930)	(2.476, 6.323)
35-39	3.840***	4.231***
	(2.490, 5.922)	(2.533, 7.065)
40-44	0.905	2.170**
	(0.511, 1.601)	(1.184, 3.978)
Partnership status (ref. married)		
single	0.055***	0.016***
	(0.034, 0.088)	(0.007, 0.036)
partner	0.225***	0.278***
	(0.162, 0.314)	(0.189, 0.410)
Employment status *(ref. employed)*		
seeking employment	1.495	
	(0.833, 2.683)	
inactive	3.331***	
	(2.214, 5.011)	
unknown	3.859***	
	(1.761, 8.458)	
Education level *(ref. primary or lower secondary)*		
Upper secondary	1.580	
	(0.674, 3.704)	
Bachelor	2.739**	

	(1.185, 6.330)	
Tertiary	2.236*	
	(0.945, 5.293)	
Housing ownership *(ref. owner)*		
Tenant	0.382***	0.397***
	(0.375, 0.532)	(0.268, 0.589)
Other	0.444***	0.659
	(0.259, 0.761)	(0.350, 1.241)
Housing satisfaction		
moderately satisfied	0.799	2.603
	(0.356, 1.793)	(0.944, 7.177)
satisfied	0.575*	1.802*
	(0.328, 1.007)	(0.862, 3.766)
Religiosity		
average	1.728**	
	(1.031, 2.897)	
very religious	1.286	
	(0.820, 2.019)	
unknown	1.345	
	(0.656, 2.756)	
Life satisfaction		
moderately satisfied	2.060***	1.169
	(1.391, 3.051)	(0.749, 1.824)
satisfied	2.213***	1.458*
	(1.455, 3.366)	(0.932, 2.281)
Subjective health		
good	0.815	
	(0.577, 1.151)	
fair	0.612**	
	(0.385, 0.973)	
bad or very bad	0.399**	
	(0.178, 0.895)	

Notes: p-values: *** 1%, ** 5%, * 10%.

FINLAND

In Finland, the odds of having a small child are the highest among women in their early 30s and among men in their late 30s. Being married is associated with much higher odds of having a small child when compared to being single or having a partner. Inactive women are almost 7 times more likely to have than not have a child under 3 years of age in comparison to employed women. Also, among respondents with secondary or tertiary education the odds are much higher than among those with a primary education. Not being an owner of a house lowers

the chances of having a child under 3. Women with higher life satisfaction are more likely to have a child.

TABLE 2.5. HAVING A CHILD UNDER 3 YEARS OF AGEIN FINLAND
The odds ratios and 95% confidence intervals for the odds ratios

DO YOU HAVE A CHILD UNDER 3 YERS OF AGE? (ref. NO)		
	WOMEN (n=712)	MEN (n=565)
ODDS RATIOS	YES	YES
Age group *(ref. 25-29)*		
30-34	1.934**	1.556
	(1.062, 3.52)	(0.708, 3.421)
35-39	1.782*	3.299***
	(0.94, 3.379)	(1.476, 7.374)
40-44	0.583	1.477
	(0.271, 1.254)	(0.594, 3.675)
Partnership status *(ref. married)*		
single	0.124***	0.029***
	(0.06, 0.255)	(0.01, 0.084)
partner	0.188***	0.313***
	(0.116, 0.306)	(0.174, 0.561)
Employment status *(ref. employed)*		
seeking employment	0.373	
	(0.067, 2.071)	
inactive	6.834***	
	(4.102, 11.385)	
unknown	7.785*	
	(0.991, 61.162)	
Education level *(ref. primary or lower secondary)*		
Upper secondary	2.652**	8.662*
	(1.056, 6.661)	(0.902, 83.213)
Bachelor	3.017**	7.266*
	(1.166, 7.805)	(0.722, 73.072)
Tertiary	2.86**	6.287
	(1.097, 7.456)	(0.623, 63.426)
Housing status *(ref. owner)*		
Tenant	0.305***	0.306***
	(0.181, 0.513)	(0.164, 0.57)
Other	0.143***	0.152*
	(0.039, 0.52)	(0.022, 1.061)
Housing satisfaction *(ref. dissatisfied)*		

moderately satisfied		0.039**
		(0.003, 0.546)
satisfied		0.071***
		(0.019, 0.255)
Life satisfaction (ref. dissatisfied)		
moderately satisfied	2.647***	
	(1.503, 4.662)	
satisfied	3.481***	
	(1.853, 6.539)	

Notes: p-values: *** 1%, ** 5%, * 10%.

UNITED KINGDOM

In the UK, women in their 30s have higher odds to have a small child, but after age of 40 they are less likely to have a child. Among men the odds are higher in the older groups, with the highest odds for 35-39 year-olds. Married women and men, similarly to the trends from other European countries, have higher odds to have small children than single respondents or those in an informal relationship. In line with the intuition, the highest odds of having a child under 3 years old are recognized among inactive women. The higher the educational attainment, the lower the odds that women have a small child. For men, only significant difference occurs between primary educated and upper secondary educated – the odds are higher for better educated ones. However, men with tertiary education have similar odds to those with a lowest educational attainment. There is a positive correlation between life satisfaction and the odds of having a child under 3 years old. Women with bad or very bad reported health status have lower odds to have a small child. Men with worse than very good health status have lower odds to have a child under 3 years of age.

TABLE 2.6. HAVING A CHILD UNDER 3 YEARS OF AGE IN UK.
The odds ratios and 95% confidence intervals for the odds ratios

DO YOU HAVE A CHILD UNDER 3? (ref. NO)		
	WOMEN (n=1305)	MEN (n=819)
ODDS RATIOS	YES	YES
Age group *(ref. 25-29)*		
30-34	1.474**	3.632***
	(1.042, 2.083)	(1.875, 7.034)
35-39	1.784***	6.971***
	(1.223, 2.602)	(3.532, 13.757)
40-44	0.441***	4.327***
	(0.248, 0.784)	(1.971, 9.503)
Partnership status (ref. married)		
single	0.098***	0.025***
	(0.064, 0.151)	(0.010, 0.061)
partner	0.255***	0.259***

	(0.183, 0.355)	(0.161, 0.417)
Employment status *(ref. employed)*		
seeking employment	1.365	
	(0.676, 2.756)	
inactive	6.058***	
	(4.117, 8.915)	
unknown	1.497	
	(0.649, 3.455)	
Education level *(ref. primary or lower secondary)*		
Upper secondary	0.444**	3.751**
	(0.224, 0.880)	(1.261, 11.154)
Bachelor	0.290***	2.148
	(0.144, 0.583)	(0.729, 6.330)
Tertiary	0.183***	2.192
	(0.088, 0.383)	(0.715, 6.722)
Housing satisfaction *(ref. dissatisfied)*		
moderately satisfied	0.566*	0.160***
	(0.287, 1.114)	(0.059, 0.434)
satisfied	0.504**	0.177***
	(0.291, 0.875)	(0.077, 0.402)
Religiosity (*ref. not religious*)		
average	1.290	0.425
	(0.755, 2.205)	(0.158, 1.145)
very religious	0.685*	0.734
	(0.455, 1.029)	(0.394, 1.366)
unknown	1.916**	2.503*
	(1.023, 3.588)	(0.908, 6.901)
Life satisfaction (*ref. dissatisfied)*		
moderately satisfied	1.189	
	(0.833, 1.696)	
satisfied	1.875***	
	(1.274, 2.759)	
Subjective health *(ref. very good)*		
good	0.767	0.621**
	(0.540, 1.091)	(0.376, 1.028)
fair	0.703	0.554**
	(0.448, 1.102)	(0.294, 1.042)
bad or very bad	0.233***	0.119**
	(0.109, 0.495)	(0.018, 0.801)

Notes: p-values: *** 1%, ** 5%, * 10%.

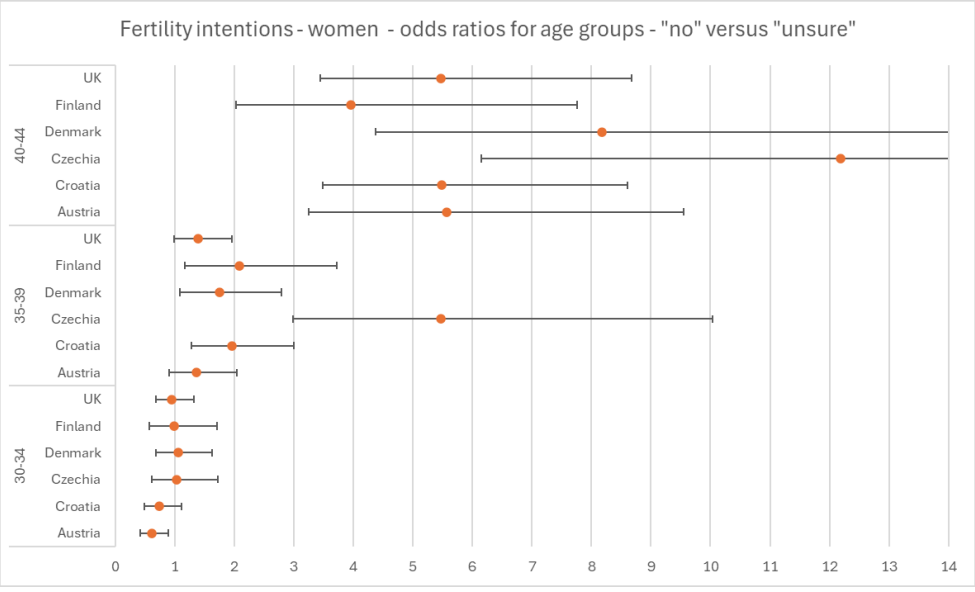
Discussion

In the first stage of the study, short-term fertility intentions were analysed by gender (Figures 1-6). In most of the countries considered, the distribution of intentions was similar for both women and men. The largest differences were observed in the cases of Croatia and Czechia. Notably, Croatian men had the highest percentage of unsure responses. Therefore, the next stage of the research examined how selected risk factors affect short-term fertility intentions in the analysed countries.

Based on the results obtained, it can be concluded that only three characteristics such as age group, number of children and partnership status are universally significant for the odds of fertility intentions. The directions of the relationships are in most cases the same.

Age: Women in their early 40s have lower odds to plan a child in the next three years than to be unsure (with exception of Czechia), and higher odds not to plan a child in comparison to women in their late 20s. Women aged between 35 and 39 years have higher odds not to plan a child than to be unsure in comparisons to the youngest group (except Austria). In Denmark and the UK, the odds are lower for planning a child in the nearest future than to being unsure in comparison to the 25–29-year-olds. Women in early 30s are not significantly different in short-term fertility plans than women in their late 20s, the only exception is Austria where women are less likely not to plan a child than be unsure than the younger cohort.

These results remain in line with current social trends and biological cycle. It seems that for majority of women, fertility plans are about to realize between 25 and 39 years old. However, women in their early 40s are more likely to be unsure about having a child in the nearest future.



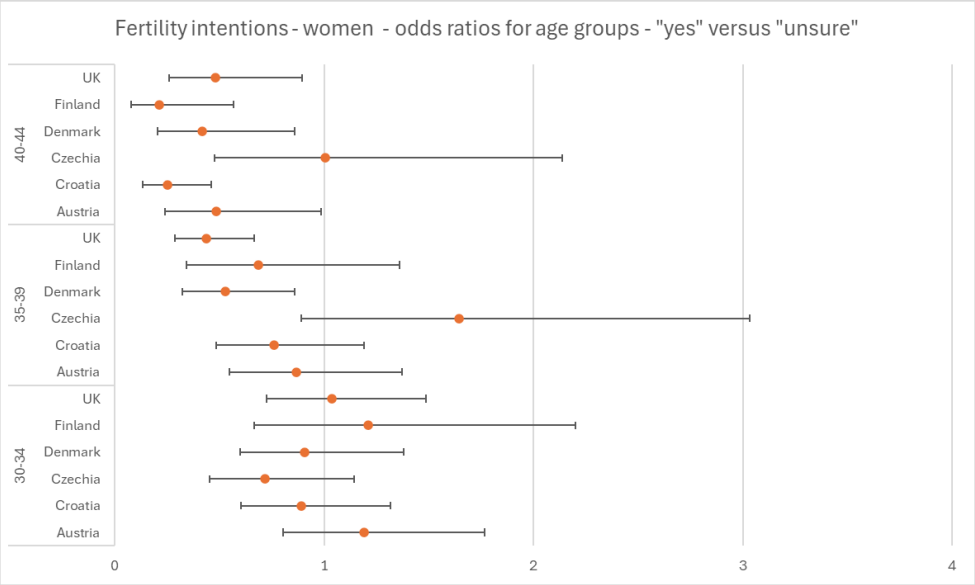
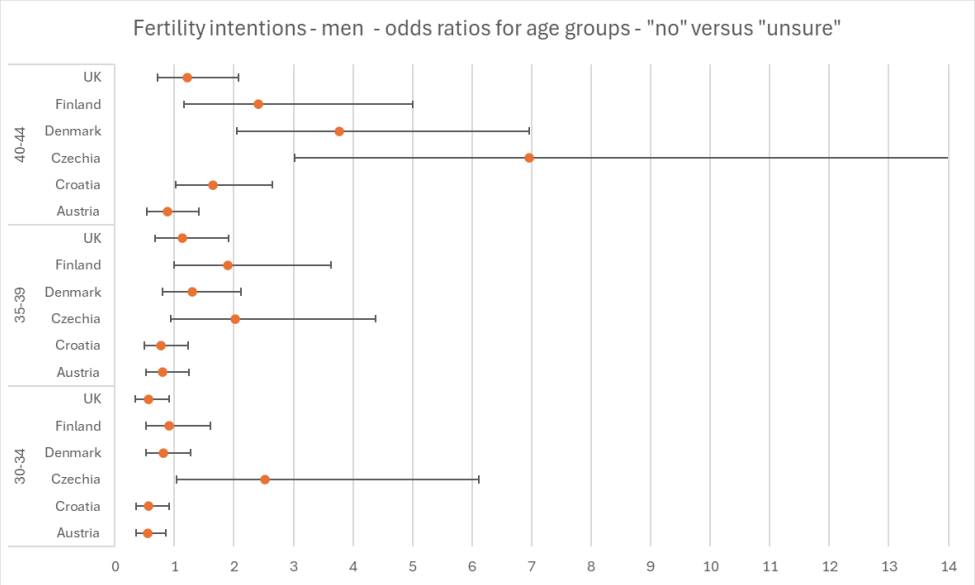


Figure 3. Fertility intentions of women – the odds ratios for age groups. 95% Wald CI included.

For men, these trends are not that universal as for women. Men in the late 40s, except Austria and UK, have higher odds not to plan a child than to be unsure. For planning a child, in four countries, men in their 40s do not differ from men in their late 20s. In Czechia, men, the same as women, are less likely to plan a child than to be unsure, but in Denmark, they are more likely to plan a child. Men between 35 and 39 years of age do not differ in fertility plans than the youngest cohort, the only exception are Czech men who are less likely to plan than to be unsure in comparison to the youngest in the sample. Finally, in Austria, Croatia and UK men in early 30s are less likely not to plan a child than to be unsure, at the same time being similar to men in the 20s in planning a child in the next three years.



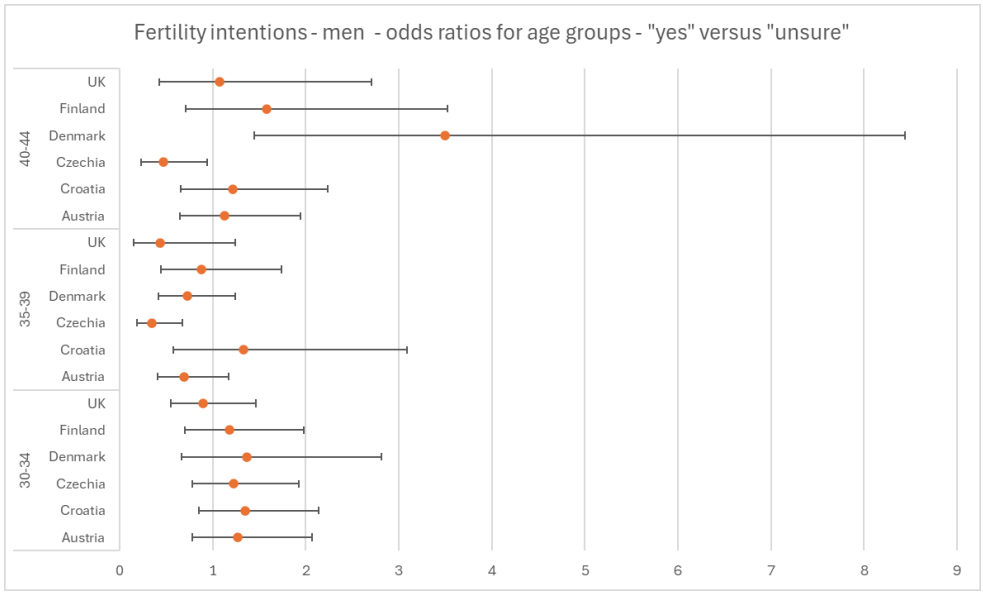


Figure 4. Fertility intentions of men – the odds ratios for age groups. 95% Wald CI included.

Number of children: Women who have already two or more children have lower odds to plan the next child (except Denmark and Czechia for two children) and higher odds to not plan a next child (except Finland) than to be unsure about short-term fertility plans in comparison to the childless women. In Czechia and Denmark there are also lower odds to plan than to be unsure to have a next child among mothers of one child in comparison to childless women.

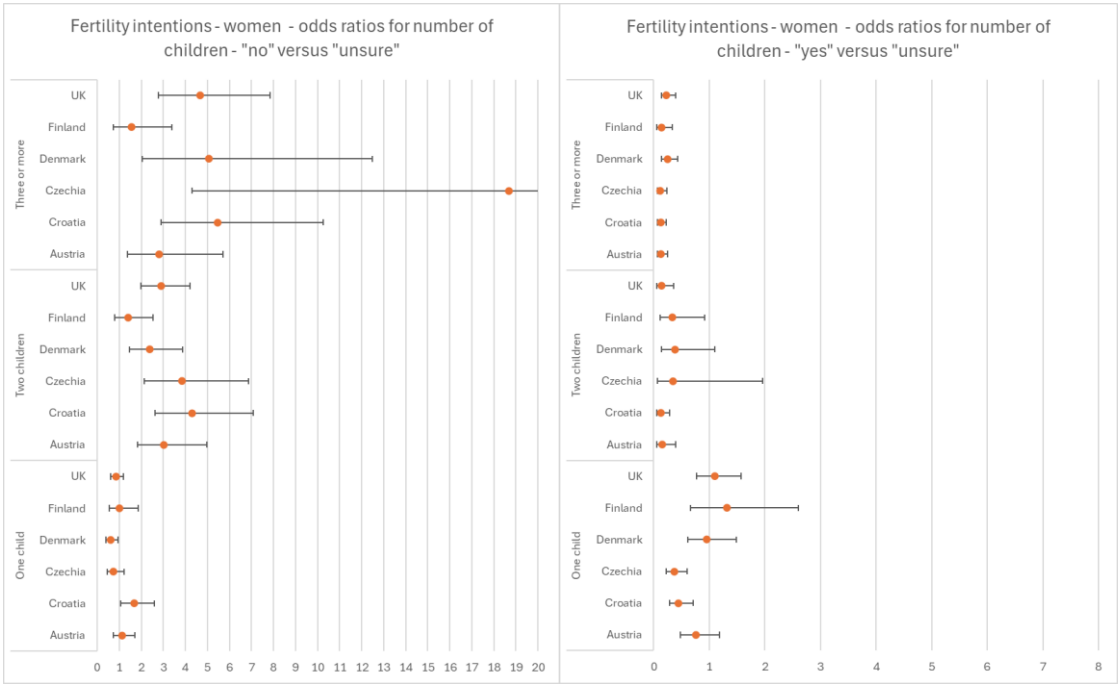


Figure 5. Fertility intentions of women – the odds ratios for number of children. 95% Wald CI included.

Similarly to women, in majority of countries, men who already have two or more children have lower odds to plan another one in the next three years than to be unsure in comparison to

childless men (the exception is Finland). Also, fathers of three or more children have higher odds not to plan a child, with the exception of Austria, Finland and UK. Among fathers of one child the odds are similar to those of childless men. The only difference can be observed in Czechia, where men have lower odds to plan a second child than be unsure in comparisons to planning the first one.

Altogether, the results for men and women show that both sexes are coherent in short-term fertility plans, and in most cases couples plan to have a family of four. Only in Czechia it seems that family with one child may be desired on the similar level.

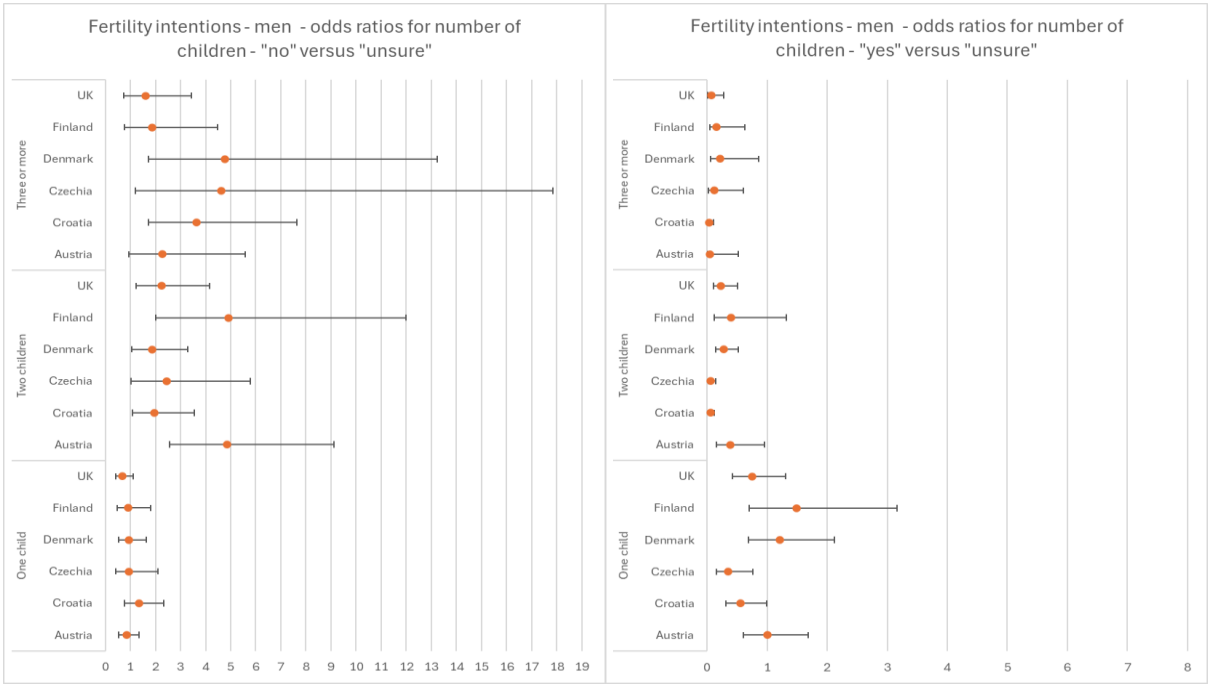


Figure 6. Fertility intentions of men – the odds ratios for number of children. 95% Wald CI included.

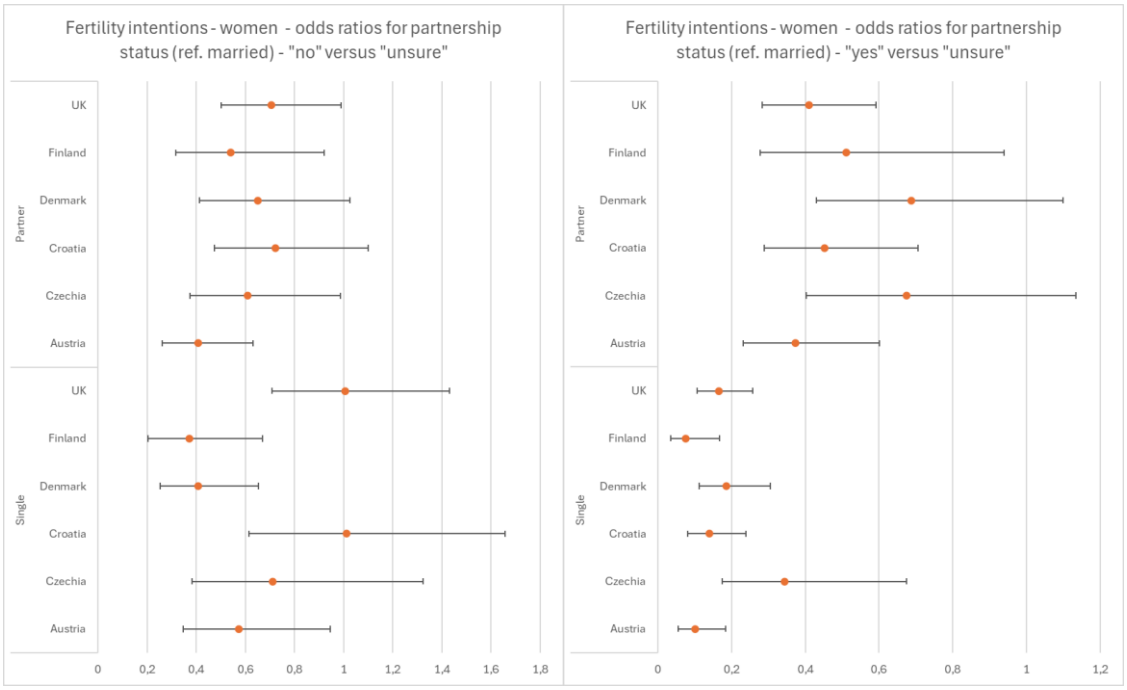


Figure 7. Fertility intentions of women – the odds ratios for partnership status. 95% Wald CI included.

Partnership status: In accordance with the results described in the subject literature, we find that being single in comparison to being married is a strong factor of lack of short-term fertility plans in all countries among women and men. However, we also find, that except Denmark and Czechia for unmarried women and Denmark for unmarried men, respondents with a partner have lower odds to plan a child in the next three years. Not planning children in the nearest future is more likely to be associated with being married than being single in Austria, Denmark and Finland for women, and Austria, Croatia and Denmark for men. Being in an informal relationship in comparison to being married lowers then the odds of not planning children instead of being unsure in Austria, Czechia and Finland, and additionally in Croatia for men. This shows that informal relationship is not necessarily related to the fact of not planning children in the nearest future, in mentioned countries it can even be the opposite – married couples are more likely to be convinced that they are not planning to have children than unmarried couples.

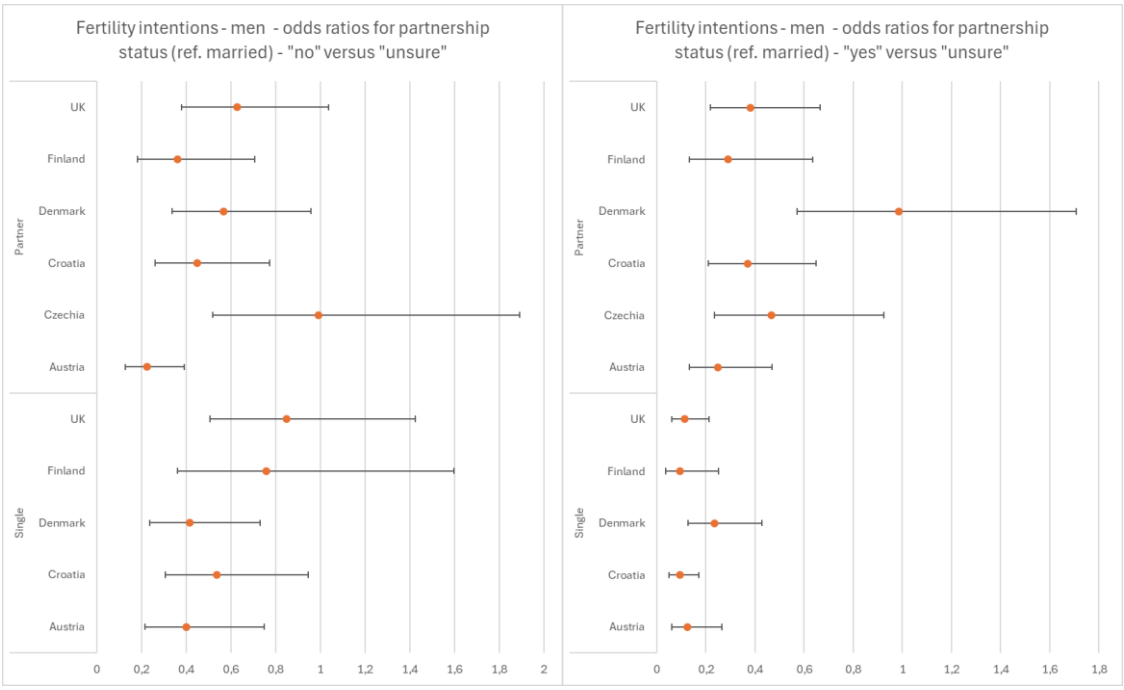


Figure 7. Fertility intentions of men – the odds ratios for partnership status. 95% Wald CI included.

Previous literature highlighted the importance of education and employment (Philipov et al., 2006, Heiland et al., 2008, Hoenig et al., 2016, Testa, 2014, Fiori et al., 2017, Busetta et al., 2019) in the context of short-term fertility plans. However, we did not find universal trends for these characteristics.

In the case of educational attainment, there are only few differences. Women in Denmark with a bachelor title have higher odds to plan a child in the next three years than women with primary education. It can be a sign that in this particular country, women think more about fertility realization after completing education. For not planning a child in the nearest future in comparison to be unsure, women in Finland have lower odds with education higher then secondary, women in UK have higher if they completed tertiary education, and women in Czechia with bachelor title have lower odds than women with primary education.

For men, we observe only two significant difference due to educational level. Men in Denmark with a bachelor title have higher odds no to plan a child than to be unsure, and men in Czechia with tertiary education have higher odds to plan a child than those with primary education. In general, the models show little associated between education level and certainty about the fertility plans in the next three years.

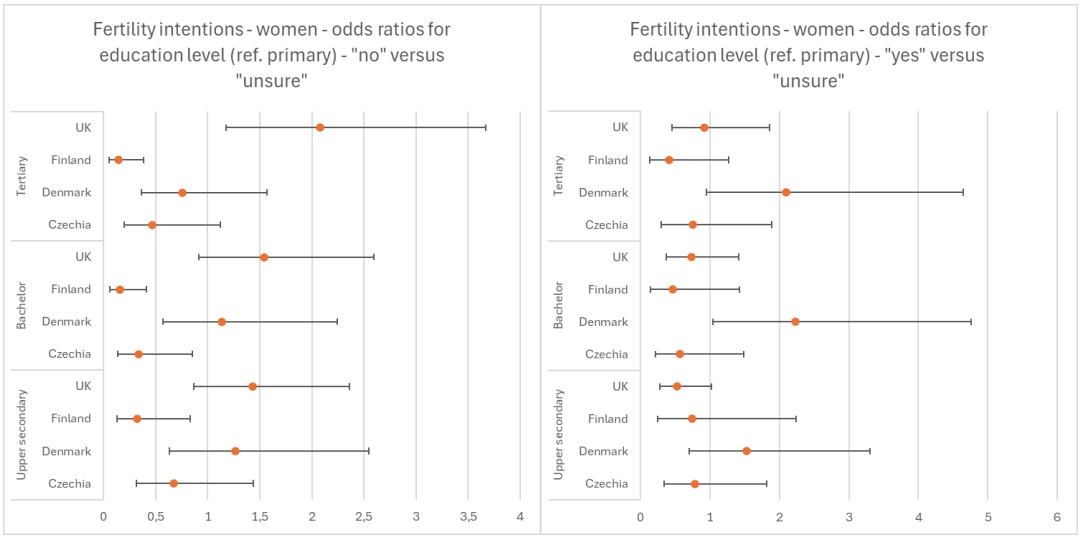


Figure 8. Fertility intentions of women – the odds ratios for education level. 95% Wald CI included.

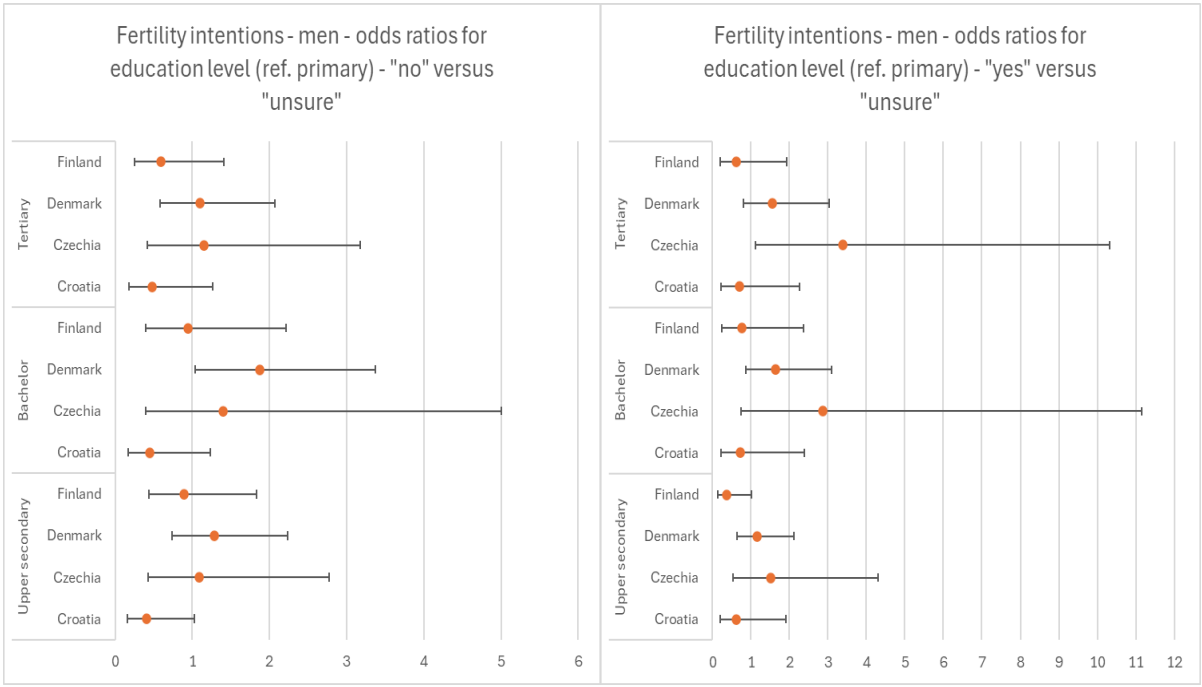


Figure 9. Fertility intentions of men – the odds ratios for education level. 95% Wald CI included.

Similarly to educational level, also employment status does not matter much for short-term fertility intentions. For women, only in Croatia being unemployed lowers the odds of women to plan a child in the next three years, and in Czechia, being inactive increases the odds. Among men, being inactive or seeking a job, decrease the odds of planning a child compered to be unsure but only in Denmark and Finland. In Austria and in Finland being an inactive woman is associated with lower odds of not planning a child than being unsure, and in UK the same

direction is observed for women seeking a job. For men, there are no significant differences in not planning a child due to employment status.

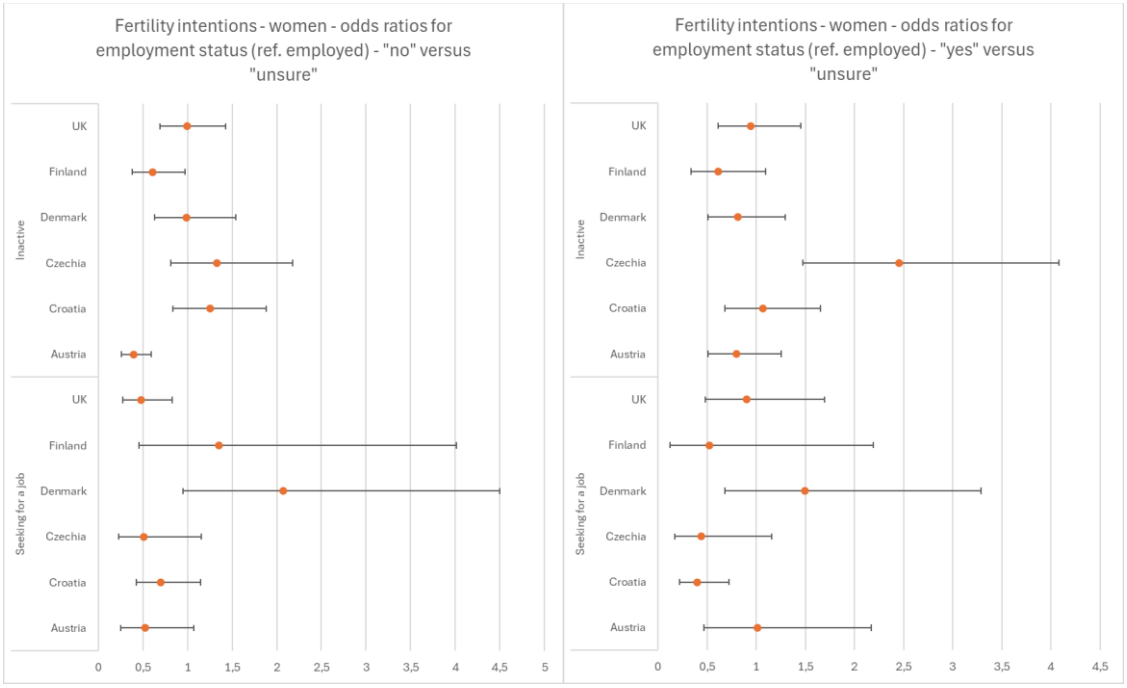


Figure 10. Fertility intentions of women – the odds ratios for education level. 95% Wald CI included.

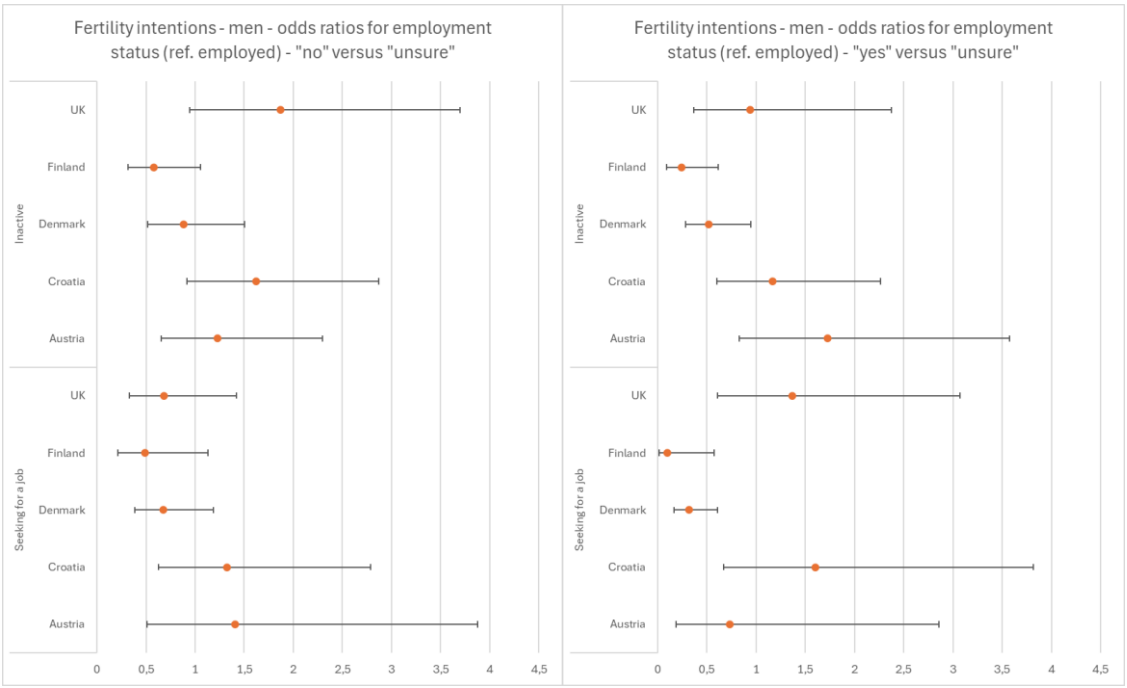


Figure 11. Fertility intentions of men – the odds ratios for education level. 95% Wald CI included.

Finally, if we sum up the results for fertility realizations, we can see many common trends in the sample of countries. In most of the countries, the highest odds for men and women who

have a child under 3 years of age are for the age group between 35 and 39. The only exceptions are women from Finland in early 30s, who have higher odds than those in their late 30s. Universally, being married is associated with the highest odds of having a small child, which is a signal that in the context of resilience, married couples are realizing their fertility with the highest odds. Employment status is mostly significant for women. Women with a small child are inactive in the labour market and rarely return to work short after childbirth. Finally, the association between education level and the fact of having small child seems to diversify the group of countries the most. In Austria, Croatia, Czechia and UK, the highest odds are observed for women with primary education (in Austria and Czechia also for men), while in Denmark and Finland, women with bachelor title or tertiary education (and in Finland also for men) have higher odds to have a small child than respondent with primary education. Having a child under 3 years of age is also associated with higher odds of being a house owner than a tenant. What is also interesting, religiosity matters more for fertility plans than for its realization. Respondents declaring average or high level of religiosity have lower odds to declare not planning a child in the next three years than to be unsure, but it was not significant for having a small child. Having a small child is also often associated with the of women's' health status – those with very good or good health are more likely to be a mother of a child under 3 years of age. Finally, life satisfaction, if significant, is higher among parents of a small child than other respondents.

Summing up the results of the models in the context of resilience, we observe that in the selected sample of countries only few variables are universally significant: it is age, the fact of having children, and partnership status. Age group and children are strongly connected to the biological cycle and the realization of the lifetime fertility plan. We find that women and men are mostly planning (and having) children in their 30s, and in most countries, majority of responded strive to have two children. Being married rather than being in an unformal relationship is still more likely to be associated with a decision to plan and have children. It is worth noting that married men and women are not only more decisive about having children in the near future, but also more likely to have a specified plan not to have children in comparison to single and unformal partnerships. Finally, such characteristics as education or employment do not play such a significant and important role as determinants of resilience in fertility behaviour.

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