Maybe Baby?

Reproductive Behaviour, Fertility Intentions, and Family Policies in Post-communist Countries, with a Special Focus on Ukraine

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Abstract


This thesis studies different aspects of reproductive behaviour on the international, national, and local levels in post-communist countries. The main focus is Ukraine, where fertility rates are very low and the population is in severe decline. The studies contribute new knowledge about the applicability of a family policy typology developed on the basis of Western countries’ experience for post-communist countries, and about the influence of family policies on fertility levels in these countries. Moreover, the studies investigate whether and how macro-level influences impact on individuals’ reproductive behaviour. Four articles are included in the thesis:

- Family policies in Ukraine and Russia in comparative perspective analyses the institutional set-up of family policies in both countries and compares the findings to 31 other countries. The results show that Ukrainian family policies support a male-breadwinner type of family, while the benefit levels of Russian family policies are low, compelling families to rely on relatives or the childcare market.
- Family policies and fertility - Examining the link between family policy institutions and fertility rates in 33 countries 1995-2010 comparatively explores whether family policies have an effect on fertility rates across the case-countries. Pooled time-series regression analysis demonstrates that gender-egalitarian family policies are connected to higher fertility rates, but that this effect is smaller at higher rates of female labour force participation.
- To have or not to have a child? Perceived constraints on childbearing in a lowest-low fertility context investigates the influence of the perception of postmodern values, childcare availability and environmental pollution on individuals’ fertility intentions in a city in Eastern Ukraine. It is shown that women who already have a child perceive environmental pollution as a constraint on their fertility intentions.
- Prevalence and correlates of the use of contraceptive methods by women in Ukraine in 1999 and 2007 examines changes in the prevalence and the correlates of the use of contraceptive methods. The use of modern contraceptive methods increased during the period and the use of traditional methods decreased, while the overall prevalence did not change. Higher exposure to messages about family planning in the media is correlated with the use of modern contraceptive methods.

Keywords: Family policies, Family planning, Environmental pollution, Fertility rates, Fertility intentions, Contraceptive methods, Ukraine

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urn:nbn:se:uu:diva-243140 (http://urn.kb.se/resolve?urn=nbn:se:uu:diva-243140)
…The country is hurting like a broken paw of a puppy, which is escaping a night siege…

Serhiy Zhadan
(Excerpt from poem written in December 2013)
List of Papers

This thesis is based on the following papers, which are referred to in the text by their Roman numerals.

I  Wesolowski, K., Ferrarini, T. (Submitted). Family policies in Ukraine and Russia in comparative perspective.

II  Wesolowski, K., Ferrarini, T. (Submitted). Family policies and fertility - Examining the link between family policy institutions and fertility rates in 33 countries 1995-2010.

III  Wesolowski, K. (2015). To have or not to have a child? Perceived constraints on childbearing in a lowest-low fertility context. Published online in *Population, Space, and Place* 21(1), 86-101.


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1 Introduction

“These, well... demographers came to see us,” Luska hurries to spill out the news, “and said that they will use the questionnaire as an experiment in several other female institutes and enterprises....”

“Strictly speaking, ours is a male institute, but with a female laboratory,” interjects Dark Lusya.

“Lay off!” Luska brushes her away. “And then, if the experiment proves successful, they will use this questionnaire all over Moscow.”

“What do they mean by ‘successful’?” I ask Dark Lusya. “And, in general, what is it that they want?”

“The devil knows,” she answers, jerking up her sharp chin. “Questionnaires are in style today. Actually, they want to find the answer to an important question: why don't women want to have babies?” (Excerpt from ‘A week like any other week’ by Natalya Baranskaya, Baranskaya and Lehrman, 1974: 662)

1.1 Short background

Why do women choose not to have babies? This is a question that was already engaging Soviet demographers in the 1960s, as the conversation above shows. While the population in the Soviet Union increased steadily after the Second World War, fertility rates in the Slavic and Baltic republics started to decline in the 1960s and fell below the replacement level of 2.1 children per woman, causing alarm among the Soviet leadership and researchers that a demographic crisis was in the making. As populations in communist states were seen as expanding, it was hard to agree on the need for a population policy. Thus, these ideological constraints caused the leadership to hesitate, and led to a half-hearted reaction (Desfosses, 1981: xvif). In the 1980s, finally, changes in family policies\(^1\) led to an increase in fertility rates to around replacement level, even though this was largely due to women giving birth earlier than planned, and so did not lead to an actual increase in the number of children a woman gave birth to during her lifetime (Zakharov, 2008: 922).

After the break-up of the Soviet Union and the turmoil of the transition to a market economy, fertility levels in Ukraine and Russia, the two most popu-
lous successor states of the Soviet Union, dropped to very low levels of just above one child per woman around the year 2000. Since then, fertility levels have increased somewhat again to around or above 1.5 children per woman in both countries in 2012 (Federal State Statistics Service, 2013a: 99, table 4.20; State Statistics Service of Ukraine, 2013b: 328, table 16.14). In addition, other Eastern European countries experienced severe declines in fertility levels. In Latvia, for example, the total fertility rate dropped to around 1.2 children per woman in the year 2010 (United Nations Population Division, 2013). The population in Ukraine and Russia has declined, mainly due to high mortality and low fertility. In Ukraine, this decline amounted to almost 13 per cent between 1993 and 2013, while it was around four per cent for Russia within the same period. With fertility levels far below the replacement level and a steep decline in population it seems that worries about a demographic crisis are much more warranted now compared to Soviet times.

Also in countries on the other side of the former Iron Curtain, fertility started to decline in the 1960s and has continued to do so ever since. Here there are countries in which fertility declined to levels as low as in Ukraine and Russia. Italy, for example, had a total fertility rate of 1.2 children per woman in 1995. However, fertility levels in Italy have since recovered to 1.4 children per woman in 2010 (United Nations Population Division, 2013). Even in Western European countries the same question was asked: why do women choose not to have babies? Changes in the motivations and the perception of the costs of childbearing have been given as reasons for this decline in fertility. These in turn are linked to the fundamental changes in the position of women on the labour market, in education, and in the family. Since the 1960s, women have entered the labour market in unprecedented numbers. They have increasingly enrolled in higher education and gained more autonomy within the family as well, partly thanks to the rise of the women’s movement (Therborn, 2004: 285f). A greater focus on individual autonomy and female emancipation has been connected to a number of demographic changes, among them the decline in fertility levels described above (see Lesthaeghe, 1995).

So, what has brought about the fertility decline in post-communist countries? Since the collapse of communism and the break-up of the Soviet Union, Eastern European countries have undergone substantial changes and a sometimes traumatic transition towards market capitalism and democracy. The economic crises and the turmoil of societal transformation caused unemployment and uncertainty, and many women decided not to have any more children beyond those they already had (Billingsley, 2010: 219ff). However, not only was women’s position on the labour market affected; also a process of a retraditionalisation of gender roles began, which was part of the development towards shaping a national identity in many post-communist states. This implied a new focus on women as homemakers and child bearers, with their main place in the home and not in politics or on the
labour market, combined with openly pronatalist discussions (see Kay, 2007a; LaFont, 2001; Zhurzhenko, 2012). This renewed focus on traditional gender roles could also be seen in changes in family policy in several countries (see Saxonberg and Szelewa, 2007).

Another explanation given for the fertility decline is that women’s motivations for childbearing in Eastern Europe changed very much in the same way as for women in Western Europe. Researchers have argued that signs of this change in value orientations have been seen in several Eastern European countries (Sobotka, 2008), among them, Russia (Zakharov, 2008), and possibly also Ukraine (Perelli-Harris, 2008). However, others disagree and state that this could not have been the reason in the first years of the transition, as the characteristic postponement of first births first started to appear at the end of the 1990s (Billingsley, 2010).

Giving birth is a life-changing event and many people share the wish to start a family and to have children. Government actors in low-fertility countries² have often been worried about low fertility due to geopolitical or economic reasons and have thus been interested in raising fertility rates through state policies. However, as Therborn (2004: 307f) argues, active state policies could also be implemented for democratic reasons, i.e. to help individuals to fulfil their childbirth wishes. It should be noted in this context that there is a quite widespread two-child norm in Europe (Testa, 2006: 26f) and that individuals often intend to have more children than they succeed in having in the end (Philipov et al., 2009: 57ff). Thus, helping individuals to have the number of children they want could also increase fertility levels in a country.

Ukraine, the second most populous country of the former Soviet Union, is to some degree neglected in research, where the focus has mostly been on Russia. Ukraine is a post-communist country where Soviet and post-Soviet gender ideologies have created a special background for women’s reproductive behaviour. As stated above, after the break-up of the Soviet Union, population decline has been remarkably high in Ukraine - 13 per cent as compared to four per cent in Russia. Resurging nationalism has been coupled with a retraditionalisation of gender roles and pronatalist discussions, against the background of the low fertility rates and a looming “demographic crisis”. These reasons motivate a closer look at this country. Moreover, studies of reproductive behaviour in Ukraine can add interesting angles to the more general question of how reproductive behaviour is shaped in a low-fertility context.

² In this thesis, the terms “high-fertility countries” and “low-fertility countries” will be used to denote those countries that are often referred to as ‘Third World’ or ‘developing world’ and ‘developed world’. In the context of this thesis, Ukraine and Russia are regarded as Eastern European low-fertility countries.
1.2 Aim

The main aim of this thesis is to study different aspects of reproductive behaviour in post-communist countries, with a special focus on Ukraine and partly Russia, and to do this both in a larger, comparative setting on an international level, and on local and national levels. More specifically, the thesis aims to study whether family policy typologies developed on the basis of Western countries are suited for the analysis of fertility rates when post-communist countries are also included as sites for enquiry. Moreover, the thesis intends to analyse how possible macro-level influences might impact on individual-level decisions and behaviour both regarding fertility intentions and the use of contraceptive methods in Ukraine.

As the position of women was (and is) important for fertility decline (Therborn, 2004: 242), the individual-level oriented parts of this thesis will concentrate mostly on women’s reproductive behaviour and fertility decision-making.

The research questions of the individual studies are as follows:

- How does the institutional setting of family policies in Ukraine and Russia compare with other EU, OECD and post-communist countries?
- Is there an effect of family policies on countries’ fertility rates?
- Do perceived macro-level factors exert an influence on individual fertility intentions?
- What are the prevalence and correlates of contraceptive behaviour of women in transitional Ukraine?

1.3 Outline of the thesis

This thesis consists of this introductory part along with four individual studies. Chapter 2 of the introductory part includes a discussion of the decline in fertility since the 1960s, and of the connection between fertility intentions and actual fertility, and also a description of welfare state theories and the role of gender in those theories. Moreover, three social determinants of reproductive behaviour, which are studied in the included papers, are presented: family policies, programmes on reproductive health and on family planning as well as environmental pollution. Chapter 3 provides the historical context of the countries in focus, Ukraine and Russia. Here the development of fertility during and after Soviet times, but also the predominant gender ideology and the family policy setting before and after the breakdown of the
Soviet Union are covered. Chapter 4 includes a description of the data and the methods used, while a summary of the four studies follows in chapter 5. The last chapter provides a discussion of the main contributions. Thereafter, a short Swedish summary is given, followed by the four studies included in the thesis.
2 Theoretical background

The general theoretical background of the studies included in this thesis revolves around theories about the fertility development in contemporary industrialised states, the incorporation of gender in welfare state typologies, and the factors that possibly influence fertility decision-making on both macro and micro levels.

2.1 The decline in fertility in Europe since 1960

Starting in the middle of the 17th century, mortality declined in Europe, mainly due to agricultural, industrial, and medical innovations, while fertility at first did not decline and the population started to increase considerably. Fertility began to decline in Europe at the end of the 19th century as more and more people began to practice contraception. Individualism grew, the family declined in importance, and people started to change their assessment of the costs and benefits of childbearing, giving birth to fewer children than before (Notestein, 1945: 39ff).

Fertility levels declined in some European countries down to the replacement level of 2.1 children per woman before the Second World War (Notestein, 1945: 41). Since the 1960s, however, the levels have fallen far below this in many European countries, a development that has been called the Second Demographic Transition (see Lesthaeghe, 1995; van de Kaa, 1987) in contrast to the demographic transition described by Notestein (1945). Changes in value systems are given a major role in the theory of the Second Demographic Transition, which tries to account for the fertility decline, at first in only Western European countries since the 1960s. Lesthaeghe (1995: 18) argues that changes in value systems play a more important role in the Second Demographic Transition than in the first, and that individual autonomy and female emancipation have been more central to the changes in fertility levels and family formation since the 1960s.

European societies changed in manifold ways during the second half of the 20th century. As stated above, women entered the labour market, increasingly enrolled in higher education, and gained more power in the family (Therborn, 2004: 285f). Moreover, individuals started to focus on self-realisation and on a more individualistic lifestyle, on so-called postmaterialist (or postmodernist) values, instead of on childbearing and large families
(Bongaarts and Cotts Watkins, 1996; Surkyn and Lesthaeghe, 2004). During the Second Demographic Transition, economic and cultural factors play a strong role in fertility trends. The societal changes described above lead, for example, to later marriages, a rise in cohabitation, a rise in divorces, an increased age at first birth, and a decline in fertility driven by postponement of births (Surkyn and Lesthaeghe, 2004: 47). As stated above, fertility rates have fallen below replacement rates in many Western European countries, and Lesthaeghe and Willems (1999: 221ff) argue that simply ending the postponement of childbearing would not restore them to replacement level. Moreover, if women continue to close the gap with men in the labour market and in education, postponement of births is not likely to be stopped, and if the trend towards more individualisation continues, low fertility is here to stay.

Even in many Eastern European countries fertility rates have fallen to low or very low levels and in some countries this seems to be connected to the spread of postmodernist values (Sobotka, 2008). However, there are indications that the low fertility rates in Eastern Europe have in many countries been due to the economic crises of the 1990s and their repercussions in the affected societies, with people ceasing or postponing births (Billingsley, 2010: 219ff). Besides the fundamental changes in women’s position on the labour market, in education, and to some extent in the family, the spread of postmodernist values and the economic crises leading to feelings of uncertainty and anomie (see also discussion in Rodin, 2011) have also been given as explanations for the fertility decline in European low-fertility countries.

In addition to that, McDonald (2000) suggests a mediating factor that might influence fertility decisions and cause differences in fertility levels between countries. Gender equity has developed much more in what McDonald (2000) calls individual-oriented institutions in Europe, such as the labour market and education. Women have acquired rights in the labour market and in education, and have also since long obtained the right to vote and to hold individual property. However, in family-oriented institutions, i.e. in the family, gender equity is still much lower. Even though women can decide about childbirth to a much higher degree, inequity is still much more prevalent regarding the division of labour in the family, with women bearing the brunt of household work and child-rearing (McDonald, 2000: 432ff).

McDonald (2000) argues further that when gender equity is high in individual-oriented institutions but remains low in family-oriented institutions fertility will fall to very low levels. The reason for this is that women are caught between conflicting demands, for example, between the demands of the labour market and child-rearing, and therefore might not be able to combine both work and family life (McDonald, 2000: 437). Also, this could be described as a type of anomie that the women feel due to the clash of demands, although McDonald does not use the term. The solution McDonald (2006) proposes is that state policies aimed at families should be formed in
such a way that they facilitate the combination of paid work on the labour market and unpaid work in the family. Doing this would ease women’s double burden and could also lead to higher levels of fertility in low-fertility countries.

2.2 Fertility intentions and actual fertility

Fertility intentions, i.e. the intentions of individuals to give birth to children, are an integral part of fertility decision-making. However, the connection between actual childbirth and the intention to give birth to a certain number of children or to give birth within a special period is not straightforward. Many factors might intervene to either increase or decrease the actual number of children a person has during a lifetime compared to the intended number of children (Philipov et al., 2009; Schoen et al., 1999; Spéder and Kapitány, 2009).

Philipov et al. (2009: 57ff) state that both positive and negative fertility intentions seem to be fulfilled, but that actual fertility is often lower than intended. Moreover, fertility intentions are a moving target and are adjusted downwards as individuals get older. Other factors that influence the realisation of fertility intentions are marriage status, whether or not the new child is the first child, the intentions of the partner, and the certainty with which the intentions are held. Schoen et al.’s (1999) study adds the finding that the expected timing of the next childbirth has only a modest effect on the actual childbirth later on. Moreover, the expected timing has only a short-term effect of up to four years. If the intentions are to give birth later than within four years, childbirth more often does not take place.

Although many factors might intervene between the intention to give birth and the actual childbirth, one thing is certain: negative fertility intentions are more often carried through than positive ones (see Westoff, 1990). Thus, the intentions not to give birth to children seem to be a suitable indicator of what will happen in the future, i.e. that no childbirth will take place. An eye-catching example of this can be found in the study by Spéder and Kapitány (2009: 507). Here, only 187 out of 3,000 respondents who were not intending to give birth within the next three years actually had a child, i.e. more than 93 per cent did not have a child within this time period. In contrast to that, out of 1,471 respondents intending to have a child within the next three years only 444 actually had given birth, which means that 30 per cent fulfilled their fertility intentions.
2.3 Gender in welfare state theories

Marshall (1950: 10f), one of the first welfare state theorists, divided the citizenship rights of individuals into civil, political, and social rights. Social rights were defined as citizens’ right to some degree of economic welfare, the right to a share in the social heritage of a country, and to live as a civilised being in a society. For Marshall, social rights were ensured through the educational system and through the social services. The social rights of citizenship obligate a society to provide its citizens with a least some basic level of welfare (see the ‘textbook definition’ of the welfare state in Esping-Andersen, 1990: 18f). This necessitates agreement on state level about the extent to which provisions should be granted and how they should be financed, that is, agreement on some sort of social policy (see discussion in Titmuss, 1974: 23–32).

Actors within states have had diverging views on the scope and type of provisions, and researchers on the welfare state have grouped states according to the differences in welfare provisions (see Esping-Andersen, 1990; Korpi and Palme, 1998; Titmuss, 1974). Titmuss (1974: 30f) categorised states into having either a residual model, an industrial achievement-performance model, or an institutional redistribution model of social policy.

The much more well-known regime typology devised by Esping-Andersen (1990: 26ff), which resembles Titmuss’ typology, grouped capitalist welfare states into three types: the conservative welfare state regime with West Germany as the prime example, the liberal welfare state regime, where the USA is seen as the model, and the social-democratic welfare state regime, exemplified by Sweden. Esping-Andersen was mainly preoccupied with the relation between the welfare state and paid work, and the degree to which the welfare state “de-commodifies” its citizens, i.e. relieves them from the need to sell their labour power as a commodity in order to ensure their livelihood (Esping-Andersen, 1990: 21ff).

Korpi and Palme (1998: 665ff) criticised Esping-Andersen’s regime typology for making analyses of causes and effects of welfare state development difficult by mixing causes and outcomes in the characteristics of the different regimes. Out of an analytical interest, they developed an institutional typology based on central social-insurance legislation, which makes it possible to study both the factors shaping institutional arrangements of social policy in a welfare state as well as the effects of the institutional set-up of social policies. Korpi and Palme (1998) arrived at a five-fold typology built on purely institutional indicators, such as the basis of entitlement to benefits, the principle used to establish the level of the benefit, and whether the parties in the labour market cooperated in the administration of social-insurance programmes. Thus, social-insurance institutions in a welfare state could either be targeted at low-income strata, be voluntary state-subsidised, belong
to a corporatist model, be based on ensuring basic security for everyone, or be all-encompassing, thus giving universal coverage to all citizens.

Esping-Andersen’s (1990) typology was also criticised by feminist researchers (see Fraser, 1994; Lewis, 1992; Orloff, 1993; Sainsbury, 1996; Siaroff, 1994) for neglecting the role of unpaid work and the role of women in production and reproduction, thus arguing that social citizenship was not a gender-neutral concept. This is, by the way, a critique that also holds for the typology developed by Korpi and Palme. Lewis (1992: 159) suggested a different typology of welfare states, focusing on how strong the influence of a male-breadwinner model was, that is the extent to which provisions were based on the man as the main breadwinner, while regarding a woman’s role as mainly being a homemaker. Orloff (1993) criticised welfare state researchers for having neglected the threefold relationship between the state, the market, and the family. Thus, the theories of those researchers only concentrated on state and market and failed to consider that social provisions have a different impact on women and men, especially as paid and unpaid work is not given equal value. Consequently, de-commodification impacts on women and men in different ways, and provisions commodifying women’s labour power might be beneficial for them, as they might empower women to maintain autonomous households independently of men (Orloff, 1993: 322f).

The typologies developed by feminist researchers have since been further developed. Korpi (2000: 139ff), for example, suggests a typology building on a combination of the institutional models for social insurance (see Korpi and Palme, 1998), on the one hand, and gender policy, on the other; a typology that gives a more diversified picture of capitalist welfare states. This typology incorporates social policies of relevance for shaping gendered inequalities in welfare states, i.e. policies directed at families and affecting the distribution of paid and unpaid work. Thus, it provides the possibility to analyse differences between countries and to test hypotheses about both causes and outcomes of the social policies that influence the division of paid and unpaid work, i.e. of family policies.

Korpi’s (2000: 143f) analysis resulted in a typology of family policies building on the extent to which policy measures promote a dual-earner family, where both partners work, or a traditional family, with the man as the main breadwinner and the woman as homemaker. Thus, states might have dual-earner, general (i.e. traditional), or market-oriented (when little state support is given) forms of family support. In later studies, a contradictory family policy model was posited for states giving support both to dual-earner and male-breadwinner families (Ferrarini, 2003: 15). Moreover, even the extent to which fathers’ participation in childcare is promoted has been integrated into the typology with the dual-carer model or, if combined with the dual-earner dimension, the earner-carer model (Korpi et al., 2013: 10ff). The welfare state, from this perspective, is not viewed as something static. In-
stead, policies are allowed to change over time, and countries grouped into the same cluster at one point in historical time are allowed to vary in the extent to which they can be associated with the different dimensions of family policy, instead of only being assigned a fixed regime label (Ferrarini and Duvander, 2010).

Thus, researchers have turned away from the categorisation of states into welfare state regimes, instead developing typologies of various social insurances, because principles of social provision might differ not only between states, but also between the social insurances within a state. This provides the possibility to give a richer picture of variations within and between states, and also to integrate policies important for gendered inequalities in societies, such as family policies. Policies supporting dual-earner couples empower women as they increase their bargaining power within the household, while policies supporting male-breadwinner families increase women’s dependence on their partner. Moreover, policies promoting the involvement of fathers in childcare represent an attempt to further relieve women of their double burden (and to give men more bargaining power in matters of childcare).

2.4 Social determinants of reproductive behaviour

In this thesis, three types of social determinants on the macro level are singled out as possibly influencing reproductive behaviour: family policies, programmes on reproductive health and on family planning, and the state of the natural and man-made environment. Family policies and programmes on reproductive health and on family planning are examples of state policies which could either facilitate or constrain individuals’ reproductive behaviour, with consequences to be found on both macro and individual levels. Moreover, the perception of the state of the natural and man-made environment that individuals live in is, in this thesis, chosen as a social determinant as it might have an influence on individuals’ reproductive behaviour.

2.4.1 Family policies

Family policies can influence fertility decision-making by reducing the cost of having children and by lightening the double burden of women, making the reconciliation of paid work and family life easier, or by promoting a gender-traditional family with a male breadwinner and a female homemaker (Gauthier and Hatzius, 1997; Heitlinger, 1991; McDonald, 2006). Thus, they can reduce the cost of having children both directly through monetary grants and allowances, and indirectly by reducing opportunity costs, especially for women (Gauthier and Hatzius, 1997: 295f). Moreover, McDonald (2006) argues that policies that help to reconcile work and family life are better
measures to prevent low fertility, and that even small effects might be enough to increase fertility rates above the very low levels seen in many European countries. Judging from his article of 2000, the positive effect of family policies that help to reconcile work and family life is due to the fact that they decrease the gender equity gap that exists between individual-oriented institutions, such as the labour market, and family-oriented institutions, i.e. the family (see the discussion in McDonald, 2000).

If, theoretically, family policies have the potential to influence individuals’ fertility-related decision-making, the question of whether they actually do so has of course been studied (see Ferrarini, 2003; Gauthier, 2007; Gauthier and Hatzius, 1997; Nieuwenhuis, 2014). Gauthier’s (2007) review of earlier studies stresses the fact that previous findings have been inconclusive and sometimes contradictory. This is probably caused by the different ways of measurement of family policies in those studies and by the differences in which family policy benefits are included in the analyses (Gauthier, 2007).

Researchers have also tried to differentiate between different types of family policies based on their gendered consequences for women and men. Ferrarini (2003), for instance, compared the family policies of 18 OECD countries in the period after the Second World War, using the different family policy dimensions developed by Korpi (2000; see section 2.3). Some of his main findings are in line with McDonald’s arguments in that they establish a link between family policies that promote the possibility of reconciliation of work and family life for women, i.e. more gender-egalitarian family policies, with higher total fertility rates. However, in his analysis covering the period 1970 to 1995, family policies promoting a male-breadwinner model are also associated with higher fertility rates (Ferrarini, 2003: 104ff). This demonstrates once again that the discussion on the influence of different types of family policies on fertility levels is far from over.

The description above refers to comparative studies on an international level. However, the influence of family policies should be found at the individual level as well. Here the perception of the availability or generosity of different family policy measures could be seen as a mechanism mediating between the macro level and individual decisions (Bäckman and Ferrarini, 2010).

2.4.2 Programmes on reproductive health and on family planning

According to Bongaarts et al. (1990), programmes on reproductive health and on family planning have been used since the 1950s to actively promote lower fertility levels through increased use of modern contraceptive meth-
ods in high-fertility countries. Here, governments have cooperated with international agencies and non-governmental organisations in the implementation of such policies. In high-fertility countries, active state policies have been effective in reducing fertility levels, either constituting the initial push or facilitating trends that have already started (Therborn, 2004: 266). However, even if programmes on reproductive health and on family planning have been effective in reducing fertility levels (see also Bongaarts et al., 1990; Tsui, 2001), they have other, more general objectives, especially regarding women’s reproductive health and children’s health, which are more relevant for low-fertility countries, including those of Eastern Europe.

For Eastern European countries, a report from the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) from 2000 recommends that “reproductive health programmes should provide a broad range of family planning choices, STI4 prevention, safe abortion, safe perinatal, postnatal and antenatal care” (WHO and UNFPA, 2000, Abstract). In those countries, abortion rates have been the highest in the world and the influence of family planning programmes on contraceptive behaviour and the use of modern contraceptive methods could lead to fewer abortions. For example, Bongaarts and Westoff (2000: 201) argue that an increase in the use of modern methods of contraception would be the “most direct way to reduce abortion rates”. An increased use of modern methods of contraception could also result in better reproductive health and lower levels of secondary infertility, often caused by infections after unsafe abortions (Remennick, 1991: 846f). In other studies (see Lyons-Amos et al., 2011), it has been demonstrated that knowledge of family planning programmes had some influence on the use of modern contraceptive methods in another Eastern European country, Moldova. This could be a way of tracing the influence of family planning programmes on the individual level.

2.4.3 Environmental pollution

Besides the influence that family policies and family planning programmes might exert on reproductive behaviour, other factors stemming from the natural and man-made environment might also influence individuals’ fertility decision-making. People react to circumstances in their living environment. Studies of social vulnerability have investigated how groups of people

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3 Modern contraceptive methods include oral contraceptives, implants, injections, intrauterine devices (IUD), male and female condoms, male and female sterilisation, lactational amenorrhea (breastfeeding) and emergency contraception (the “morning-after” pill). Traditional contraceptive methods include withdrawal and periodic abstinence (WHO, 2015).

4 STI = sexually transmitted infections.

5 Secondary infertility is defined as “[p]ercentage of women with no births in the past five years but who have had a birth at some time, among women who have been married for the past five years and did not use contraception during that period” (Rutstein and Shah, 2004: 7).
react to the stress and loss of security that a change in their environment exposes them to (Adger, 2000). Social vulnerability can be the result of social inequalities, and inequalities pertaining to the area people live in can be studied with socio-economic and geographical variables (see Cutter et al., 2003). However, as humans live in a concrete environment their actions are highly dependent on their interpretations of its qualities. Thus, their perception of the risks in their environment plays a role in how they react and what decisions, if any, they take.

Research on the influence of environmental conditions on the fertility decision-making process of individuals has been conducted in the context of high-fertility countries. It seems as if adverse environmental conditions can cause individuals to either increase or decrease the planned number of children, depending on the country context (Biddlecom et al., 2005; Ezra, 2001). In Biddlecom et al.’s (2005) study, inhabitants of environmentally degraded areas intended to give birth to more children, and also had more children the more the environmental conditions worsened. The supposed mechanism behind this is that scarce resources lead to a higher demand for labour power in the family. The results of Ezra’s (2001) study instead demonstrated that inhabitants of areas affected by drought and famine reduced both the intended and the actual number of children. This is said to be caused by an increased awareness of the detrimental environmental conditions.

However, even in those low-fertility countries that are highly industrialised, individuals’ perceptions of the pollution of their environment could be a factor influencing fertility decision-making. The hypothesis is that this should reduce the intention to give birth to a child, because the pollution of the environment - and the ensuing adverse health consequences - should increase the perceived costs of having a child, both economically and psychologically. One reason for this is that children are not seen as an extra labour resource for sustaining the livelihood of the family in low-fertility countries as they might be in high-fertility countries (see Biddlecom et al., 2005). So, instead of being an extra guarantee for the survival of the family, the prospect of sick children adds to the perceived costs of childbearing.
3 Historical context

The post-communist countries have undergone dramatic changes since 1990. The political and economic systems changed completely, leading to a feeling of confusion among the population, according to Sztompka (2004: 177ff). Living conditions for the majority of the population deteriorated, and unemployment and inflation affected many. The pervasive changes caused impoverishment among large sections of the population and created winners and losers in the transition to a market economy. While some post-communist societies were better prepared to adapt to this pervasive social change, others did not adapt that well. Sztompka (2004: 158f, 171ff) sees these changes as traumatogenic as they happened within a very short time, affected the whole population, pervaded every part of the society, and came as a surprise to most. Even Ukraine and Russia were affected by the traumatogenic social change and the situation described above thus serves as a backdrop to the more area-specific historical context in the following sections.

3.1 The development of fertility in Ukraine and Russia

At the turn of the last century, the Russian empire, which at that time included the territory of contemporary Eastern and Central Ukraine, was a high-fertility country with a total fertility rate of 7.5 children per woman in 1897 (Popov and David, 1999: 226). For the time before the 1959 census it is hard to obtain reliable and comparable estimates of fertility rates for the Soviet Union (see Feshbach, 1981). In 1959, the year when the first post-war census was conducted, the total fertility rates in the Ukrainian and Russian Soviet republics were 2.3 and 2.6 children per woman respectively. Afterwards they declined to 2.0 children per woman in 1970 and 1.9 children per woman in 1990 in both republics (Williams, 1996: 135, table 9.2).

The decline in fertility rates below the replacement level of 2.1 children per woman in the Slavic and Baltic Soviet republics in the 1960s and 1970s worried the Soviet leadership and discussions about how to stop or reverse the trend ensued (DiMaio, Jr., 1981). According to Desfosses (1981: xvi) it was hard for politicians to agree on a population policy as the idea of the need for a population policy for the Soviet Union ran counter to ideology. It is quite interesting to note that there was a discussion on a demographic crisis already in the 1970s, because the really steep decline in fertility took
place first in the 1990s, with the total fertility rate falling to 1.2 or lower in 1999-2001 in both Ukraine and Russia.

Ukraine of today is the second most populous country of the successor states of the Soviet Union, and like Russia the country has experienced a severe decline in the population since the downfall of the Soviet Union in 1991. The population peaked at 52.2 million people in 1993 according to official statistics, and since then has steadily declined to 45.6 million in 2013 (State Statistics Service of Ukraine, 2013c: 20, table 1.8). With the exception of the city of Kyiv, the population declined in all regions of Ukraine between 1993 and 2013; however, the magnitude of the decline differed (State Statistics Service of Ukraine, 2013a: 46f, table 3.1). Seen from a twenty-year perspective, the population of Ukraine has dropped by 12.6 per cent, something that can be regarded as a substantial decline. Within the European Union none of the Western European countries experienced a population decline in the same period. However, several of the Eastern European members experienced a loss of population which in some instances surpassed Ukraine’s (Eurostat, 2014). Moreover, statistics illustrate that fertility rates in Ukraine have also declined considerably since 1991, with the lowest fertility rate around the year 2000 at 1.1 children per woman. Since then the trend seems to have slightly reversed, and birth rates have increased again up to 1.5 children per woman in 2012 (State Statistics Service of Ukraine, 2013b: 328, table 16.14).

Russia is the most populous successor state of the Soviet Union. Its population has declined from the peak of 148.3 million in 1991 down to 142.7 million in 2009. This amounts to a decline of 3.8 per cent. Since then the population has increased somewhat to 143.3 million in 2013 (Federal State Statistics Service, 2013a: 77, table 4.2). From 1990 to 2012, the decline in the population was greatest in the far-eastern and north-western parts of Russia, while the population increase was highest in the northern Caucasus (Federal State Statistics Service, 2013c: 47f, table 2.1). Even in Russia, fertility rates have declined considerably since 1991. The lowest rate was registered in 2000 at 1.2 children per woman. By 2012 the total fertility rate had increased again up to 1.7 children per woman (Federal State Statistics Service, 2013a: 99, table 4.20).

According to Rowland (2004), the decline in the total population in Ukraine was due to high death rates, low birth rates, and to a lesser extent to outmigration. Even in Russia, high death rates and low birth rates contributed to the decline in the population (Federal State Statistics Service, 2013a: 93, table 4.17). However, in Russia’s case, immigration has contributed to an increase in the population since 2009 (Federal State Statistics Service, 2014).
Table 1. Total fertility rates (children per woman) for Ukraine and Russia from 1897 to 2012, selected years

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<tr>
<th>Year</th>
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<td>Russian Empire</td>
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<tr>
<td>1897</td>
<td>UkrSSR/Ukraine</td>
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<tr>
<td>1959</td>
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<td>1965</td>
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<td>1970</td>
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<td>1980</td>
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<td>1995</td>
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The decline in fertility rates in the Soviet Union has been partly attributed to the high incidence of abortion and secondary infertility. Estimations show that up to 80 per cent of secondary infertility in the Soviet Union was related to post-abortion complications. The availability of modern contraceptive methods was low during Soviet times, and women turned to abortion as the primary method for birth control (Remennick, 1991). Frejka (2008: 79f) states that abortion rates have been declining throughout Eastern Europe since the beginning of the 1990s, but abortion rates are still higher in the successor states of the former Soviet Union than in other post-communist countries.

Nevertheless, the ease of access to abortions cannot be seen as the main cause of low fertility in Eastern European countries. Frejka (2008: 81f) argues that the main factor behind fertility decline has been the changing motivations for childbearing, meaning that individuals intended to give birth to fewer children. Therefore, fertility levels would also have declined for other reasons, such as the use of withdrawal, as in the beginning of the 20th century. Value changes have been seen as reasons for the decline in fertility, and as Sobotka (2008: 200f) has shown, an ideational change towards more individualistic values, postulated to be a part of the Second Demographic Transition, has been seen in several Eastern European countries. Also for Russia it has been argued that attitudinal changes are under way (Zakharov, 2008: 931ff), and in Ukraine Perelli-Harris (2008: 1164f) saw ideational changes as possible contributors to low fertility.

For most countries in Eastern Europe, however, the economic crises in the 1990s probably contributed more to the fertility decline than ideational
changes, especially in the first years after the collapse of communism (Billingsley, 2010: 219ff). According to Billingsley (2010), the economic-crisis explanation is the most plausible one also for Ukraine and Russia. In both countries, fertility rates started to decline before any tendencies towards a postponement of first births - a behavioural change specifically connected to the Second Demographic Transition - could be seen towards the end of the 1990s. Therefore, people most probably ceased to give birth or postponed births due to the economic disruptions in society after 1991 (Billingsley, 2010: 219ff).

3.2 Gender ideology and family policy in the Soviet Union

Hajnal (1965: 101) defined a line stretching from Trieste to St. Petersburg that symbolised the border between the Eastern and Western European marriage patterns. On the Western side of that border the common pattern was that people married at higher ages and that a relatively high proportion remained unmarried. This pattern was probably due to the fact that newlyweds started their own households, something that is associated with higher costs compared to moving in with a larger joint family (Hajnal, 1965: 132ff). On the Eastern side of the Hajnal line, patrilocality was common, meaning that a newlywed couple moved to the husband’s household, where either the husband’s father or an older male relative was in charge. Other features of the Eastern European family type, in contrast to Western European marriage patterns, were almost universal marriage, low age at first marriage, and few unmarried women (Therborn, 2004: 28f, 142).

The Eastern European family type was still prevalent when the first period of “de-patriarchalisation” (Therborn, 2004: 73) began in the Russian empire with the October Revolution of 1917. After the Revolution, the tsarist family law was gradually dismantled, marriage was secularised, sexual equality within marriage was declared, and divorce was permitted on mutual consent. Children born out of wedlock were legitimised, and in 1920 abortion was legalised (Suny, 1998: 186). In communist thinking, women’s economic independence was a precondition for their emancipation (Buckley, 1981), and in line with this they were also given more rights on the labour market. For example, the right to equal pay was declared and paid maternity leave was decreed (Suny, 1998: 186). However, during the first post-revolutionary years, rights given to women and mothers often only applied in theory, while the New Economic Policy (1921-27) increasingly brought practice in line with the intentions stated in the law (Iarskata-Smirnova and Romanov, 2009: 152f).
Stalin’s reign made industrial growth the main priority. Increasing the labour force was high on the agenda and women’s employment was encouraged through, for example, quotas for women in different branches of industry (Lapidus, 2003: 219f). As birth rates later decreased, women’s role as mothers was re-emphasised, although without relinquishing demands by the Soviet leadership to be in employment (Iarskaia-Smirnova and Romanov, 2009: 158f). Thus, under Stalin, fertility and family stability were emphasised and women were both encouraged and pressured to have as many children as possible. Positive incentives were given through extended family allowances and maternity leave (Suny, 1998: 278ff), as well as through the promotion of a “cult of motherhood” (Buckley, 1981: 94). For instance, medals were given to mothers of many children and women giving birth to 10 or more children received the title of “heroine mother” (Bridger, 2007: 105). Repressive birth promotion consisted of the prohibition of abortion, which was combined with a severe shortage of contraceptives. Pronatalism caused by the need of manpower for industry and the military in the end “buried the radical reforms of the 1920s” (Suny, 1998: 375).

Buckley (1981) describes an ongoing gap between aspirations to gender equality among the Soviet leadership and the conditions necessary to fulfil them. As stated above, women’s participation in industrial production was promoted and their share in the labour force rose from 24 per cent in 1928 to 51 per cent in 1980, while female labour force participation was as high as 80 per cent at the end of the 1960s. However, the labour market was gender-segregated and women worked in lower-paid occupations with lower status, doing monotonous and heavy work. The labour market was also gender-segregated horizontally; even in female-dominated occupations managerial positions were often occupied by men. The difference in wages between women and men in the 1970s was as high as 33 per cent. Moreover, women were seen as insecure participants in the labour market due to their role in child-rearing (Buckley, 1981: 85ff).

Communist thinkers such as Lenin, Engels, and Kollontai envisaged the liberation of women from dull and stupefying housework. They argued that private housework would be transformed into a social industry, i.e. would be moved outside the home and be collectivised with public dining places, public laundries, crèches, and kindergartens. However, women’s emancipation from housework was never accomplished and, as low priority was placed on producing consumer goods such as washing machines and vacuum cleaners, women could not count on technological help easing their housework either. Even the supply of childcare facilities was always below demand, although the number grew considerably. In addition, traditional attitudes towards women prevailed throughout communist times in contrast to what Lenin and Engels had predicted (Buckley, 1981: 89ff). Those traditional views held that women had the main responsibility for housework and child-rearing and,
moreover, that men were workers and builders of communism, and not made

As stated above, both the decline in fertility rates and the ethnic divide in
fertility levels in the 1960s and 1970s, with low fertility in the Slavic and
Baltic Soviet republics and high fertility in Central Asian republics, troubled
Soviet family policy, implemented since the 1960s, simultaneously aimed at
high fertility rates and at high female labour force participation. Paid mater-
nity leave was expanded gradually as regards duration and wage compensa-
tion. In the beginning of the 1960s maternity benefits were payable for eight
weeks before and after childbirth, replacing between 67 and 100 per cent of
the former wage depending on employment record (Social Security Bulletin,
1959). In the 1970s more compensated days for care of a sick child were
given (Simanis, 1972).

Later on, between 1981 and 1982, new family policy measures were
gradually introduced throughout the Soviet Union, increasing maternity
leave, which was compensated at 100 per cent of the wage to 16 weeks, and
also increasing family allowances. These new pronatalist family policy
measures helped to raise the total fertility rate to around replacement level in
1987. This fertility increase was, however, mostly due to women giving birth
to children earlier than anticipated or catching up with previously postponed
births (Avdeyeva, 2011: 368f; Zakharov, 2008: 921f). The changes in family
policy were once again combined with pronatalist propaganda and in the
1970s-1980s the picture of the heroine mother was once more invoked in
media campaigns (Bridger, 2007: 107ff).

Perestroika, a political and economic programme initiated by Mikhail
Gorbachev in 1986 (see Suny, 1998: 452ff), opened the floor to more open
discussions about shortcomings in Soviet society, and ambitious reforms of
the economy were launched. It became clear that women in underprivileged
occupations were highly exploited and had horrible working conditions.
However, the reforms of perestroika did not improve working conditions
because cost-accounting and self-financing made managers abstain from the
investments that would have been needed (Filtzer, 1996). In the end, living
conditions for the whole population deteriorated instead of improving as
promised and the dissatisfaction grew (Suny, 1998: 469f).

Both Buckley (1981) and Kay (2007b) state that demographic and eco-
nomic factors influenced Soviet policy towards women more than ideas
about gender equality. Motherhood was idealised and legislation prioritised
the relationship between mother and child, while men had no place within
the family other than as breadwinners (Kay, 2007b: 128f). In addition to that,
women’s role in politics was always more numerical than actual. Only
through the use of quotas did women’s representation in political assemblies
rise to between 30 to 50 per cent, although without giving them much real
influence (Buckley, 1981: 98ff). In effect, there was never any real gender
equality, either in the labour market, or in the home. Instead, women bore a double or even triple burden of working, taking care of the home and children, and of being social activists (LaFont, 2001: 205).

3.3 Women’s living conditions in Ukraine and Russia after 1991

Therborn (2004: 183ff) states that the Hajnal line was still much in effect around the year 2000. Although there had been an increase in cohabitation without marriage in some Eastern European countries, and the divorce rates were high, people married early and marriage was nearly universal. Moreover, living with parents or in-laws was common. In some ways, the pattern from the time before the October Revolution survived, something that Therborn (2004: 167) calls “the irony of communism”.

According to LaFont (2001: 206), women’s social rights during communist times were extensive, but they failed to help women reconcile work and motherhood. After the downfall of the communist power, discrimination against women in the labour market increased. There is, for example, evidence of employers who were unwilling to employ women or who ignored their social rights such as paid maternity leave, or guarantees to return to employment after confinement, which women in many post-communist states were still entitled to by law (LaFont, 2001: 209ff).

Moreover, research on wage differentials between women and men shows that women in Ukraine and Russia have been adversely affected compared to other Eastern European countries, with the gender wage gap increasing by up to 10 percentage points during the first decade after the breakdown of the Soviet Union (Brainerd, 2000: 148f). In 2014, statistics from The Global Gender Gap Report (Schwab et al., 2014: 312, 358) show that women’s average wage was 56 per cent that of a male wage in Russia and 65 per cent that of a male wage in Ukraine. By way of contrast, women’s average wage was 76 per cent that of a male wage in Germany and 62 per cent in the United Kingdom (Schwab et al., 2014: 206, 362).

According to Brainerd (2000: 150), the deterioration of women’s relative wages in Ukraine and Russia can be attributed to the widening of the wage structure due to the decentralised wage setting in the labour market in the two countries. As women from the beginning were in the lower part of the wage structure, the widening affected them the most. Brainerd (2000: 157) states that the decline in men’s participation in the labour force in Ukraine and Russia exceeded the decline of female labour force participation in the early years after the breakdown of the Soviet empire. Female unemployment rates were about the same as male unemployment rates in the middle of the 1990s. Brainerd (2000: 158) argues further that the greater availability of
goods due to market reforms have benefited women in many ways, for example by freeing them from time spent in non-market work, such as standing in queues.

Tendencies towards nationalism have been coupled with gender traditionalism in many post-communist countries, allotting the private sphere of the home to women and glorifying them as mothers (LaFont, 2001: 212ff). This is true also for Ukraine and according to Zhurzhenko (2001: 40), the myth of the Berehynia, now regarded to be the ancient Slavic goddess of home and hearth (see Rubchak, 2001), was invoked to show that women’s place in the home was and is highly valued. Moreover, Zhurzhenko (2001: 39) argues that as the “working-mother gender contract” was destroyed, women in Ukraine were left with two opposite identities to choose from, housewife or businesswoman. However, neither of these were really viable options for women as the economic situation forced many of them to engage in small-scale economic activity to ensure the family’s subsistence (Zhurzhenko, 2001: 44ff).

Even in Russia, public commitment to gender equality disappeared with the dissolution of the Soviet Union, and gender essentialism was promoted more openly than before (Kay, 2007b: 128f). Temkina and Zdravomyslova (2014) describe the “patriarchal renaissance”, a term coined by Posadskaya in 1993, in Russia as a development by which the conservative and nationalist discourse has gained more and more strength. Especially since 2010, the proponents of the conservative and nationalist ideology have mobilised against gender equality, calling for a return to traditional Orthodox values, which also implies a return to the traditional role of women in the family. In 2013, Patriarch Kirill openly denounced feminism as dangerous, saying that it was threatening to destroy the family (Temkina and Zdravomyslova, 2014: 262ff).

Since the breakdown of communism, women’s representation in politics has decreased considerably in post-communist states. As of 1 October, 2014, in Ukraine only 10 per cent of the members of the parliament were women; in Russia, 14 per cent of the members of the lower house and eight per cent of the upper house of the parliament were women (Inter-Parliamentary Union, 2014). In addition to that, feminism has been discredited by the communist past, something that makes it problematic for women to organise to advance their rights (LaFont, 2001: 215). However, organisations fighting for women’s rights do exist in both Ukraine and Russia (Hankivsky and Salnykova, 2012; Kay, 2007c). This would not have been possible during Soviet times, when state control was strict and no politically independent women’s organisations were allowed.
3.4 The development of family policies in Ukraine and Russia since 1991

Many of the family policy measures used today in Ukraine and Russia were in use already during Soviet times, for example maternity leave, family allowances, and public childcare. However, the development of family policies in Ukraine and Russia since the break-up of the Soviet Union has diverged and, moreover, shows traces of the turn towards gender traditionalism described above.

In Ukraine, family policy has expanded since 1991, although budget constraints, bureaucratic mismanagement and complicated application processes sometimes impede actual benefit take-up. Ukrainian family policies have been described as among “the most generous but least effective family policies in the world” (Perelli-Harris, 2008: 1167). For example, in 2005 the maternity grant\(^6\) was increased considerably from 1,550 hryvnia (ca 88 Euro)\(^7\) to almost 8,500 hryvnia (ca 1,360 Euro) (Perelli-Harris, 2008: 1168). In the same year an average annual wage was around 10,000 hryvnia (ca 1,600 Euro) (State Statistics Service of Ukraine, 2013d). Fears of a demographic crisis have influenced the pronatalist discussions and initiatives in Ukraine. Also, former president Yushchenko figured as a good father of many children in campaigns promoting the family and childbirth during his time in office (Zhurzhenko, 2012: 134). However, pronatalist incentives were not met by investments in childcare and housing, which is why Zhurzhenko (2012: 137ff) regards them as half-hearted.

The number of childcare facilities in Ukraine was at first severely reduced after independence. Between the years 1990 and 2005, the number of kindergartens and nurseries dropped from around 25 thousand to 15 thousand, increasing again to 17 thousand in 2013 (State Statistics Service of Ukraine, 2014). The decrease probably reflects the fertility decline, but statistics for the net enrolment rate of pre-school children 0-6 years old also show a decline from 47 to 35 per cent from 1990 to 2003, with a later increase to around 43 per cent in 2013 (State Statistics Service of Ukraine, 2014).

In Russia, the real value of family policy benefits decreased and fertility rates plunged to low levels after the economic crises of the 1990s, and continued to fall also in the first years of the new millennium (Teplova, 2007: 291, 299). Putin’s annual speech to the nation in 2006 exhibited clear pronatalist intentions against the backdrop of population decline: he announced several new family policy measures, which were implemented during the following year. Not only were benefits increased, but as the most important

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\(^6\) Maternity grants are a one-time payment to mothers after childbirth.

\(^7\) All amounts in Euro are given in the annual average currency exchange rate from 2005 for Ukraine and 2007 for Russia (OANDA, 2015). Until the end of January 2015 the value of the hryvnia decreased by around 65 per cent and the value of the rouble decreased by around 50 per cent.
measure, the so-called maternity capital was introduced in 2007, giving mothers the right to a non-monetary benefit worth around 250,000 roubles (ca 7,250 Euro) for a second child, or the next-born child, if the mother already had more than one child (Zakharov, 2008: 930).

Another development worth mentioning is the reduction in the number of childcare facilities in Russia. In 1990 the number of kindergartens and nurseries in Russia was 88 thousand (Teplova, 2007: 292), decreasing to 44 thousand in the year 2012 (Federal State Statistics Service, 2013b: 229, table 11.5). The decline was partly driven by decreasing fertility. Moreover, childcare fees also rose, making it harder for families to afford childcare outside of the home (Avdeyeva, 2011: 370).

The reinforcement of traditional gender attitudes in both Ukraine and Russia, described in section 3.3, also implies that the idea that men are not capable of taking care of small children is being perpetuated (Kay, 2007b: 141f; Koshulap, 2012: 379f). This hampers men’s involvement in childcare matters, and the missing incentives in family policy measures in both countries probably lead to a low uptake of childcare leave by fathers.
4 Data and method

In this chapter, first the data utilised in the studies and then the methods chosen to answer the research questions will be described in order to give the reader an overview of the methodological parts of the studies included in this thesis.

4.1 The data

In the studies, a variety of different data have been used, both data sets accessible through international agencies, such as the Reproductive Health Surveys and the Demographic and Health Surveys, and those collected by research groups at Södertörn University and the Swedish Institute for Social Research at Stockholm University.

*The Social Policy Indicator Database (SPIN)*

The Social Policy Indicator Database (SPIN), collected by the social-policy research group at the Swedish Institute for Social Research at Stockholm University, contains information on five types of social insurance (pensions, sickness insurance, unemployment insurance, work accident insurance, and family policies) and on means-tested social assistance benefits.\(^8\) The part of the database containing institutional information on family policy initially covered 18 OECD countries, but was expanded to 33 countries\(^9\) so as to enable the analyses conducted in Paper I and II. The institutional information on family policy in the post-communist countries for the years 1995 to 2010 was collected by the author. The data set with institutional information on family policy includes information on earnings-related maternity and paternity leave insurance, as well as dual parental leave insurance. Moreover, it includes family policy measures that are usually paid in lower flat-rate amounts, such as maternity grants, marriage subsidies, and cash and fiscal benefits.

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\(^8\) For examples of studies using these data, see Carroll, 1999; Esser, 2005; Montanari, 2000b; Nelson, 2003; Sjöberg, 2000; Wennemo, 1994.

\(^9\) The following countries are currently included: Australia, Austria, Belgium, Bulgaria, Canada, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Japan, Latvia, Lithuania, the Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Russia, the Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Ukraine, the United Kingdom, and the United States.
child allowances as well as information on public childcare for children aged 0-2, for a more limited time period. The sources for the data set are country information from relevant governmental departments, as well as information collected by the EU’s Mutual Information System on Social Protection (MISSOC) (European Commission, 2014), and the Mutual Information System on Social Protection of the Council of Europe (MISSCEO) (Council of Europe, 2014).

The Stakhanov Health Interview Survey
The Stakhanov Health Interview Survey (SHIS) was conducted in Stakhanov, a former mining town in eastern Ukraine, in spring 2009 on behalf of the Stockholm Centre on Health of Societies in Transition (SCOHOST) located in Södertörn University, Huddinge, Sweden. The aim of the survey was to analyse the population decline and population’s ill-health in Eastern Europe. Stakhanov was chosen as the site as it was deemed to constitute a good example of a locality with many of the economic and demographic challenges prevalent in Eastern Europe. The survey was conducted with the assistance of the local office of the statistical authority in Luhansk, and it had a response rate of 89 per cent with 3,000 respondents (Gentile et al., 2009). The Stakhanov Health Interview Survey (SHIS) contained 98 questions covering a broad area of topics, such as socio-economic background, housing quality and history, health, alcohol consumption, family composition, as well as fertility and fertility intentions. The data from this survey were used in Paper III.

The Ukraine Reproductive Health Survey 1999
The Ukraine Reproductive Health Survey 1999 (URHS), is a part of the Reproductive Health Survey programme conducted with the assistance of the Centers for Disease Control and Prevention (CDC), USA, which strive to collect population-based information on reproductive health (Centers for Disease Control and Prevention, 2014). The survey in Ukraine was carried out between June and October 1999 in all regions of Ukraine by the Kiev International Institute of Sociology, with the help of the CDC, and was co-financed by the United States Agency for International Development (USAID). This survey contains a nationally representative sample of 7,128 women aged 15-44 and covers topics related to reproductive health and fertility (Centers for Disease Control and Prevention and Kiev International Institute of Sociology, 2001). It is accessible on the web at: http://ghdx.healthdata.org/record/ukraine-reproductive-health-survey-1999.

The Ukraine Demographic and Health Survey 2007
The Ukraine Demographic and Health Survey 2007 (UDHS) is a part of the larger Demographic and Health Survey programme, organised by USAID, which collects and distributes nationally representative information on de-
mographic and health-related issues (United States Agency for International Development, 2014). It was conducted from July to November 2007 in all regions of Ukraine by the Ukrainian Centre for Social Reforms, the State Statistical Committee of Ukraine, the Ukrainian Ministry of Health, and Macro International Inc., USA, and was co-financed by USAID. This survey contains a nationally representative sample of 6,841 women aged 15-49 years and covers topics related to reproductive health and fertility, but also to population health in general as well as domestic violence (Ukrainian Centre for Social Reforms et al., 2008). This survey can be accessed on the web at: http://dhsprogram.com/data/dataset/Ukraine_Standard-DHS_2007.cfm?flag=0. Both the Ukraine Reproductive Health Survey and the Ukraine Demographic and Health Survey constituted the empirical data for the analyses in Paper IV.

4.2 Variable-oriented comparative analysis

According to Ragin (1989), variable-oriented comparative analysis is used when researchers are interested in assessing macro-social phenomena in a larger number of countries. The focus is on the relationships between the general features of social structures, measured as variables, and researchers want to show the generality of an argument. This approach has brought statistical analysis into comparative social science. Some of the advantages are that social scientists can study a larger number of cases, and that alternative hypotheses can be tested and taken into consideration in a new fashion. Moreover, studies can be replicated and empirical generalisations are more carefully formulated, as it is not so easy to achieve significance with statistical methods. However, a drawback with the method is that it cannot easily account for the complexities of local contexts, and that not all possible features of social structures and all possible cross-relations between them can be included. The analysis would then become hard to perform due to the inclusion of too many variables (Ragin, 1989: 53–68).

Nevertheless, variable-oriented comparative analysis has previously been fruitfully employed in other large-scale comparisons of state-legislated policies; for example regarding pensions (Palme, 1990), unemployment benefits (Carroll, 1999), and family policies (Montanari, 2000b; Wennemo, 1994). The method employed in the first two papers of this thesis is also an example of a variable-oriented comparative analysis.

The so-called institutional or social rights approach to studies of social policy builds on the idea that central features of social-policy legislation can be used as variables in analyses of causes and outcomes of welfare state development. On the one hand, one can study which causal factors have led to a certain structure of social-policy legislation. On the other hand, central features of social-policy legislation can be used as predictors of policy out-
comes (see Korpi, 2000; Korpi and Palme, 1998). Using this method, hypotheses about relationships between the institutional set-up of social policy and other macro-level phenomena can be tested in a larger number of countries. This gives the possibility to make broad statements about more general patterns of social structure, for example about the possible influence of different dimensions of family policy on fertility levels.

4.2.1 Creating family policy dimensions

Dimensions of family policies are employed in this thesis in order to characterise and analyse the family policies of Ukraine and Russia in relation to the policies in a number of other countries (see Paper I). Moreover, the same dimensions are also used as predictors of fertility rates (see Paper II). The use of family policy dimensions is one way to measure the broader orientation of national family policies, which is important not least because single policies intended to fulfil similar goals may be used as alternatives to or complements of each other.

The family policy dimensions employed here build on the so-called institutional or social rights approach to the study of social policy, which was developed in order to overcome limitations of earlier welfare state regime approaches, and which builds on the social rights that citizens have in relation to the state (Ferrarini, 2003; Korpi, 2000). This approach allows variability in the extent to which countries can be associated with the different dimensions of gender-egalitarian and gender-traditional family policies, which implies the possibility of having low or high scores on either dimension. Few countries today have purely gender-egalitarian or gender-traditional family policies; instead, they show different degrees of these dimensions (see Figure 6, Paper I). Thereby, one can study policy changes in and variation between countries in a more nuanced way than by only attaching a regime label to each country. The dimensions can be used to identify different constellations of countries, but their use at the same time allows countries to change over time. This is crucial when studying countries such as Ukraine and Russia, which departed from a very similar socio-political position in relation to family policy.
Table 2. *Family policy dimensions and the characteristic family policy measures included*

<table>
<thead>
<tr>
<th>Family policy dimension</th>
<th>Family policy measure</th>
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<tbody>
<tr>
<td>Dual-earner support</td>
<td>Parental leave insurance</td>
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<td></td>
<td>Childcare provisions</td>
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<tr>
<td>Dual-carer support</td>
<td>Dual parental leave insurance</td>
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<td></td>
<td>Paternity leave insurance</td>
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<tr>
<td>Traditional-family support</td>
<td>Childcare leave</td>
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<td></td>
<td>Maternity grant</td>
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<td></td>
<td>Cash and fiscal child allowances</td>
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<tr>
<td></td>
<td>Marriage subsidies</td>
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</tbody>
</table>

Table 2 shows the family policy dimensions employed in this thesis. The dual-earner dimension includes two components. The first component is the annual generosity\(^{10}\) of earnings-related, post-natal parental leave insurance benefits (including both maternity leave insurance and non-mandatory parental leave insurance). The second component is public childcare enrolment of children younger than three years (measured as the enrolment of children below the age of three as a proportion of their age group). The dual-carer dimension is measured by the annual generosity of parental leave insurance benefits targeted at both parents and specifically at fathers, i.e. the part that can be shared between the parents and the days directed only to the father in connection with childbirth.

The family policy measures included in the dual-earner and dual-carer dimensions are argued to facilitate a more gender-egalitarian division of paid work and child-rearing. Parental leave insurance, for example, supports both parents’ participation in paid work, while publicly provided childcare for the youngest gives parents, and especially mothers, the possibility to combine paid work and child-rearing. The extent to which earnings-related parental leave can be shared by both parents, included in the dual-carer dimension, supports the care work of fathers. Furthermore, paternity leave insurance only to be taken by fathers motivates fathers to take a more active part in childcare. As the occurrence of dual-earner and dual-carer dimensions are empirically highly positively correlated (Korpi et al., 2013: 12), they can also be combined into the so-called earner-carer dimension.

Traditional-family support includes the annual net generosity of childcare leave\(^{11}\), maternity grants, marriage subsidies, cash child benefits, and fiscal child benefits. Childcare leave benefits are family policy measures that are

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\(^{10}\) ‘Annual generosity’ denotes how much of an annual average production worker’s wage is replaced by the actual benefit. In the case of earnings-related parental leave the time period taken into account is the first year after the child’s birth.

\(^{11}\) In the case of childcare leave the time period considered is the year after the termination of earnings-related parental leave.
not typically based on previous employment, being paid in lower flat-rate amounts after the termination of earnings-related benefits. A maternity grant is usually a one-time payment to mothers after childbirth. Both these are seen as traditional-family support as the sums are often low and mostly used by women, or directly aimed at women.

Cash child allowances, fiscal child allowances, and marriage subsidies granted in the form of income-tax deductions are also included in the traditional-family support dimension. Fiscal marriage subsidies are often directed at a married earner and a less economically active spouse, and are thus considered to more actively sustain female homemaking. Regarding fiscal and cash child benefits, the argument for their inclusion in traditional-family support is that they do not influence the division of paid and unpaid work in a more gender-egalitarian direction. Therefore, they can be said to reproduce prevailing gender structures (see discussion in Montanari, 2000a).

The institutional approach applied in this thesis builds on the indicators of family policy described above. The replacement rates after taxes are calculated for a model family, where either both or one of the partners earn an average production worker’s wage. The measures included in each dimension are also standardised so that the position of a country relative to the other countries included in the comparative analysis can be evaluated. Thereby, broader policy constellations among the studied countries can be located on the basis of the underlying dimensions.

4.3 Statistical analyses
As the studies cover several aspects of reproductive behaviour, ranging from cross-country comparisons to correlations between variables on the individual level, a range of statistical methods deemed to be suitable for answering the research questions have been employed. All statistical analyses have been conducted with the statistical programme Stata.

**Pooled time-series analysis**

Pooled time-series analysis is a method feasible for use with data that include both cross-sections and time series (Sayrs, 1989: 7), for example, when different countries are analysed repeatedly over time. According to Sayrs (1989: 7), the main benefit of this method is that variations can be captured both across space and across time. Moreover, pooling observations is especially suitable when the sample is small and when the number of time points is restricted. The more observations (years), the better, but there is no strict lower limit, although Beck (2001: 272) recommends a minimum of 15 observations. One condition for the analysis is that the number of units (countries) is fixed, meaning that the same units are used for all repeated observations. Moreover, the results are “conditional on the observed units”
(Beck, 2001: 273), i.e. they are, strictly speaking, only valid for the countries included and cannot be generalised to other countries. As stated above, pooled time-series analysis is a method that facilitates the examination of country-level associations over time, but as the countries have several successive data values one also needs to correct for correlation over time (Beck and Katz, 1995: 645).

In Paper II, pooled time-series analysis is employed when regressing fertility rates on the scores of the countries on the two family policy dimensions, i.e. earner-carer support and traditional-family support. The analyses take autocorrelation into account and calculate panel-corrected standard errors, as recommended by Beck and Katz (1995: 645). Moreover, the syntax used in the analyses even corrects for heteroscedasticity.

**Factor analysis**

Factor analysis is a statistical method employed when one strives to explore an underlying structure of a set of variables by identifying groups of variables that are correlated with each other. The method can also be helpful in constructing questionnaires that measure underlying concepts, for example, when personality traits are studied (Field, 2009: 628f). Factor analysis is also used in social science research as it helps to identify patterns of social structure (Rummel, 1967: 444). The relationships between social phenomena are patterned and factor analysis can disentangle a large number of observations by structuring them into patterns. Thus, it can be used to develop empirical typologies or to construct new variables out of existing ones. This makes it easy to use the variables in other statistical analyses (Rummel, 1967: 448ff).

In order to improve the interpretation of the extracted dimensions (factors), the factors are rotated with either orthogonal or oblique rotation. Orthogonal rotation is based on the assumption that the extracted factors are unrelated, while oblique rotation is used when the researcher assumes that the factors are correlated with each other (Field, 2009: 642f).

In Paper III, exploratory principal factor analysis with orthogonal rotation was used as a tool to transform a set of response alternatives into indices of some underlying, theoretically important dimensions. These indices were then employed as predictors in the analyses of fertility intentions.

**Logistic regression**

Logistic regression is a type of regression analysis with a categorical outcome variable. In binary logistic regression, the outcome variable has only two categories, while in multinomial logistic regression the outcome variable comprises more than two categories (Field, 2009: 265). A typical example of an outcome variable with two categories is sex, which is usually determined using the categories woman and man. An example of a categorical variable with more than two categories is level of education, which is sometimes measured using the categories primary, secondary, and tertiary. In analyses
where the relationship between a predictor and the outcome variable is not linear, as with categorical outcome variables, a mathematical transformation is required to make the form of the relationship linear (Menard, 2002: 11). In logistic regression, the regression predicts the natural logarithm of the odds of a case belonging to a certain category of the outcome variable. The natural logarithm of the odds is a variable with continuous values, which facilitates statistical analysis as it makes the mathematical relationship between the predictors and the outcome variable linear (Menard, 2002: 13). Often the results of logistic regressions are exponentiated to give the odds ratios\textsuperscript{12} in order to make the interpretation of the results more straightforward (Field, 2009: 270f).

In Papers III and IV, both binary and multinomial logistic regression analyses are used in order to estimate relationships between important predictors and outcome variables related to reproductive behaviour, such as fertility intentions or the use of different contraceptive methods.

\textsuperscript{12} The odds ratio measures the increase or decrease in the odds of the outcome variable as the values of the predictor increase.
Four papers are included in this thesis. Each of them is concerned with the reproductive behaviour of women in post-communist countries, with a special focus on Ukraine and, in the first paper, also on Russia. The studies analyse different facets of reproductive behaviour, both in a larger, comparative setting on the international level, and also on local and national levels. The studies are described in more detail below.

5.1 Paper I: Family policies in Ukraine and Russia in comparative perspective

Research has demonstrated that family policies can influence childbearing decisions. Therefore, the argument in this study is that it is important to analyse the institutional structure of family policies in a systematically comparative perspective. Large-scale institutional comparisons between family policies in Ukraine and Russia, and those in longstanding welfare states have so far been lacking in comparative welfare state research, and even other East European post-communist countries have seldom been analysed in such a systematic manner. Thus, this study aims to analyse whether family policy typologies developed on the basis of Western countries are suited to analysing fertility rates even when including post-communist countries. To accomplish this, the institutional setting of family policies in Ukraine and Russia in 2005 is analysed and compared with Eastern European post-communist countries as well as with longstanding welfare democracies. Overall, 33 countries are included in the analysis (see footnote 9 on page 35).

Low birth rates had already attracted the attention of politicians and policymakers during Soviet times, and do so even more today in both Ukraine and Russia, while traditional gender stereotypes are invoked in the often openly pronatalist discussions (see Kay, 2007b; Zhurzhenko, 2012). Against this background it is interesting to study which type of family policy these countries have introduced, especially as it has been argued that more gender-egalitarian family policies, which facilitate the reconciliation of work and child-rearing especially for women, have the highest potential to increase fertility (see McDonald, 2006).
The analyses are based on the so-called institutional or social rights approach that captures the content of legislation instead of only focusing on social expenditure. The approach employed is based on the multidimensional family policy typology developed by Korpi (2000) and Ferrarini (2003). The data collected for this purpose include the conditions, levels, and duration of several kinds of family policy benefits. The policy indicators measure the extent to which the countries’ family policies support the gender-traditional as well as the more gender-egalitarian division of paid and unpaid work.

This approach has clear advantages compared to other common methods previously used to analyse the links between welfare state structures and particular outcomes – for example those based on welfare state expenditure or analyses based on broad welfare state regime classifications. Social expenditures, for example, are often only measured at aggregate levels, which conceal cross-country differences in welfare state effort across particular types of programmes. Welfare state regime classifications, on the other hand, are more useful as heuristic devices when describing similarities and differences between welfare states, but as approximations of social policies they are too crude to be used in analytical research. With the use of institutional indicators in this study it is possible to allow the countries to vary in the extent to which they can be associated with the policy dimensions analysed, facilitating analyses of within-regime variation and change over time.

The analyses show that, in 2005, Ukraine and Russia clearly differed in the institutional set-up of family policy. Ukraine supported gender-traditional family patterns more actively, especially through an exceptionally high maternity grant and extensive childcare leave. Russia, on the other hand, had weak support for both traditional and more gender-egalitarian divisions of paid and unpaid work due to low benefit levels. Neither Ukrainian nor Russian family policies supported the care work of fathers. Also among the other post-communist countries there is no evidence of a unified family policy model. Instead, some countries supported the traditional division of paid and unpaid work, while others had low benefit levels and some had higher levels of support for gender-egalitarian family policies.

That Ukrainian family policies promoted a traditional division of paid and unpaid work seems to be in accord with the retraditionalisation and the pronatalist discussions in the country. For Russia, however, the results are somewhat more surprising as one would assume that the pronatalist discussions would lead to more gender-traditional family policies. Russian family policies, however, have changed in a more gender-traditionalist direction since the introduction of the maternity capital in 2007.

The gender-egalitarian dimension of Ukrainian and Russian family policies has hardly developed, and this casts doubt on the possibility of increasing fertility in both countries, if McDonald’s (2006) argument is to be followed. The next study will analyse the macro-level link between family pol-
icies and fertility rates for a longer time period so as to further clarify which family policies have the greater potential to increase fertility rates.

5.2 Paper II: Family policies and fertility - Examining the link between family policy institutions and fertility rates in 33 countries 1995-2010

In the first study, the family policies of Ukraine and Russia were analysed using the multidimensional family policy typology developed by Korpi (2000) and Ferrarini (2003). The aim of the second study is to analyse the macro-level link between family policy institutions and fertility rates in 33 countries for the time period of 1995 to 2010, using the same family policy typology and the same countries as in the first study. Policymakers have identified low birth rates as detrimental to society, and discussions about which family policies should be introduced or strengthened in order to increase fertility have engaged researchers and policymakers alike. There is also evidence by researchers analysing longstanding welfare democracies that family policies are likely to influence childbearing decisions. It seems warranted to broaden these analyses to the post-communist countries of Eastern Europe, where worries about low fertility rates have often been combined with pronatalist arguments and attempts at retraditionalisation and refamilialisation of social policy (Saxonberg and Sirovátká, 2006; Saxonberg and Szelewa, 2007).

Following Therborn (2004: 307f), an active population policy, of which family policies are a part, could be a possible mechanism to stop population decline. However, according to Gauthier (2007), the evidence from longstanding welfare states concerning the type of family policy that might result in higher fertility rates is not conclusive. Therefore, it appears particularly relevant to go further and separate different policy dimensions, as has been done in the analyses of this study, not least since it has been argued that policies assisting the reconciliation of work and family life are the preferable measures if the aim is to increase fertility rates (see McDonald, 2006).

This study uses newly collected data on family policy legislation covering both the frequently analysed old OECD member countries, the new EU member countries, as well as those populous countries in Eastern Europe that have often been neglected in comparative analysis: Ukraine and Russia. In order to analyse the link between the family policy dimensions and fertility, pooled time-series regression analyses are used, with the total fertility rate as the outcome variable. This method also enables us to control for other important variables, such as female labour force participation, the gross domestic product, and unemployment rates.
The analyses show that family policies promoting a more gender-equalitarian division of paid and unpaid work, i.e. earner-carer policies\textsuperscript{13}, are connected with higher fertility rates, thus supporting the argument of McDonald (2006). It is also established that higher female labour force participation is connected with higher fertility rates and that earner-carer policies and female labour force participation interact in their influence on fertility rates. This interaction implies a trade-off between earner-carer policies and female labour force participation. This means that the effect of earner-carer policies on fertility rates is stronger at lower levels of female labour force participation, while the effect decreases at higher levels, although it still remains positive. Gender-traditional family policies are not connected to fertility levels or even connected to lower fertility levels. In the light of the study in Paper I, this result casts further doubt on the prospects of raising fertility rates in countries where family policies do not support the reconciliation of paid work and child-rearing, as for example in Ukraine and Russia.

5.3 Paper III: To have or not to have a child? Perceived constraints on childbearing in a lowest-low fertility context

The third study seeks to analyse the impact of certain macro-level influences on individual-level decisions and behaviour regarding the intention to give birth to a child. Fertility intentions are an important part of fertility decision-making. However, the intention not to give birth to a child more often becomes reality than the intention to give birth to a child. Against this background, an analysis of macro-level aspects that might be perceived as constraints on fertility intentions is warranted. In this study, the influence of three perceived macro-level constraints to childbearing on women’s fertility decision-making was studied on the individual level in Stakhanov, a city with a shrinking population, located in Eastern Ukraine, in the year 2009. The aspects that could be perceived as constraints on fertility at the macro level are the availability of public childcare, postmodernist values, and the pollution of the environment together with concerns about detrimental health effects on mothers and children.

The availability of public childcare is an essential part of family policies since public childcare makes it easier for women to combine work and child-rearing by enabling them to enter the labour market while their children are small (see discussions in Ferrarini, 2003; Korpi, 2000). A favourable policy setting could increase fertility intentions by lowering the opportunity costs

\textsuperscript{13} Earner-carer policies are a combination of dual-earner and dual-carer policies, which are often positively correlated. Therefore, they are combined in the statistical analysis in this paper.
connected to childbearing and vice versa. In the context of Ukraine, where public childcare places have decreased considerably, the scant availability could be perceived as a constraint lowering fertility intentions.

So-called postmodernist values, i.e. values emphasising a more individualistic life style with lower priority given to family life and childbearing, lead to lower motivation to give birth to children (see Surkyn and Lesthaeghe, 2004). Thus, they could be perceived as constraints on childbearing. However, as the acceptance of postmodernist values does not seem to be widespread in Ukraine (see Liefbroer and Merz, 2009), other normative pressures might be of more importance and the effect of this aspect is harder to predict.

Finally, environmental pollution has been shown to either increase or decrease fertility intentions in the context of high-fertility countries in Latin America and Africa (Biddlecom et al., 2005; Ezra, 2001). Yet, in the case of a highly industrialised low-fertility country, such as Ukraine, perceived environmental pollution and the fear of adverse health consequences are hypothesised to increase the perceived costs of childbearing, thus lowering fertility intentions.

To study the influence of these possible constraints, logistic regression analyses were conducted separately on the intention to give birth to the first child and the second child. The choice of separate analyses was motivated by earlier studies on fertility intentions that demonstrated that the results differ according to how many children a woman already has. In addition to that, it has been argued that the decline in fertility in Ukraine has been largely driven by the trend not to give birth to a second child (Perelli-Harris, 2008: 1145).

In the analyses of intentions to give birth to a first child, none of the possible constraints influenced women’s fertility intentions. Instead, socio-demographic background variables, such as age and civil status, were correlated with these intentions. As there exists a strong norm to have at least one child in Ukraine (see Perelli-Harris, 2008), the fact that none of the possible constraints influenced childless women’s fertility intentions is interpreted as an indicator of this norm.

When analysing intentions to give birth to a second child, the perception of pollution of the environment and health concerns connected to childbirth emerged as features that influenced the fertility intentions, together with socio-demographic background variables such as age and educational level. Women in Ukraine seem to perceive environmental pollution as a constraint on their future childbearing. This perception could have been influenced by the public discussions about the health consequences of the Chernobyl nuclear disaster. Besides, Stakhanov, as a former mining town, is itself visibly polluted and the inhabitants have experienced environmental pollution in their neighbourhood. Taken together, these facts could explain why environmental pollution and fear of adverse health consequences were seen as
constraints on childbearing, thus lowering intentions to give birth to a second child.

Postmodernist values emerged as a significant constraint in one of the steps of the analysis. This was interpreted as either showing that these values might have spread and lowered fertility intentions, or that respondents have a negative assessment of societal developments in general. The availability of public childcare was not a significant constraint on fertility intentions. This could be explained by parents not even expecting public childcare to be an alternative due to its low availability and overcrowded kindergartens.

Finally, as a theoretical addition to studies of fertility intentions, it is argued that the perception of environmental pollution should be considered a factor influencing fertility decision-making. Thus, it should be included in future studies of fertility intentions with the argument that perceived environmental pollution could be regarded as increasing the economic and psychological costs of childbearing in industrialised low-fertility countries.

5.4 Paper IV: Prevalence and correlates of the use of contraceptive methods by women in Ukraine in 1999 and 2007

The aim of the fourth study is to analyse the prevalence and correlates of the use of contraceptive methods in Ukraine in 1999 and 2007. Ukraine, as a part of the former Soviet Union, shares a history of high abortion rates and a predominant use of less effective, traditional contraceptive methods (see Remennick, 1991). During the Soviet times, abortion was seen as a routine procedure, while modern contraceptive methods, such as the pill, were regarded with suspicion (Visser et al., 1993) and their availability was limited (Remennick, 1991). Moreover, the existence and implementation of programmes on reproductive health and on family planning (see Cabinet of Ministers of Ukraine, 2006) provides the possibility to examine their possible influence on the use of contraceptive methods.

According to Tsui (2001), state policies have had an influence on the reduction of fertility levels in high-fertility countries since the 1960s. However, in low-fertility countries, such as Ukraine, an interest in women’s reproductive health is in focus in programmes on reproductive health and on family planning and the substitution of abortion with modern contraceptive methods is one of the objectives of the programmes. If this were accomplished, it could even be the case that higher fertility levels might be achieved due to a reduction in subfecundity and secondary infertility (see Remennick, 1991).

The incentive to study also the influence of family planning programmes on women’s use of contraceptive methods stems from Potter’s (1999) dis-
cussion about how the mix of contraceptive methods in a country develops. According to him, it is connected to the development of the medical system, a development influenced by government regulations and policies. Even the perceptions of the individuals and medical personnel about the benefits and drawbacks of specific contraceptive methods impact on the mix of contraceptive methods (Potter, 1999). Influence is exerted both through medical personnel and the social networks of individuals, but can also be exercised through media channels by messages from the government conveying ideas and instructions about “proper” reproductive behaviour.

In the analyses in Paper IV, demographic surveys from the years 1999 and 2007 were used. Between those years, the overall prevalence of the use of contraceptive methods in Ukraine decreased slightly. However, the use of modern contraceptive methods, and especially the use of condoms, increased considerably, while use of the traditional contraceptive methods decreased. In order to assess what might influence the use of contraceptive methods, multinomial logistic regressions were conducted for both surveys separately. The results show that several socio-demographic background variables influence the use of contraceptive methods, among them age, civil status, the number of children, educational level, working status, and religious affiliation. Also, the regional disparities in the use of contraceptive methods increased from 1999 to 2007, possibly showing a development of regional patterns in the use of contraceptive methods.

The variable of primary interest in this thesis is the exposure of the respondents to family planning messages. Both in 1999 and 2007, the exposure to family planning messages via media was positively correlated with the use of modern contraceptive methods, implying that the more the women had been exposed to family planning messages the more often they used modern contraceptive methods. The results of the study are discussed against the background of biopower and biopolitics, which constitute the theme of the special section in the journal *Europe-Asia Studies* of which the study is a part. It is posited that the results suggest that state policies influence individual behaviour in contraception. However, it is argued that this is not a passive process. Instead, individuals might perceive that, in this case, the family planning messages would benefit them and therefore they would comply with them.
6 Discussion

Before continuing to the single studies, the main contributions of the thesis will be summarised and some limitations will be discussed. This part will end with some concluding remarks.

6.1 Main contributions

The main aim of this thesis was to study different aspects of women´s reproductive behaviour in post-communist countries. The focus was especially on Ukraine, the second most populous country of the former Soviet Union. Here, Soviet and post-Soviet gender ideology created a special background for women´s reproductive behaviour. During Soviet times, officially proclaimed gender equality was not achieved in practice. This created an extra burden for women who were expected to be both workers and mothers. After the break-up of the Soviet Union, the search for a new national identity for Ukraine also triggered calls for a retraditionalisation of gender roles as well as pronatalist discussions. The backdrop to this included the low fertility rates and a looming “demographic crisis” in the country. The results of the pronatalist discussions are even visible in contemporary family policy.

What are the main contributions of the studies conducted for this thesis? In the first study, Ukrainian and Russian family policies were in focus, and in the second study the question of whether family policies might have an effect on fertility levels was posed. The results show that gender-egalitarian family policies have a positive effect on fertility on a cross-national level. Introducing more gender-egalitarian family policies could therefore increase fertility levels in countries with low birth rates. Gender-egalitarian family policies also give incentives to women to enter the labour market as they are income-related. Thus, if gender-egalitarian family policies are introduced in a country, fertility and female labour force participation should both increase. However, the results show that the higher the female labour force participation is in a country, the lower the effect on fertility of introducing gender-egalitarian family policies will be. A conclusion that could be drawn regarding the family policies of Ukraine and Russia is that they might not help to increase fertility levels, as they do not facilitate the reconciliation of paid and unpaid work.
The results of the third study demonstrated that women without children were not influenced in their intentions to give birth to a child by any of the macro-level constraints analysed, and this result could probably have been influenced by a strong norm to have at least one child. Women who already had one child, however, were influenced by some of the macro-level constraints. Here, maybe rather unexpectedly, the perception of severe environmental pollution, chosen as a social determinant of reproductive behaviour, made women less willing to give birth to children. This could possibly be connected to worries that poor health, maybe caused by pollution, might threaten childbirth. In the study, it is argued that environmental pollution should be included in fertility surveys not only in high-fertility countries but also in industrialised low-fertility countries. The availability of public childcare places, however, was seen neither as hindering nor as facilitating the birth of a child. This shows that it is not that easy to trace the influence of family policies on an individual level and that more research should be done in this regard.

Finally, the fourth study showed a considerable change in the use of contraceptive methods, from especially the use of withdrawal to the use of the condom, between 1999 and 2007. Moreover, in 2007 it seems as if regional disparities had increased and that regional patterns of the use of contraceptive methods had developed. But most important for this thesis the results indicate that family planning programmes could inspire women - or rather heterosexual couples - to use modern contraceptive methods, for example condoms, instead of traditional contraceptive methods, such as withdrawal. Thus, the results of the fourth study are interesting and encouraging in the context of low fertility and the legacy of the so-called “abortion culture” in post-communist countries as the increased use of modern contraceptive methods, and especially condoms could lead to fewer abortions and post-abortion complications. Therefore, the use of modern contraceptive methods could even lead to higher fertility rates as more wanted children could be born.

6.2 Limitations

There are limitations to the studies, both methodological and empirical, that are hard to avoid and need to be discussed, even though there might not be any final answers to them. One issue to be discussed regarding the first two studies is that there are limitations regarding what the family policy indicators can actually capture. Policy indicators are most likely to capture the intentions of policymakers as expressed in the legislation, in this case related to the inequalities connected to the family, where the distribution of paid and unpaid work is often gendered, and frequently even becomes more so when children are born. However, indicators do not measure how many people in a
country actually receive the particular benefits. To measure this, different types of data would be needed. Moreover, as the policy indicators mainly build on a model family approach using an average production worker’s wage, one matter to consider is how well this responds to the situation in a country. To capture the structure of policy regarding, for example, income-relatedness and benefit ceilings, the measure has been shown to be useful. It has furthermore been shown that an average production worker’s wage is lower and closer to “normal” wage earners than for example the average wage level used to calculate benefits by the OECD (Ferrarini et al., 2013).

Additionally, the analyses indicate the position of a country’s family policy in the multidimensional typology relative to the other countries included. This could influence the results depending on which countries are included. However, typically this does not change the assessment of which dimension of family policy is the most developed in a country. Another limitation is that country-level associations, employed in the analysis in the second study, do not show how different groups of individuals with different employment statuses or income levels might be affected by family policies in their respective countries (see discussion in Neyer and Andersson, 2008). In order to analyse this, individual-level data, which could be combined with aggregate measures in multilevel regression models, are needed. However, to find comparable individual-level surveys for a large number of countries spanning over longer time periods has not been possible here. Therefore, analyses of correlations on the country level are the most feasible way to study a larger number of countries over a longer time period.

In the third study, a set of questions on the supposed causes of low fertility rates in Ukraine was used in order to show correlations between perceived macro-level constraints and individuals’ fertility intentions. These perceived macro-level constraints measured what respondents think that people in general or “modern women” might have as reasons for not wanting children (see full question and response alternatives in Paper III, Appendix). The extent to which this also shows what the respondents themselves think is hard to assess, although research shows that respondents tend to answer more carefully when asked about their own views when a topic is perceived as sensitive (see Tourangeau and Yan, 2007). Asking indirect questions reduces the so-called social-desirability bias, i.e. the tendency to answer more carefully and at times inaccurately on sensitive topics (see Fisher, 1993). Asking about what people in general might regard as reasons for not having children could be a way to circumvent this problem, although it is not an easy task to evaluate how sensitive the questions were.

Another criticism could be directed at the choice of women as the sole focus of two of the studies. The question could be posed of why men were not studied and whether the choice of women reinforces the stereotype of childbirth and child-rearing as being primarily a matter for women. One side of the problem is data availability, as questions regarding fertility and fertility
intentions often are posed only to women, which of course could be due to the said stereotype. However, if one follows Therborn’s (2004: 242) argument that the position of women was important for fertility decline, it is justified to concentrate on women, even though the risk of enforcing the stereotype of childbirth and child-rearing as primarily a matter for women exists and cannot be totally avoided.

6.3 Concluding remarks

The tenor of this dissertation is that it is important to increase fertility levels in low-fertility countries. Why would this be? For politicians there are both economic and geopolitical reasons (see Therborn, 2004: 307f). The economic reasons are probably mostly connected to worries that the labour force will be too small to finance the pensions of the part of the population that has retired. Geopolitical reasons, on the other hand, are worries that a state will no longer be considered as a serious partner or opponent if the population decreases too much. Those worries actually informed the discussions of the demographic crisis in the Soviet Union in the 1960s (see DiMaio, Jr., 1981). Therefore, politicians seem to regard the issue of raising fertility rates in low-fertility countries as important.

However, for individuals these reasons are hardly important. People do not give birth for the sake of society. Yet, there seems to be a two-child norm in many European low-fertility countries and individuals often do not give birth to the number of children they want. Thus, one more reason to increase fertility in low-fertility countries is to give people a chance to have the number of children that they themselves intend to have. Here, gender-traditional family policies, promoting a male-breadwinner model, will not help individuals to combine paid work and child-rearing if both partners still have to work in order to earn a living. Therefore, they might not be able to raise the number of children they intend to. Environmental policies disregarding the effect of heavy pollution on people’s lives could create constraints on their life plans. Finally, state policies need to reach people on the ground in order to be effective, as shown in Paper IV, where higher exposure to family planning messages through the media was correlated with the use of modern contraceptive methods.

Thus, a way to both help people to give birth to the intended number of children and to raise fertility in low-fertility countries is to reduce the reasons not to give birth. This can be done firstly by facilitating the reconciliation of paid work and family life; secondly, by working to prevent infertility resulting from repeated abortions by providing contraceptives and incentives to use them; and thirdly, by trying to minimise other reasons, such as environmental pollution.
We are all part of the population of the country we live in. Thus, we are affected by what politicians regard as important issues and by the policies they implement. Therefore, if politicians mostly think of economic and geopolitical reasons to raise fertility levels, a researcher’s task could be to show that it is more important and probably even more effective to help individuals give birth to the number of children they want.

Finally, I would like to address an issue that needs to be discussed in connection with the political and societal developments in Ukraine, starting at the end of 2013 and still ongoing. The civil protests that toppled President Yanukovych, the annexation of Crimea by Russia, and the events in the Donbas, which have led to war resulting in hundreds of thousands of refugees and thousands of casualties, are hard to grasp in their totality. Moreover, the site of the third study, Stakhanov, is located in the Luhansk region and is directly affected by the events in the Donbas.

This actualises the question of the applicability of the results of the studies and, in addition, the more general question as to how war, in which civilians always suffer the most, affects reproductive behaviour. It would be preposterous to argue that any of the effects the studies in this thesis show are valid in times of war, when life is turned upside down for the people directly affected by the fighting. Thus, the results described in the studies are only valid in peacetime, when life has returned to a state of calm and security. This is what I wish to happen for the people in Ukraine and especially in the Donbas with the utmost urgency.
Sedan Warszawa-paktens upplösning kring 1990 och Sovjetunionens sammanbrott 1991 har befolkningsantalet och födelsetalen sjunkit avsevärt i många postkommunistiska länder. I Ukraina minskade befolkningen med nästan 13 procent mellan 1993 och 2013 medan den i Ryssland minskade med 4 procent under samma tidsperiod. Födelsetalen minskade till ungefär 1,1 barn per kvinna i fertila ålder i båda länder fram till år 2000 men steg därefter och hade fram till 2012 stigit till 1,5 barn per kvinna i Ukraina och till 1,7 barn per kvinna i Ryssland. För att en befolkning ska hållas på konstant antal krävs att varje kvinna föder 2,1 barn i genomsnitt. Frågan varför kvinnor väljer bort att föda barn engagerade sovjetiska demografer redan på 1960-talet när födelsetalen började sjunka under 2,1 barn per kvinna och den blev återigen aktuell när födelsetalen började sjunka till nära 1 barn per kvinna under 1990-talet och 2000-talet. Talet om en ”demografisk kris” kopplades av beslutsfattare och i den offentliga diskussionen också till köns-traditionella argument om att kvinnans roll är att ta hand om barn och hemmet.

Denna avhandling fokuserar till stor del på kvinnors reproduktiva beteende i Ukraina, som är näst Ryssland den mest befolkningsrika före detta sovjetstaten. Ukraina är ett postkommunistiskt land där sovjetiska och postsovjetiska genusideologier skapat särskilda förhållanden för kvinnors reproduktiva beteende. Här har befolkningen minskat i mycket högre grad än i Ryssland och sökandet efter en ny nationell identitet kombinerades med en strävan att återgå till traditionella könsroller och pronatalistiska diskussioner. Förutom denna kontext som gör Ukraina särskilt intressant att studera kan studier av reproduktivt beteende i Ukraina även bidra med mer kunskap om hur reproduktivt beteende ser ut i länder med låga födelsetal.

Det övergripande syftet med avhandlingen är således att studera olika aspekter av reproduktivt beteende i postkommunistiska länder med fokus på Ukraina (och delvis på Ryssland). Avhandlingen har både ett vidare jämförande perspektiv med andra länder och studerar också Ukraina på lokal och nationell nivå. Mer specifikt ämnar avhandlingen att undersöka om en typologi av familjepolitik som till en början utvecklades på basis av västliga länder också lämpar sig för studier av födelsetal när postkommunistiska länder inkluderas i analysen. Därutöver avser avhandlingen att undersöka hur möjliga faktorer på makronivå kan påverka beslut och beteenden på individnivå när det gäller både önskan att få barn och preventivmedelsanvändning.
Fyra studier är inkluderade i avhandlingen och de respektive forskningsfrågorna är som följer:

- Hur ser den institutionella uppbyggnaden av familjepolitiken i Ukraina och Ryssland ut jämfört med andra EU-, OECD- och postkommunistiska länder?
- Påverkar familjepolitiken länders födelsetal?
- Har faktorer på makronivå en påverkan på individers önskan att få barn?
- Hur ser förekomsten av preventivmedelsanvändning ut bland kvinnor i Ukraina och vad påverkas denna av?


Den andra artikeln *Family policies and fertility - Examining the link between family policy institutions and fertility rates in 33 countries 1995-2010* undersöker om familjepolitik påverkar födelsetalen på en länderövergripande nivå. Poolade tidsserieanalyser demonstrerar att stöd till tvåförsörjarfamiljer är kopplat till högre födelsetal och att denna effekt avtar ju högre det kvinnliga förvärvsarbetandet är i ett land.

Den tredje artikeln *To have or not to have a child? Perceived constraints on childbearing in a lowest-low fertility context* analyserar den påverkan uppfattningen av postmoderna värden, tillgången till förskoleplatser och miljöförstöring har på individers önskan att få barn i Stakhanov, en stad i östra Ukraina. Resultaten visar att kvinnor som ännu inte har några barn inte påverkas av någon av de ovannämnda faktorerna i sin önskan att få barn. Kvinnor som redan har ett barn däremot vill mer sällan ha fler barn om de uppfattar miljöförstöring som ett problem.

Den fjärde artikeln *Prevalence and correlates of the use of contraceptive methods by women in Ukraine in 1999 and 2007* undersöker förändringar i användningen av preventivmedel och vilka faktorer användningen påverkas av. Resultaten visar att användningen av moderna preventivmedel, och här särskilt kondomen, ökade medan användningen av traditionella preventivmedel, som till exempel avbrutet samlag, minskade mellan åren 1999 och 2007. Däremot förändrades inte andelen kvinnor som använde någon metod för att förhindra graviditet. Ett annat intressant resultat gällande vilken på-
verkan statliga program för familjeplanering och reproduktiv hälsa har på kvinnors preventivmedelsanvändning var att kvinnor som hade lagt märke till information om familjeplanering eller reproduktiv hälsa via media oftare använde moderna preventivmedel.

I kappan förbinds dessa resultat med mer generella teorier om anledningarna till nedgången av födelsetalen i industrialiserade länder sedan 1960-talet och av en beskrivning av vålfärdsstatsteorier och genusbegreppets plats i dessa. Vidare behandlas de tre huvudsakliga faktorerna på makronivån som antas påverka reproduktivt beteende: familjepolitik, statliga program för familjeplanering och reproduktiv hälsa samt miljöförstoring. Även den historiska bakgrunden beskrivs, närmare bestämt utvecklingen av befolkningen och födelsetalen i Ukraina och Ryssland, könsideologin som rådde i Sovjetunionen och utvecklingen efter 1991 vad gäller kvinnors levnadsomständigheter och familjepolitiken.


Nyckelord: familjepolitik, familjeplanering, miljöförstoring, födelsetal, önskan att få barn, preventivmedel, Ukraina
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