Fertility Intentions and Risk Management: Exploring the Fertility Decline in Eastern Europe During Transition

Johnny Rodin

Abstract Between 1985 and 1995, fertility in Eastern Europe declined from 2.2 children per woman to merely 1.5 on region-average. Previous research has emphasized mainly the economic turmoil during transition or the influx of new ideas regarding fertility and family relations. This article suggests that applying a risk management perspective on fertility patterns may put additional light on the reasons behind the fertility decline in post-communist Europe. The complexity of modern social systems has made people increasingly dependent on the state for risk evaluation and risk management. The article formulates the hypothesis that transition itself disrupted the mental models that helped people to navigate among the risks associated to having and raising children. Left to their own devices, women in Eastern Europe became more inclined to postpone childbirth or discard this option altogether.

Keywords Anomie · Eastern Europe · Fertility · Risk management · Transition

INTRODUCTION

The complexity of modern social systems has made personal control over risk evaluation and management rare. Instead, we have become increasingly dependent on external information about risks and institutional risk management. Various state authorities naturally play a central role in this context (Renn 2008). Together with NGOs and media state, agencies form a system of risk governance that helps people to navigate among different options. But what happens if this system breaks down? This article explores such a situation, where the system of risk governance was crumbling with regard to one

life-defining event that entails various risks, namely having children in Eastern Europe during transition.

Between 1985 and 1995, the countries in Eastern Europe¹ experienced a dramatic drop in fertility (Fig. 1). Postponing first birth and giving birth to fewer children had been part of the general fertility pattern for quite some time in Eastern Europe (Kohlmann and Zuev 2001). At the end of the 1970s and during the first half of the 1980s, fertility increased slightly and stabilized around 2.2–2.4 children per woman on region-average. However, as of 1985, fertility started to decline, plummeting rapidly from ~2.2 children per woman to merely 1.5 on region-average in 1995 (GGP Database; WHO Database; World Population Prospects: The 2008 Revision. Highlights. NY: United Nations).

The fertility decline was quite similar across large parts of Eastern Europe, despite different economic trajectories. As of 1989, fertility levels started to decline unanimously in all East European countries. The scope of the fertility decline was quite similar too, especially in Eastern, Central, and post-Soviet Europe where the drop with a few

¹ Eastern Europe is here defined as all the formerly communist or socialist countries located in the eastern, central, and south eastern parts of Europe. After the break-ups of Czechoslovakia, the Soviet Union, and Yugoslavia, according to this definition 21 countries are here seen as Eastern European: Albania, Belarus, Bosnia-Herzegovina, Bulgaria, Croatia, the Czech Republic, Estonia, Georgia, Hungary, Latvia, Lithuania, FYR Macedonia, Moldova, Montenegro, Poland, Romania, the Russian Federation, Serbia, Slovakia, Slovenia, and Ukraine.

Fig. 1 Illustration of the dramatic and uniform fertility decline in Eastern Europe (ex-Yugoslavian countries excluded) between 1989 and mid-1990s. *Source:* WHO (European office) HFA database

exceptions amounted to around 30–40%² between 1989 and 1995. In the South Eastern parts of Europe, in contrast, the drop was much less dramatic (around 10% or less).

Falling and low-fertility levels are by no means unique traits for Eastern Europe. This has been part of fertility trends in many Western countries since the 1960s. However, the fertility decline in Eastern Europe as of late 1980s cannot be described as an all-European trend. Southern Europe, in particular Greece, Italy, and Spain, has experienced a fertility decline similar to Eastern Europe in the 1980s and 1990s, yet somewhat more drawn out and gradual. However, during the same period, other West European countries experienced an increase in fertility: Denmark, Finland, France, Netherlands, Norway, and Sweden. Thus, fertility trends in Western Europe in the late-1980s and early-1990s were quite diverse within the region, and at the same time different from the development of fertility in Eastern Europe.

What is unique about development of fertility in Eastern Europe (in particular the Eastern, Central, and post-Soviet parts), then, is the speed and relative uniformity by which it evolved across the region since the fall of communism in the end of the 1980s and early 1990s. The aim of this article is to further explore the fertility decline in Eastern Europe by applying a risk management perspective and to assess this perspective's potential to explain fertility trends and to widen the research agenda in the field of fertility studies.

The article is primarily explorative. Empirical data about fertility intentions in Eastern Europe at the end of the 1980s and early 1990s are by and large inconclusive. I therefore derive mainly from theoretical deductions and

conceptual linkages and do not claim that the article provides firm empirical evidence of its main conclusions. This requires further research.

EXPLAINING CHANGING FERTILITY BEHAVIOR: THE STATE OF THE ART

Fertility decline is a thoroughly researched area that has produced a multitude of theories explaining changing fertility behavior. Somewhat simplistically one can identify two major perspectives on changing fertility patterns, in general as well as in the East European case: (a) the economic narrative which poses that the economic ruin that followed in the footsteps of the reform processes in the former communist countries played an important role for the intensification of low fertility in the region in that it changed the micro-economic incentives of people, in particular of mothers (Cornia and Panizza 1995; Adler 1997; Philipov and Kohler 2001; Kohler and Kohler 2002); and (b) the diffusion narrative that links this change in fertility behavior to a transformation of ideas, attitudes, and norms regarding fertility, through which the West had gone already in the 1960s (Sobotka et al. 2003; Philipov and Jasilioniene 2007; Hoem and Kostova 2008; Hoem et al. 2009).³

The economic narrative, which perhaps has been the most common explanation to the behavioral change regarding fertility and childbearing, not the least in the East European case, builds on the rational actor model. This

² Only in Poland and Ukraine was the fertility decline below 30%: 23 and 27%, respectively.

³ Another important narrative underlines biological and technological determinants of fertility. One of the major arguments of this narrative is that fertility is responsive to mortality. Modernization leads to a decline in mortality, hence creating weaker incentives to have many children (van de Kaa 1996, p. 402).

approach suggests that fertility changes as a consequence of altered socio-economic conditions, and accordingly, altered incentives. The emergence of so-called lowest-low fertility—a total fertility rate below 1.3 children per woman—in Eastern Europe has been viewed as a rational response to economic uncertainty created by the unprecedented fall in industrial output, increased unemployment, and impoverishment of the population in the footsteps of transition (Cornia and Panizza 1995; Kohler et al. 2002).

The diffusion perspective emerged in the 1960s as competitive narrative which pointed out that changes in fertility behavior are rather related to changes in value systems. Research had shown that fertility declines occurred also in economically weaker countries where more traditional socio-economic conditions supposedly still supported high fertility. Moreover, once one region in a country had entered a process of falling fertility rates, other neighboring regions with same language and culture soon followed suit (Boongarts and Watkins 1996). In this narrative, the socio-economic changes caused by the transitions were rather a catalyst, which merely speeded up and reinforced a development that was already ongoing (Boongarts and Watkins 1996; Caldwell 2001).

One of the most common themes in the diffusion narrative regards the second demographic transition (SDT). SDT implies a substantial cultural change regarding fertility, family relations, and sexual behavior, which began in North-Western Europe (the Nordic countries and the Netherlands) in the 1960s and later spread to other Western countries. The post-modernistic values of SDT involved an “overwhelming preoccupation with self-fulfillment, personal freedom of choice, personal development and lifestyle, and emancipation, as reflected in family formation, attitudes toward fertility regulation and the motivation for parenthood” (van de Kaa 1996). At the same time, women gained the right to their own ability to conceive through changing gender relations (van de Kaa 1996, 2002; Surkyn and Lesthaeghe 2004; Sobotka 2008). As a result, sub-replacement fertility (lower than 2.15 children per woman) and postponement of first birth have now become characteristic for developed countries where post-modernistic values and behavior are strong.

However, several empirical and theoretical observations put parts of the above-mentioned approaches into question. As to the economic narrative, the fact that countries that suffered less from the transitional economic shock in the early 1990s nonetheless experienced equally (or more) decreasing fertility levels during this period undermines some of its explanatory power. Fertility dropped in relative terms as much (or more) in fairly successful transition countries, such as the Czech Republic, Hungary, Poland, and Slovenia as in countries where transition entailed close to complete socio-economic collapse, as in Russia and Ukraine. For example, Slovenia, the Czech Republic, Slovakia, and

Poland scored highest in 1990–1995 on the Human Development Index,⁴ in which standard of living is an important component. Yet, these countries had average or lower than average fertility rates region-wise (GGP database). Other economic measures, such as Gross Domestic Product per capita or public sector expenditure on health as % of total government expenditure, provide similar results.

Moreover, if the rapidly changing fertility behavior could be explained primarily by the economic development, then one would expect that the economic recovery that occurred in most East European countries in the mid- or late-1990s would have corrected fertility levels upwards. However, it was only as of 2007–2008 that one could observe a region-wide fertility increase. This could perhaps be explained by some kind of lag-effect, though an almost 10-year delay seems too long. Although these observations are based on fairly blunt measurements, it would seem that the correlation between economic development and fertility levels appears to be somewhat ambiguous.

The diffusion perspective can account for some fertility changes. In particular, the relation between post-modernistic values and mean age of childbearing is quite strong (van de Kaa 2002). The postponement of first birth, in turn, tends to limit completed fertility because medical obstacles to pregnancy become more common later in women's lives. This could explain the continuous trend toward fewer children in Eastern Europe after the transitional years.⁵ However, it seems much more unlikely that the drawn out, piecemeal process of diffusion could explain the fertility decline in the early years of transition. In addition, research shows that the SDT has not progressed uniformly across Eastern Europe. While ideas and norms typical for the SDT are relatively pronounced in the Czech Republic and Slovenia, countries like Belarus, Poland, Romania, and Ukraine are lagging behind in this respect (Sobotka 2008). Nonetheless, they all displayed a similar fertility decline.

Another weakness of the diffusion perspective is that the evidence to support a direct link between the influx of the SDT and low fertility rates is ambiguous. Although post-modernist values are most widespread in the Nordic countries, fertility rates are high by European standards. Conversely, in Southern and Eastern Europe where post-modernity is less developed, women give birth to few

⁴ A composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge, and a decent standard of living (see further UNDP Human Development Report).

⁵ Fertility levels in the region continued to fall during the 1990s and most of the 2000s to as low as 1.1–1.3 children per woman. Only in some of the former republics of Yugoslavia (FYR Macedonia, Montenegro, and Serbia) and in Albania fertility remained above 1.5. (GGP Database; WHO Database; World Population Prospects: The 2008 Revision. Highlights. NY: United Nations).

children, as in Belarus, Romania, and Ukraine. Van de Kaa has indeed acknowledged that the correlation between post-modernistic values and fertility rates is unclear. He states that bearing and raising children indeed can be part of a postmodern outlook if presumptive parents feel that it will enrich their lives (van de Kaa 2002).

TOWARD AND RISK MANAGEMENT APPROACH TO FERTILITY BEHAVIOR

A theory that remedies the above-mentioned weaknesses should be able to explain why the fertility drop looked so similar in terms of scope and timing across Eastern Europe, despite different economic development and varied levels of post-modernistic values. The risk management perspective suggested here denounces neither the impact of economic factors nor of ideas. Instead it aims to unite them under one theoretical umbrella. When considering having children or not income and material conditions certainly play an important role. People are generally rational in this sense. Ideas, on the other hand, matter because the priorities people have (including economic ones) are constituted by an ideational context. This context conditions cost-benefit analyses by constituting what counts as legitimate and conceivable goals, and the understanding of cause-effect relationships. Public perceptions can thus be seen as products of intuitive biases and cultural values (Kasperson et al. 1988).

The central argument of the risk management perspective on fertility intentions is that transition itself—the disruption of economic, political, and social standards and institutions—undermined intuitive biases and cultural values, thereby making it more difficult for people to make sense of the new economic and social risks connected to childbirth and caretaking until new biases and values had settled. From this perspective, it can be argued that postponement of childbirth, or to refrain from having children completely, comes across as a probable response.

Transformation Anomie, Risk Management, and Fertility Intentions

The transition in post-communist Eastern Europe has been characterized as a case of so-called “transformation anomie” (Arts et al. 1995; Arts and Gijsberts 1998). It typically emerges when a society is in crisis or undergoes swift and wide-ranging change. Anomie involves a deinstitutionalization of standards and values. It thus involves a sense of “normlessness” through which “cultural interpretive models lose their function” (Atteslander 2007). It is important to note that this process occurs at the societal level, but is experienced at the individual level. In the

anomic state, people therefore tend to retreat to very elementary behavioral propensities because there are no longer any collective points of reference to take bearing on (Arts et al. 1995; Arts and Gijsberts 1998).

As ideational and behavioral maps get blurred, it becomes increasingly difficult for individuals to distinguish what goals one should strive for and how to attain them (Durkheim 1983). Robert Merton (1968) argued that anomie existed when there was a disharmony between the cultural system, which prescribes certain goals, and the social system, which contains the institutionalized means that de facto are at people’s disposal. In other words, the hallmark of anomie is a rift between one’s expectations and one’s reality. Due to this rift, people can no longer make sense of the world, which consequently starts to appear unpredictable and meaningless (Srole 1956; Ådnanes 2007).

One of the most studied outcomes of anomie concerns increased suicide levels, but one could also mention increased crime and other social problems (see Durkheim 1983). But can it also be argued that an anomic state influences fertility intentions? Leo Srole suggested already in the 1950s that the loss of the desire to have a child is an expression of anomie (Srole 1956). Nevertheless, this question remains clearly understudied, especially in Eastern Europe. Only a small number of articles written by Dimiter Philipov (with associates) discuss this issue (Philipov 2002; Philipov et al. 2005, 2006). They conclude that both the economic and the ideational aspects of transition were relevant for fertility intentions, but that they wielded influence through the uncertainty created by anomie. They put focus on the rapid and disorderly discontinuity of ideas and deinstitutionalization that created a high degree of normative and economic uncertainty, rather than a slow diffusion of Western values or the reform of the economic system. Generally, under conditions of uncertainty people are prone to postpone life-defining decisions such as marriage and childbirth. The effect of anomie appears to be weaker on first births, but considerable for births of higher order (Philipov 2002; Philipov et al. 2005, 2006). The link between anomie and lower fertility and postponement of childbirth might be further strengthened, as women seem to be more affected by anomie than men (Ådnanes 2007).

Philipov and colleagues have thus identified the uncertainty created by anomie as the major cause of postponement of births and fall in total fertility. This is an important, yet, in my opinion, underdeveloped argument that may be elaborated further. Is uncertainty itself—not knowing or not having reliable information, thereby being unable to determine outcomes—really enough to make you lose or restrain from the desire to have children? Is not so that uncertainty is part of everyday life as stated by Dennis Lindley (2006). Rather, uncertainty must be attached to

perceived undesirable outcomes in order to explain the big and rapid decline in fertility in Eastern Europe. If we add to the uncertainty associated to childbirth during transition the notion that having children always might entail a loss, in other words, if having children was seen as a risk, we might perhaps come closer to explain the speed and relative uniformity of the fertility decline in Eastern Europe.

We may thus develop Philipov and his colleagues' theories regarding the impact of anomie further if we look at fertility behavior through the prism of risk perception, risk evaluation, and risk management. "Risk" may be seen as the perceived probability of human actions or events having undesirable consequences for features that humans value (Renn 1998). For women, giving birth is associated with health hazards and in some parts of the world quite often even with death. Childbirth also involves risk for the baby during delivery and sometimes for many years to come. Children may also have negative consequences for careers and private economies. In addition, a child may affect family relations and social life.

Risk evaluation can be defined as the process by which "individuals determine the acceptability of a certain risk" (Klinke and Renn 2002). Ways of calculating probabilities, what counts as undesirable, and what we value, may be seen as social constructions or mental models (Renn 2008). In other words, how we perceive and assess risks, and how we manage and handle them, is determined by the pool of ideas and norms that prevail within different social systems.

These mental models bring certain stability to a social system in that they make us go on despite risks because we believe that we can either live with their potential consequences, mitigate them, or prevent them from happening in the first place. Thus, as long as these models are seen as valid and feasible, actors (individuals, private companies, or state agencies) will not change their routines or behavior. However, this stability is always challenged, even under normal circumstances. Ortwin Renn argues that any kind of risk evaluation and risk management involves three major elements that obscure these processes: complexity, uncertainty, and ambiguity. Complexity denotes the links between causes, intervening variables, and outcomes. The more multifaceted the risk, and the greater the number of factors to take into account, the higher the degree of complexity is. Uncertainty concerns beliefs about cause-and-effect chains. Risk evaluation and risk management are affected negatively when there is lack of knowledge and what appear to be random outcomes. Finally, ambiguity arises when there are different ways of appreciating causes and acceptable consequences of certain risks. Simply, great variation in cause-effect beliefs and norms always brings a certain degree of ambiguity to our interpretations of facts (see Renn 2008).

If the degree of complexity, uncertainty, and ambiguity of a certain risk is low, risk evaluation and risk management can be handled through normal routines and precautions. Risks of high complexity, but of low uncertainty and ambiguity, are more difficult to manage. They require that more knowledge about the scope and interdependencies of the risk be attained in order to get a better overview of the risk at hand. It is also desirable to strengthen the robustness of the risk management system so that it can absorb and contain the possible consequences of the risk. Risks that rank high on uncertainty but low on ambiguity imply that the true or full scope of the risk is not yet known. Such risks are therefore managed best by taking the precautionary approach, in particular if the possible consequences are irreversible and long-term. To increase resilience and capability to cope with surprises is, as in the previous case, important too. Finally, if risk information is interpreted or valued differently; i.e., high ambiguity, within a social system as to the implications, acceptability, and management of a certain risk, it may be seen as a risk in itself since the possible negative consequences of the risk might be overlooked or handled inefficiently or illegitimately. It is therefore important to try to establish consensus among stakeholders so that appropriate precautions can be taken (Renn 2008).

Then, how can one understand the influence of transformation anomie on risk perceptions, risk evaluation, and risk management, and ultimately on fertility intentions in post-communist Europe? Let us imagine the conditions under which people were to consider having children under transition. A transition implies a phase where the political norms, rules, and procedures are not clearly defined and institutionalized. What is seen as acceptable, useful, and viable not only changes, but changes in a disorderly manner. During the post-communist transition, the old social, economic, and political system lived on for a period of time in parallel to many new variables that were introduced in people's lives through reforms toward market economy and democracy. At the same time, in many countries, the state crumbled or withdrew for ideological reasons. As a result, people were, to a much higher extent than before left to their own devices, dealing with a whole new set of basically unknown factors. The influx of new factors to take into account increased complexity. This is not to say that having children was not complex under communism. The communist system was certainly difficult to master, yet both the benefits and the absurdities of this system were more familiar than the transitional situation.

It can be argued that the uncertainty of risk evaluation and risk management increased too. Old cause-effect relations were no longer valid or at least became blurred. For instance, earlier in many state, socialist states young couples with children could expect to get an apartment

from the state.⁶ Having children was a way of making a housing career (David 1982; Büttner and Lutz 1990). This possibility along with other forms of state support disappeared or weakened considerably during transition.

Moreover, the delegitimization and deinstitutionalization of the communist discourse and the introduction of more mixed values during transition created a high degree of ambiguity. It is likely that notions about what risk outcomes were acceptable and tolerable, and how they should or could be handled became more unclear and disputable than before. If this is true, due to the increasing level of complexity, uncertainty, and ambiguity, many risks could no longer be handled routinely.

Based on the above-mentioned scenario, it may be argued that people encountered large difficulties with evaluating and managing the risks of their new reality due to anomie. One may therefore hypothesize that the greater the distance between people's expectations and their reality, i.e., the severity of anomie, the greater the difficulties of risk perceptions, risk evaluation, and risk management.

This hypothesis builds on the assumption that people are able to make inferences based on present ideas and beliefs as well as previous experiences of cause–effect relations in order to calculate the potential risk of certain actions and events in the future. As the links between expectations and reality, and between past, present, and future, were cut off or obscured during transition, this basic precondition for predictable risk evaluation and risk management disappeared.

The common response to a lack of predictable risk evaluation and risk management is that people generally avoid taking risks. Conversely, people are more prone to take a risk when they are well informed about their nature, when the possible undesirable outcomes are known, and when they feel that it is possible to take precautions to cope with them. Risk is then routine. Simply, familiar risks are much less alarming than unfamiliar ones (Renn 2008).

If we apply this logic to fertility patterns, one can argue that the difference between childbearing in a normal situation and that of during anomie may explain the fertility decline, and especially its timing. As stated above, childbearing and raising a child is always associated with certain risks in that it might have undesirable consequences for features that humans value even under normal circumstances (health, income, career, and social relations). In a normal situation, there are institutionalized and well-known ways of calculating risks as well as ways of

managing these risks of childbearing through the health-care system and other state services. In the anomic situation, people's capacity to cope with the surprises that childbirth might entail is undermined.

On top of this, one should take into consideration one basic, but crucial feature inherent in the risk perception associated with childbirth is that having a child is irreversible while postponing childbirth usually is not. This means that postponement reduces risk while at the same time not precluding future desired outcomes. Thus, it seems reasonable to argue that the negative effects of transformation anomie on risk evaluation, in combination with the irreversible nature of having children, probably had a deterring impact on high fertility. As a result, women would refrain from having children, in particular second or higher order births.

Cushions to Transformation Anomie in Post-Communist Societies

The communist system provided few cushions to soften transformation anomie and the disintegration of old risk management systems. In fact, a number of traits of the communist system and the transition magnified the problems of risk management during transition: the legacy of a paternalistic state under communism and the retreat of the state during transition, the shift from equal to unequal distribution of income and wealth, weak institutional and interpersonal trust, and a deficit of social capital. All of these factors are intimately linked to transformation anomie and can be argued to have a negative impact on fertility levels.

In communist Eastern Europe, the state had monopoly over risk interpretation, evaluation, and risk management, including the sphere of fertility. According to doctrine, population issues, such as fertility, were thought to be manageable through social engineering by the state (Brackett 1968; Berent 1970). Most socialist states took a paternalistic approach, which left in imprints. During and after transition, the populations in Eastern Europe still maintained that the state should provide for them (Grugel 2002). However, in most post-communist countries, the state retreated due to ideological reasons, lack of resources, or political and economic turmoil.

An important consequence of the state's retreat was a dramatic change in distribution of wealth. Post-communist societies went from being essentially egalitarian toward becoming much more individualistic. A small minority could in the early stages of transition benefit immensely from the situation, while the vast majority suffered economically and socially. The World Value Survey shows that the proportion of people in the lower half of the income scale had grown significantly in most East

⁶ In 1981, the USSR introduced legislation that guaranteed one room for newlyweds under thirty, one-room apartments for parents with one child, and two-room apartments for families with two children (David 1982).

European countries between 1990 and 1996–1997 (WWS).⁷ Moreover, between 1987 and 1995, the Gini coefficient, which is another measure of equality,⁸ showed that income distribution in practically all Eastern European countries was becoming less equal (GGP database). From the Durkheimian perspective, the feeling of worsening distributive injustice is at the core of the anomic state. A social system becomes increasingly illegitimate as the gap between the dominant value pattern and the existing social order widens (Arts et al. 1995).

Increased economic inequality and loss of social status is connected to distrust. In unequal societies, trust tends to be lower than in equal societies (Wilkinson and Pickett 2009, p. 52). In the context of the development of fertility levels in Eastern Europe, there are two types of trust of importance: institutional trust and interpersonal trust. Low scores in both cases are typical for the anomic state. The communist experience and the unfolding of transition in post-communist Europe have made both institutional and interpersonal trust a scarce commodity.

Strong trust in the state's ability to evaluate and manage risk may compensate for negative risk perceptions. Weak trust, conversely, makes people less risk prone even when the risk is perceived as small (Renn 2008). Research shows that there was low institutional trust in the beginning of the 1990s that to a great extent was a legacy of communism (Mishler and Rose 1997). People in communist Europe were both alienated from politics and at the same time entertained a strong belief in authority. Both traits linger on (Schwartz and Bardi 1997; Bakacsi et al. 2002; Ekman and Linde 2002). In late communist times, the respect for authority was paralleled by a degree of contempt toward power (Diamond 1999). It therefore seems likely that a woman in Eastern Europe, who does no longer trust the state to provide support for managing the economic and social risks as well as the health hazards involved in childbearing, yet expecting a paternalistic state, is probably more disinclined to act on her supposed desire to have a child.

The communist legacy downplayed interpersonal trust as well (Rose 1994). The World Value Survey clearly illustrates that citizens in Western liberal democracies trusted each other more in the 1990s than what was the case in post-communist Europe. Only France and Portugal display trust levels that are on par with Eastern Europe⁹ where

on average 75% of the populations in 1990 stated that you cannot be too careful in relations to other people (World Value Survey).

Interpersonal trust is intimately related to social capital. Robert Putnam has defined social capital as “those features of social organization, such as trust, norms and networks that can improve the efficiency of society by facilitating coordinated actions” (Putnam et al. 1993). This kind of collective social capital may also be reflected at the individual level (individual social capital) where it enables people to harvest the benefits created by the collective (Szreter and Woolcock 2004). However, communist authoritarianism downplayed most of the central traits of strong social capital, such as possibility and willingness to participate in politics, a mentality of “we” rather than of “I,” and interpersonal trust (Putnam et al. 1993; Putnam 2000; Rose 1994).

How may lack of social capital affect people's inclinations to have children? Kawachi and Berkman (2000) have argued that individually owned social capital may provide informational support, instrumental support, and emotional support that is important to life course decisions, such as having children. Private networks, which can fill the void of state institutions, have been the most positive element of social capital for fertility intentions in Eastern Europe (Bühler and Fraczak 2004; Bühler and Philipov 2005). Relatives, friends, neighbors, and NGOs can provide various kinds of help: loans, work opportunities, spreading information, and informal childcare possibilities. The access to such networks partners generally decreases the likelihood for postponement of childbirth.

Indeed, it seems reasonable to assume that in the context of transformation anomie private networks grew in value as an alternative source of support and management of the risks involved in bearing and bringing up children. The stronger the social capital an individual can raise and in turn provide, the more likely it is that he or she will feel that uncertainty, complexity, and ambiguity can be reduced and that some kind of coping strategies can be found if one were to have children. The reciprocal character of the networks gives them an impact also at the societal level. In other words, in an otherwise anomic society, strong social capital will probably reduce postponement of childbirth and falling fertility rates across the board (Philipov 2002; Philipov et al. 2005).

The lack of social capital in communist and post-communist societies also had an impact on people's willingness

⁷ The scale of income consists of 10 steps. The differences between the early- and mid-1990s were in some cases remarkable: Bulgaria 31.1% (1990)–47.3% (1997), Belarus 29.6–51.6% (1996), and Latvia 8.9–46.9% (1996).

⁸ The Gini coefficient measures inequality and distribution of wealth. The score 1 means that only one person possesses all wealth. The score 0 indicates perfect equality, that is, everyone gets the same amount of wealth.

⁹ In France and Portugal, only 15–30% trusted most people. In Austria, Belgium, Great Britain, Ireland, Italy, Spain, and Switzerland, 31–50% of the populations trusted most people. There was also a group of states with very high trust levels: Denmark, Finland, Netherlands, Norway, and Sweden, where more than half of the population trust other people.

and ability to influence state policies. Richard Rose (1994) has stated that many Russians practiced “defensive alienation,” which implied that citizens in communist societies had shown a mask of apathetic conformity to the state. It can be argued that if presumptive mothers and fathers feel that they are not willing or able to influence the conditions of childbirth and caretaking (i.e., the welfare system), it may deter them from having children.

CONCLUSIONS

Fertility intentions are influenced by a myriad of factors. From a scientific point, this makes it difficult to pinpoint what exactly caused the fall in fertility in Eastern Europe during transition. Most likely, no single approach can fully account for this development. In this article, I have suggested that applying a risk management perspective on fertility patterns during transformation anomie may constitute a complementary explanation to the prevailing socio-economic and diffusion perspectives. Can it help us to explain why the fertility decline in Eastern Europe was so big and sudden, and why it looked so similar across Eastern Europe.

Having children is a life-defining event with a comprehensive impact on almost all aspects of your life, in particular for women. In modern societies where it is possible and for the most part socially acceptable to control fertility, presumptive parents may contemplate on choices concerning the timing of first childbirth and the total number of children. Some fertility choices may be associated with undesirable consequences, that is, certain risks, which you might try to avoid or contain. Under normal circumstances, there are established mental models that guide your perceptions, evaluations, and management of these risks. The main argument of this article is that transition at the societal level, and the following state of anomie at the individual level, disrupted the mental models that helped people choose between different options in their everyday lives. The general response was caution, in particular with regard to life-defining events such as childbirth. Caution made women in Eastern Europe to postpone childbirth or discard this option altogether, especially second-order births.

During communism, early motherhood had been morally encouraged and financially supported by the state. Having children was a relatively predictable event regulated by well-known ideas, beliefs, and institutions. Conversely, it is hard to imagine a more unpredictable decision than to have children during the economic and political transitions that Eastern Europe has gone through since the end of the 1980s. On top of the normal concerns regarding childbearing and child support that which most presumptive parents feel, in

the transitional landscape one also had to deal with a complete economic, political, and societal makeover. The following transformation anomie multiplied the level of complexity, uncertainty, and ambiguity involved in the evaluation and management of the risks associated with childbirth and children’s upbringing. Moreover, most potential cushions to anomie and pillars of risk management had been destroyed or undermined in the East European countries already under communism or during transition: a retreating state, poor distributive justice, low institutional and interpersonal trust, and weak social capital. People’s risk perceptions and their ability to evaluate and manage economic and social risks were no longer perceived as valid or legitimate. People experienced a rift between their expectations and the existing social order. Maintaining status quo was most likely an easier way out for the majority as the possible joys as well as the disadvantages associated with childbearing became blurred.

At a more general theoretical level, one may thus hypothesize that when the level of anomie is high, the more difficult is it to evaluate and manage risks, including those associated with having children. This, in turn, deters high fertility. Thus, the central point from the perspective of this article is that disruption itself at the societal level—particularly the disintegration of old mental models and of economic, political, and social standards and institutions—undermined the intuitive biases and cultural values upon which people based their risk assessments and risk management strategies at the individual level.

The approach suggested here may explain the scope and symmetry of the development of fertility during transition, although it certainly needs more empirical investigation. While the speed and direction of economic and political trajectories were different, and the spread of social values irregular, the post-communist countries in Central, Eastern, and Post-Soviet Europe shared a similar experience in the very upheaval that the transition entailed. They all shared a degree of anomie. The link between the past and the present had been cut off. The differences in fertility patterns in the Balkan countries may therefore be explained by their different transition path that, *inter alia*, involved civil war.

The disruption of risk management models during the transition can probably not explain why fertility levels remained extremely low (sometimes even decreasing further) in the 2000s when one could expect that the level of transformation anomie had worn off. In the long-term perspective, therefore, one needs to find another explanation. The diffusion perspective is probably more equipped to provide explanations to why fertility levels have stabilized at low levels in the foreseeable future.

More research is certainly needed to confirm the proposed relation between transformation anomie and falling

fertility levels. At this point, one can still conclude that in modern societies, state agencies carry a great responsibility to help people to navigate among the different choices they face in their daily lives. When a system of risk governance, be it environmental protection or the welfare state, quickly breaks down, people are likely to feel abandoned. Normal behavior is then bound to change.

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AUTHOR BIOGRAPHY

Johnny Rodin (✉) is a researcher at the Centre for Baltic and East European Studies (CBEES) and the Stockholm Centre of Health in Countries in Transition (SCOHOST). His research interests include public policy, federalism, and nationalism with a particular focus on Russia.
Address: Södertörn University, Alfred Nobels Allé 7, 141 89 Huddinge, Sweden.
 e-mail: johnny.rodin@sh.se