

The influence of family and friends on the realization of fertility intentions

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Short abstract

This paper investigates the impact of personal networks for men and women in the realization of fertility intentions. We aim to examine to what extent and how fast people realize their fertility intentions. In doing so, we specifically look at the role of an individual's web of informal relationships with relatives and peers, and we focus on the influence of resources bound to personal networks. Building on the fertility and social capital literature, we hypothesize two possible alternative effects of personal network on the timing of the fertility outcome. On the one hand, people who have stronger and supportive relationships with family and friends may feel more secure and therefore are more likely to have a child soon. On the other hand, people who miss social contacts might realize their fertility intentions sooner, in order to fill up the lack of social ties and invest in their network. We engage in an event history analysis, using the two waves of the Netherlands Kinship Panel Study (NKPS), data that provide us with information about social contacts, quantity and quality of the relationships with kin and friends and informal support. We expect that when the extended family (e.g., family of origin) is big, and relationships with family members are strong and supportive, people realize their fertility intentions sooner, thank to the availability of greater support. Moreover, we expect that the higher the parity of the couple (i.e., the number of already born children) the more important the role of the network support is in the realization of fertility intentions.

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Extended abstract

Introduction

Following the recommendation of Morgan and Taylor in their study “Low fertility at the turn of the twenty-first century” (2006), we build on the conceptual framework of Boongaarts (2001, 2002), by addressing the following crucial research question: why do not people realize their fertility intentions? This is a key question since all recent data show that below-replacement fertility reflects a shortfall of births relative to intentions (Hagewen and Morgan, 2005). Indeed, according to the Eurobarometer Survey in 2006, the mean ideal number of children is above 2 in almost all European countries. However, if we compare this figure with the total fertility rate (TFR), that measures the actual realized fertility, we see that a family of 2 children is rarely achieved.

Existing literature has already linked low fertility to the inability to meet desired fertility (Boongaarts, 2001, 2002, Quesnel-Vallée and Morgan, 2003, Testa, 2006). This body of research offers key insights into the determinants of discrepancies between reproductive preferences and observed fertility. Two main factors that are regarded as important causes of mismatch between desired and actual fertility are timing shifts and competition with other goals. We adopt an event history approach in order to better understand which are the enabling factors, constraints and competing preferences that affect not only the realization of the intention to have a child itself, but also its timing, leading to acceleration or postponement of childbearing. According to the theory of planned behavior (Ajzen, 1991), successful performance of a given behavior depends not only on a favorable intention but also on a sufficient level of *actual behavioral control*. This term refers to the extent to which a person has the skills, resources, and other prerequisites needed to perform the intended behavior. Institutional settings (e.g., family policy and availability of public childcare) and individual structural factors (e.g., income, education, and employment status) undoubtedly are primary determinants of an individual’s ability to control a given behavior and put it into practice. However, previous research has often neglected the role of the immediate social context of the personal network, as well as the informal resources that can be drawn from it (e.g., economic, emotional and informal childcare support). By making use of the key sociological concept of social capital, we aim to investigate the role of an individual’s web of informal relationships with relatives and peers in the timing of the realization of fertility intentions. Therefore, our main research question is: *to what extent do an individual’s personal network and resources bound to it affect the timing of the realization of fertility intentions?*

Theoretical framework

According to Bourdieu (1983), Flap (2002) and Coleman (1990), social capital can be seen as an expression of the resources individual actors have access to through their personal relationships. Social capital can include goods, as well as information, money, capacity to work, influence, power or active help (Bühler & Philipov, 2005).

Recent demographic research has shown that social capital, next to economic and cultural resources, is an important factor in fertility decisions (e.g., Schoen et al., 1997; Buhler and Philipov, 2005; Philipov et al., 2006). This body of research looks at supportive network relationships as strategies for coping with one's socio-economic circumstances in relation to fertility (e.g., assistance in childcare). However these studies have only examined fertility intentions. We aim to extend existing research on social capital as a provider of support and assistance, by investigating its role in relation to the timing of the realization of fertility intentions, that is, the timing of actual fertility behavior.

The relationship between social capital and fertility is not straightforward. Indeed, previous demographic research has found theoretical and empirical support for two different mechanisms. On the one hand, it may be that people who possess more social capital feel more secure, and therefore are more likely to realize their fertility intention soon. Studies of women in Eastern European countries (e.g., Bulgaria and Poland), (Bühler & Philipov 2005; Bühler & Fratzack 2007), have shown that the availability of economic, instrumental and emotional support are taken into account during fertility planning and that more supportive network resources influence both timing (earlier births) and quantum (number of births) of fertility intentions. Higher perceived social capital partially reduces costs and uncertainty leading to a higher probability of intending and realizing the birth of children.

On the other hand, as materialist anthropologists (e.g., Greenhalgh 1995), sociologists and demographers have argued (e.g., South 1991), children create social capital by establishing new or better relations among persons (parents, relatives and friends, from whom potentially drawing resources) and by guaranteeing more security for parents in their old age (Billari and Galasso, 2008). Therefore, people who experience lack of social ties might be more willing to have a child soon, because they may consider children as a way to improve their social capital (Schoen et al. 1997). Put in another way, those who already have satisfactory social contacts and enough social capital might not feel the need to urgently invest in their network and therefore to have a faster transition to childbirth. We in fact observe this phenomenon, when we compare Southern and Northern European countries. Indeed, Southern European countries, which champion strong ties, family institutions and have higher levels of social capital, have the *lowest* levels of fertility, higher

mean age at childbearing, and often higher gap between intended and actual fertility (Dalla Zuanna 2001). Northern European countries, that have lower-density networks and less social capital, have conversely, *higher* fertility levels.

There is thus a puzzle to be solved of how social capital impacts fertility. The theoretical ideas outlined above lead us to consider two possible alternatives to the null hypothesis of no effect of social capital on the timing of the realization of fertility intentions:

H1a) Greater social capital leads to a faster realization of fertility intentions

H1b) Lower social capital leads to a faster realization of fertility intentions

Moreover, Duncan, Freedman, Coble and Slesinger (1965) suggested that satisfaction with family of origin leads to a stronger influence of number of siblings on number of children. Building on that, we hypothesize that those who have close and satisfactory relationships with extended family are not only influenced by parents' reproductive behavior (i.e., number of siblings), but also by siblings' fertility attitude. Therefore we envision that *people who have good and intensive relationships within extended family, that also includes siblings, tend to faster realize their fertility intentions if their brothers and/or sisters have meanwhile or already had children (H2).*

Data and Method

The data we use in this study are from Waves 1 (2002-2003) and 2 (2007) of the Netherlands Kinship Panel Study (NKPS), a large-scale survey of Dutch men and women aged 18-79 at Wave 1 (Dykstra et al., 2005, 2007). 8, 156 respondents participated in Wave 1, and 74% of them also completed the questionnaire in Wave 2. We select a sub-sample of men and women, who were cohabiting or married at Wave 1, with or without children, but not expecting, not older than 40 and who declared the intention to have a(nother) child at Wave 1.

To estimate the effect of personal network and social capital on the timing of the realization of fertility intentions, we engage in a Cox regression hazard rate model, with the hazard of conception as dependent variable. People are at risk of realizing their intentions from the time of the first interview, when they declare to intend to have a child, until the conception occurs. If couples separate or divorce before the event, they are censored at the time of the separation or divorce. If respondents do not experience a birth (e.g., they do not have a child between the two waves, or are not pregnant/expecting at the second wave), they are censored at the time of the second interview.

We use as control variables several socio-demographic variables that take into account respondent's as well as partner's characteristics, in order to avoid a spurious association between social capital and fertility. Namely, our control variables are: age of respondent (in groups), age difference between partners, educational level, employment status and number of working hours of

respondent and partner, number of children, age of the youngest child (for those who already have children), partnership status, duration of the couple relationship and quality of partner relationship. The latter variable is included in order to give a specific emphasis to the primary role of the partner and distinguish it from the one played by the other family members. We use a scale variable, based on the following items: 1) *we have a good relationship*, 2) *the relationship with my partner makes me happy*, 3) *our relationship is strong*, 4) *the relationship is very stable* (1=strongly agree, 5=strongly disagree, Cronbach's alpha= 0.946).

The concept of personal network is operationalized in a multidimensional way, by distinguishing several dimensions and different measures/explanatory variables:

- ***A general measure of satisfaction with social contacts and ties***: we develop an index that is based on the following 11 items (Cronbach's alpha=0.812): 1) *there is always someone I can talk to about my day-to-day problems*, 2) *I miss having a really close friend*, 3) *I experience a general sense of emptiness*, 4) *there are plenty of people I can lean on when I have problems*, 5) *I miss the pleasure of the company of others*, 6) *I find my circle of friends and acquaintances too limited*, 7) *there are many people I can trust completely*, 8) *There are enough people I feel close to*, 9) *I miss having people around*, 10) *I often feel rejected*, 11) *I can call on my friends whenever I need them*.
- ***Strength of ties within extended family***: in order to measure how close and intensive are the relationships between the respondent and his/her family members (e.g., parents, siblings, other relatives), we use a scale variable resulting from the items (Cronbach's alpha=0.812): 1) *the ties between members of my extended family are tightly knit*, 2) *my extended family is more a collection of individuals rather than a single unit*, 3) *in our extended family we keep each other informed about the most important events*, 4) *the members of my extended family are very close*.
- ***Interaction with extended family and friends as a source of social capital***: we develop two indexes, one relative to family, the other one relative to friends, that measure the reliability of these ties, as a source of potential support. We use the following items (Cronbach's alpha=0.918 for family and 0.927 for friends): 1) *when I am troubled, I can always discuss my worries with my family/friends*, 2) *I place confidence in my family/friends*, 3) *should I need help, I can always turn to my family/friends*, 4) *I can always count on my family/friends*.
- ***Presence of siblings' children under the age of 12 or siblings' childbearing between the 2 waves***: we use a dummy variable that takes on value 1 when any of the respondent's siblings has a child under the age of 12 or has given birth between the 2 waves.

Expected findings

We expect that when the extended family (e.g., family of origin) is big, and relationships with family members are strong and supportive, people realize their fertility intentions sooner, thank to the availability of greater support.

Moreover, the decision to have a child is associated with long-term costs and uncertainties that significantly affect a household socio-economic situation. Such long-term consequences are higher, the higher the number of children there are, and thereby the availability and reliability of a supportive network can play a primary role in realizing the intention to have a second or higher-order child. Therefore we expect that the higher the parity of the couple (i.e., the number of already born children) the more important the role of the network support is in the timing of the realization of fertility intentions.

Finally, we envision that people who have brothers and sisters, who have recently given birth (e.g., children are 1 or 2 year-old at wave 1 or siblings have given birth between the two waves), are more likely to have a child soon, due to a sort of diffusion process, and social influence within the family.

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