

The aim of the paper is to analyze the network of contacts and social transfers of young women in the context of family in Poland. The analysis were based on the results of prospective cohort study of demographic, socio-economic and health determinants of late fertility. The survey was conducted in fall of 2007 on a sample of 1200 young women from Warsaw and Poznan. Survey was realized with the framework of the project: „Epidemiology of procreative risks in Poland – multi-center, prospective cohort survey” by Institute of Labor Medicine name. Prof. Dh.D. J.Hofer in Lodz.

To understand the importance of social capital in making decisions to have a family by young women, there were analyzed 9 social networks of the women:

1. Talking about the advantages and disadvantages of having children;
2. Talking about the advantages and disadvantages of being in partnership;
3. Talking about the advantages and disadvantages of living independently;
4. Talking about using of contraceptive methods;
5. Getting support in receiving dwelling (with ownership rights);
6. Getting support in receiving dwelling (without ownership rights);
7. Getting support in availing dwelling (co-residence);
8. Getting regular monetary support on a regular basis or support with a major expenses;
9. Getting non-monetary support e.g. food, finding a job, keeping household, provide nursing and care.

Respondents' network of contacts and social transfers referred to the past 12 months. Respondents' partners in social networks were characterized in terms of demographic and social characteristics such as gender, age, number of children, the oldest child's age and the relationship with the respondent. Respondents were also asked about the duration of contact with the social network partner, how close is this partner and how often they contact each other.

There were empty networks in each type of the network. It means that some respondents did not have any conversations with other people about the advantages and disadvantages of having children, being in partnership, living independently or using contraceptives. Some respondents did not get any support in receiving or renting a flat and regular monetary or non-monetary support. The majority of empty networks (about 80% of respondents) and the smallest networks (the average size of 0,13-0,28) related to getting support in receiving a flat. In most cases (about 90%), such a support was not needed. The minority of empty networks (about 15% of respondents) and the largest networks (the average size of 1,5) related to talking about children, being in partnership and living independently.

Respondents most often dealt with one person and were very closely related to this person. Respondents met with their network partners on average 20 times a month. Respondents' contacts with network partners lasted on average about 10 years, while in case of getting support - much longer (on average 15-17 years). Respondents chatted about the subjects of the survey usually with younger women, who had less children. The children were usually younger. Respondents got support more often from men, from older people and people having more children, which were older. Respondents got support most often from their parents, but most often chatted with their friends. Respondents, who wanted to have another child, had a larger network in talking about the advantages and disadvantages of having children, and contraception, as well as monetary support.

Most network partners are the members of family and relatives. They are attributed to the relationship. It means that respondents could not choose them. However, it also acquired a strong relationship in the network of respondents, as the importance of friends and colleagues. Respondents' parents predominate in the network to provide support. However, in networks of talking, in which the parents are less present, friends and colleagues are important. It is consistent with other research study of social networks. If individuals do not get any support from the family members and relatives, they are able to fill this gap to some extent by entering into relationships with friends, neighbors or colleagues. Individuals with a general attitude or behavioral intensify establish relationships with people who support their attitude. Consequently, individuals with the strong motivation to have children build their social networks, such as investing in social capital, so as to give it support, if a child is to be raised and educated.

Personal support and social capital affect the decisions about having a child. In Central and Eastern Europe, social networks provide monetary and non-monetary resources that help households stabilize their economic situation. It supports their intentions to have a child. In Southern Europe, where there are strong family ties, social network support may affect the willingness to have a child in the same way. It might be quite differently in other countries, where the income coming from work and social benefits play a dominant role in the portfolio of households.

Social networks may have an impact on decisions about building the relationship and having children in two directions. Parents and family often encourage to have children. Friends and colleagues in the same age bracket, not having children, rather discourage to have children by telling how life would change with children. Results of studies conducted in South Africa showed that fertility increased if the woman's partner in social network was her

husband or an older women. The network impact on fertility is much stronger for women aged 30 and older than for younger women.

Table 1.

Type of social network	Share of empty networks	Average size of a network	Percentage of very close contacts	Contacts duration (in months)	Number of meetings per month	Percentage of women in network	Partner's age (in years)	Number of partner's children	Age of partner's oldest child (in years)	Share of family network
	%	mean	%	mean	mean	%	mean	mean	mean	%
Talking about:										
having children	13,25	1,56	63,83	118,72	18,91	74,46	30,71	0,85	12,51	42,89
being in partnership	13,50	1,56	60,94	111,24	18,02	76,39	29,80	0,74	12,34	36,31
living independently	15,50	1,47	60,60	110,19	18,22	75,67	29,79	0,74	12,87	36,09
using contraceptive methods	26,67	1,09	65,90	105,39	18,77	74,83	28,61	0,67	10,92	38,69
Getting support:										
in receiving dwelling (with ownership rights)	85,42	0,18	87,73	202,45	19,16	56,11	43,35	1,57	22,61	88,22
in receiving dwelling (without ownership rights)	88,33	0,13	89,94	180,59	20,11	51,57	39,90	1,38	19,86	86,17
in availing dwelling (co-residence)	77,92	0,28	88,22	179,76	24,54	56,19	40,89	1,35	22,03	87,91
monetary	66,42	0,43	93,79	208,15	23,35	57,09	43,53	1,55	22,10	95,16
non-monetary	67,58	0,47	88,09	197,52	22,32	60,58	41,88	1,49	21,87	86,12