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Marital fertility and the changing status of women in Europe



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Recent trends and characteristics of fertility in Europe

Fertility has by now reached very low levels in all European countries, with the exception of Albania, which is in a deviating situation. Birth rates in the other countries vary between 10 and 25‰, with minimum levels in the two German republics, Luxembourg, Finland, Austria, England and Wales, Belgium, and Sweden, and maximum levels in Ireland, Portugal, Spain, Rumania, Czechoslovakia, and Yugoslavia.

For some countries (6 out of 24), the gross reproduction rate is already less than 2, for others, it is very near to 2 (6 countries) and for less than half of them is slightly higher (Table 1).

The characteristics of European reproductive behavior generally are precocious age of the woman at marriage (between 23 and 25) and quick formation of the family, with a short first birth interval (1.5 to 2 years) and a second birth interval of about 3 years. The result is that within the first 6 years of marriage, women have already had at least 60% of the offspring that they wish to have, which on the average, is almost everywhere hardly more than two children (cf. UN, 1976a).

Such a situation is diffused with sufficient homogeneity in the different European countries, but each has reached it through its particular history: the Eastern European countries after the intense decline of the second postwar period, only recently substituted by a recovery, generally slight, though strong for some of them (Czechoslovakia and especially Rumania); after a constant decline for other countries (Finland, Yugoslavia), after a slight decline, interrupted by the recovery in the 1960s, for most Northern and Western countries of Europe (Berent, 1970a; Festy, 1970; Glass, 1968). In the meantime, we have witnessed a decrease in the average age at marriage, in fertility over 30 years of age, in the parity progression rates starting from a_2 , in the average age of the woman at childbirth (even simply because of the decrease of the average number of children).

Undoubtedly, in all European countries, we find a situation in which births are wanted in limited number and consequently are effectively controlled, with different methods. The differences in methods, if not in results, are noteworthy but, in general, birth control methods depending on the initiative of the male predominate everywhere, and in most cases, concern the oldest and least effective of all (coitus interruptus) (Table 2).

New information from surveys on fertility and family planning: some problems pertaining its utilization

In the last 10 years, a series of direct surveys on this subject has offered a mass of information, the use of which, however, poses some problems. Some of those problems have already been pointed out by Rider (1973) with reference to the National Surveys in the USA and are inherent to the nature of this kind of inquiry; further inconveniences derive from the differences among the various surveys. For instance, the international comparability of the data concerning contraception is far from satisfactory: questions are posed in different ways (sometimes methods are described, other times only quoted, or the interviewee is left to indicate them), the contraception period referred to is quite variable (the latest methods used, methods used habitually, methods used after the last pregnancy, methods used in the last month), and what is worse, a very rigid set of questions proposes a pattern of behavior which distinguishes between two types of couples only—those who

Table 1 Birth rate and gross reproduction rate in Europe, 1973

	Birth rate	Gross reproduction rate
Eastern Europe		
Bulgaria	16.2	2.04 (72)
Czechoslovakia	18.8	2.23 (72)
Eastern Germany	10.6	1.58
Hungary	15.0	1.95
Poland	17.9	2.26
Rumania	18.2	2.44
Soviet Union	17.6	2.47 (72)
Northern Europe		
Denmark	14.3	2.04 (71)
England and Wales	13.8	2.20 (72)
Finland	12.2	1.83 (70)
Ireland	22.5	3.84 (70)
Norway	15.5	2.39 (72)
Scotland	14.3	2.27 (72)
Sweden	13.5	1.93 (72)
Western Europe		
Austria	12.9	1.93
Belgium	13.3	2.09 (72)
France	16.5	2.42 (72)
Netherlands	14.5	2.17 (72)
Switzerland	13.6	2.02 (71)
Western Germany	10.3	1.71 (72)
Southern Europe		
Albania	33.3 (71)	
Greece	15.3	2.21 (70)
Italy	16.0	2.37 (71)
Portugal	20.1	2.70 (71)
Spain	19.2	2.84 (70)
Yugoslavia	18.0	2.35 (72)

Source: UN (1976a)

Table 2 Current use of main birth control methods

	IUD	Pill	Condom	Diaphragm	Withdrawal	Rhythm	Other	Total
Belgium, 1966 ¹		8	6		51	26	8	100
Belgium, 1971 ²		13			64	23	10	110*
Czechoslovakia, 1970 ¹	14	4	19		52	3	8	100
Denmark, 1970 ¹	4	37	30	9	7	2	11	100
England and Wales, 1967 ¹	2	19	41	6	25	5	2	100
Finland, 1971 ¹	4	26	40		21	1	8	100
France, 1972 ¹	2	17	12	1	52	14	2	100
Greece, 1962–1963 ³			23		60		17	100
Hungary, 1966 ¹			16	7	66	4	7	100
Hungary, 1970 ²		10	14	3	53	4	16	100
Italy, 3 big cities, 1972 ⁴		7	24	1	64	14	6	116*
Netherlands, marriage cohorts								
1958 and 1963, 1969 ¹	1	45	23	2	9	19	1	100
Poland, 1972 ¹	1	4	17		49	23	5	100
Yugoslavia, 1970 ¹	2	9	6		73	3	8	100

*More than one method has been indicated by some women

¹Source: UN (1976a)

²Source: Berelson (1974)

³Source: Valaoras, Polychronopoulou, & Trichopoulos (1965)

⁴Source: Bielli, Maffioli, Pinnelli, & Zannella (1975)

do not want any children and consequently use one of the indicated birth control methods and those who do not use any of the indicated methods because they wish to have children or because they are sterile. Actually, only some of the couples, be it the most, fall within these two alternatives because there are other married couples who do not use any of the indicated methods even if they do not think of themselves as sterile or do not wish to have children either (the percentage varies between 11 and 32%) (Table 3). In general, no great importance is attributed to whether these married couples intend to resort to abortion in case of pregnancy or whether they simply refuse to discuss the subject, or they leave it to chance to decide for them about their reproductive future, because what matters is to stress the “contraceptive” behavior. However, the substantial number of couples who do not fall within this pattern shows that in many cases the proposed sort of rationality of reproductive behavior does not correspond to reality.

Table 3 Percent of fecund nonpregnant women who do not want more children and do not use contraception

Belgium, 1966	13
Denmark, 1970	13
England and Wales, 1967	11
Finland, 1971	11
France, 1972	26
Hungary, 1966	27
Yugoslavia, 1970	32

Source: UN (1976b)

Moreover, other data suggest that in the family building process many couples do not follow a behavior absolutely similar to that of a builder constructing a house, but are, on the contrary, rather approximative and casual: quite a number, in fact, cannot indicate how many children they expect to have in the future (9% in Denmark and France, 16% in Finland, from 5 to 22% in the three large towns of the 1972 Italian survey) and many people do not remember if, at the moment of marriage, they had already planned the number of children they wanted to have or even remember that they had no plans at all (30% of the couples interviewed in an Italian survey of 1969 (Bielli, Pinnelli, & Russo, 1973), slightly over 50% in Denmark, Finland, Hungary, over 30% in France) (UN, 1976b). On the other hand, many children are born when they are not altogether wanted or before their parents expected (40–50% of third-born children, 25–30% of second-born children, 10–20% of first-born children, according to two Italian surveys (Bielli et al., 1975, 1973)).

Moreover, an aspect of reproductive behavior which has not been made adequately clear is that of birth spacing, which cannot be related to a typology connected with the social and economic factors that generally explain well enough the differences in fertility, in age at marriage, or in contraceptive behavior. This probably happens because the choices of the married couples about birth spacing depend more on the individual and family context than on the social context, and also because, on the one hand, the effectiveness of contraception is presumably higher and the possible recourse to abortion more frequent in not exceeding the desired number of children than in spacing births, and on the other hand, the waiting times for conception, after the interruption of birth control, may vary. To evaluate the degree of rationality of reproductive behavior, birth spacing is not particularly useful, but it may be interesting to know if the couples did desire that particular birth in that particular period. Not only is this information very seldom provided by surveys on fertility, but it can also easily be distorted by a late acceptance of the unplanned pregnancy.

Factors hindering or favoring the rationality of reproductive behavior

The above considerations are sufficient warnings against classifying reproductive behavior, in the countries with a low fertility rate, in the domain of reason and assuming that it will conform perfectly to the existing stereotypes.

It may sound obvious, but it is worth recalling that rationalization of reproductive behavior has been and actually is hindered by the attitude of the religious and political authorities. Suffice it to mention the influence of the Catholic church, through its sexuophobic and fatalistic education and through the prohibition of any method of birth control apart from the rhythm method, or of the influence of the governments of many countries where the sale and propaganda of contraceptives were forbidden until some years ago or still are (for instance, both are still prohibited in Spain and were prohibited until 1971 in Italy, until 1967 in France; propaganda and public display are still prohibited in Belgium), or where, even if the sale of contraceptives is allowed; no other commitments are made for family planning education. The importance of an information service on family planning appears, for instance, from the data concerning the different methods of birth control used by British couples when they have had recourse to a consultancy clinic and when they have not. The couples who did not visit a clinic base the limitation of births almost exclusively on condoms and on coitus interruptus, while the others benefit from a much ampler gamut of methods (Berelson, 1974).

Table 4 Female activity rates, all ages, around 1950, 1960, and 1970 (exact year in brackets if considerably different)

	1950	1960	1970
Albania	45.7 (1955)	36.3	
Austria	35.1	36.0	30.3
Belgium	19.0	19.9	26.5
Bulgaria	52.7 (1946)	45.7 (1956)	45.7 (1965)
Czechoslovakia	32.9 (1947)		42.5
Denmark	32.2	27.9	38.1
Finland	38.4	34.8	37.5
France	29.9 (1954)	27.6 (1962)	27.9 (1968)
Germany (Eastern)	33.1	39.8	41.3
Germany (Western)	31.4	33.2	30.8
Greece	13.1	27.8	21.2
Hungary	25.2	33.2	38.6
Ireland	22.3	20.4	19.4
Italy	20.3	19.6	19.6
Netherlands	19.5 (1947)	16.1	19.1
Norway	19.9	17.8	20.8
Poland		40.1	46.3
Portugal	16.8	13.1	19.0
Rumania	52.7 (1956)	48.1 (1966)	
Soviet Union		41.5 (1964)	45.5
Spain	11.8	13.5	13.3
Sweden	23.2	25.7	29.9
Switzerland	26.2	27.4	32.4
UK	27.4		33.2
Yugoslavia	30.7 (1953)	31.1	30.7

Source: United Nations, Demographic Yearbooks

However, we can suppose that there is a tendency to rationality which is mainly expressed in the knowledge and in the use of the most acceptable and safest birth control methods and in the decrease of unwanted pregnancies. In other words, the capacity to set and attain procreative objectives has increased. On the other hand, on the basis of the abovementioned observations, the rationalization process does not seem to be leading to a precise pattern of birth spacing.

In accordance with the subject of this seminar, I intend, by analyzing the results of surveys made in different European countries, to argue that the process of female emancipation may help the rationalization of reproductive behavior (within the limits in which I have already defined it). I shall take educational expansion and work outside the home as indicators of female emancipation, although emancipation depends, even to a larger extent, on the removal of a general situation of subordination which is only partially expressed by the participation in education and the labor force. Female subordination is actually found in all kinds of conditioning (political, social, and cultural) which are difficult to specify but which prevent the woman from freely determining her destiny: not only her intelligence and labor force but also her marital status, her sexuality, and her reproductive capacity.

Table 5 Actual and expected number of children according to wife's work

	Actual			Expected		
	W	WNW	NW	W	WNW	NW
Belgium, 1966 ¹	1.47	2.02	2.35	1.95	2.56	2.92
Czechoslovakia, 1970 ¹	1.79	2.79		2.28	3.01	
Denmark, 1970 ¹	1.88	2.22		2.47	2.64	
England and Wales, 1967 ¹	1.44	2.03	2.37	1.86	2.33	2.65
Finland, 1971 ¹	1.86	2.20	2.47	2.43	2.61	3.08
France, 1972 ¹	1.60	2.43	2.39	2.11	2.71	2.78
Greece (Athens), 1967 ²	1.47	1.73				
Hungary, 1966 ¹	1.59	1.95		2.00	2.38	
Italy (3 big cities), 1972 ³	1.90	2.47		2.50	2.84	
Poland, 1972 ¹	2.13	2.18		2.59	2.58	2.88
Yugoslavia, 1970 ¹	1.76	2.35		2.23	2.73	

W working; WNW worked, not working now; NW not working

¹Standardized by marriage duration. Source: UN (1976a, 1976b)

²Source: Safiliou-Rothschild (1969)

³Source: Bielli et al. (1975)

Female work

The strong decrease in family size, together with the greater concentration on the reproductive activity in the younger ages for women, has radically transformed their theoretical availability for working activities outside the home. In fact, the time necessary for reproduction and childrearing is already greatly reduced in all European countries, and consequently, women are much less conditioned than before by their biological destiny: soon enough they can be present again on the work market, or may leave it for only very short periods when suitable social structures can help them rear the children. The truth is, however, that the rate of female activity is high in some countries and very low in others, is increasing somewhere and decreasing elsewhere, notwithstanding the constantly rather low natality level (Table 4).

The highest rates of female activity are found in Eastern Europe and in the Soviet Union, closely followed by Denmark and Finland, and followed at some distance by some countries of Central and Northern Europe (Austria, Belgium, France, Western

Table 6 Percent of users currently using withdrawal, pill or IUD, and rhythm according to woman's work

	Withdrawal		Pill or IUD		Rhythm	
	Working	Not working	Working	Not working	Working	Not working
Belgium, 1966	53	49	7	9	24	28
Czechoslovakia, 1970	52	53	17	18	3	1
Denmark, 1970	7	7	41	41	2	2
England and Wales, 1967	26	25	18	22	5	5
Finland, 1971	22	20	31	28	1	1
France, 1972	52	51	20	19	15	15
Hungary, 1966	59	74	1	–	7	5
Italy (3 big cities), 1972	64	64	7	7	17	13
Poland, 1972	48	51	4	4	24	20
Yugoslavia, 1970	67	76	13	9	4	3

Source: see Table 2

Table 7 Percent of unwanted births. Women in Belgium who had childbirth between January 1, 1968, and December 31, 1970

Working	7
Not working	12
Working, on maternity leave	21

Source: Emery-Hauzeur & Sand (1974)

Germany, Sweden, Switzerland, UK). In the other countries, rates are very low. The decline of agricultural activities, in which women were occupied to a large extent, has hardly ever been counterbalanced by a corresponding increase of the female activity in other fields. Moreover, male emigration has shifted male labor force to places where the alternative to the scarcity of local male labor force could have been a higher female occupation.

This is not the suitable moment for a thorough analysis of the characteristics and trends of female occupation in Europe for which we suggest therefore to see the study of the United Nations (UN, 1969) on this subject: suffice it to underline here that they do not depend on the demographic situation that has created everywhere a great potential of female labor force, nor on the desire of women for emancipation, but on the kind of development and on the occupational policy of the various countries, which almost always keep the female population as a reservoir labor force, and when they employ women, generally relegate them to subordinate positions.

If the different female presence on the work market in the various European countries is not connected with a differentiation in the family size, it does not seem either to have much to do with different contraceptive behavior. Contraception is affected rather by religious, and especially political conditioning, as mentioned above, and consequently by the degree of information on contraception available in the various countries. However, within each country, we constantly notice lower fertility among working women (Table 5). It has been verified clearly enough that the differences between working women and housewives are of little significance if their activity is agricultural or if they have a part-time or intermittent job, while these differences become significant in the other cases (cf. Berent, 1970b; Pinnelli, 1967, 1968; Tabah, 1971).

The differences relate to the number of children they already have, as well as the number of children they expect to have, but they are not systematic as far as the times of family building are concerned—the lower fertility of working women persists even if we only consider women who have already had at least one child (i.e., fecund) and

Table 8 Some characteristics of reproductive behavior, according to woman's work. Three big cities in Italy, 1972

	Working	Not working
Do not know how many children they want to have	10.6%	8.8%
1st child born when was desired	88.9%	90.5%
2nd child born when was desired	75.1%	77.4%
Number of birth control methods known (among 8 indicated)		
Total	2.9	2.4
Managers and teachers	4.0	
Workers and maid servants	2.2	

Source: Bielli et al. (1975)

Table 9 Actual and expected number of children according to wife's education

Wife's education	Actual	Expected
Belgium, 1966		
Less than elementary	3.12	3.29
Elementary	2.09	2.48
Lower secondary	2.00	2.46
Higher secondary	1.95	2.37
Post secondary	2.07	2.84
Czechoslovakia, 1970 ¹		
Elementary	2.27	2.64
Secondary	1.64	2.13
Post secondary	1.64	2.11
Denmark, 1970 ¹		
Elementary	2.12	2.57
Lower secondary	1.80	2.36
Higher secondary	1.83	2.48
Post secondary	1.89	2.65
England and Wales, 1967 ¹		
Elementary and lower secondary	1.86	2.20
Higher secondary	1.73	2.10
Post secondary	1.69	2.09
Finland, 1971 ¹		
Less than elementary	2.68	2.64
Elementary	2.13	
Secondary	1.60	2.22
Post secondary	1.86	2.47
France, 1972 ¹		
Elementary	2.28	2.66
Lower secondary	1.92	2.32
Higher secondary	1.92	2.39
Post secondary	1.89	2.40
Hungary, 1966 ¹		
Less than elementary	3.24	3.61
Elementary	2.19	2.54
Lower secondary	1.72	2.15
Higher secondary	1.46	1.86
Post secondary	1.34	1.85
Poland, 1972 ¹		
Less than elementary	2.89	3.12
Elementary	2.85	3.26
Lower secondary	2.33	2.80
Higher secondary	1.82	2.25
Post secondary	1.60	2.00
Yugoslavia, 1970 ¹		
Less than elementary	2.78	3.44
Elementary	2.03	2.50

Table 9 Actual and expected number of children according to wife's education (*Continued*)

Wife's education	Actual	Expected
Lower secondary	1.82	2.30
Higher secondary	1.43	1.92
Post secondary	1.34	1.87
Bulgaria, 1966 ²		
Illiterate	4.27	
Less than elementary	3.37	
Elementary	2.47	
Lower secondary	1.61	
Higher secondary	1.37	
Post secondary	1.39	
Netherlands, 1969, only 1958 and 1963 marriage cohorts ³		
Primary		
1958	2.3	2.7
1963	1.7	2.7
Secondary		
1958	2.4	2.7
1963	1.8	2.8
Grammar		
1958	2.4	2.6
1963	1.7	2.7
College/university		
1958	2.8	2.8
1963	1.7	2.6
Italy, 1972 (three big cities) ⁴		
Illiterate	3.47	3.69
Less than elementary	2.46	2.82
Elementary	2.17	2.57
Lower secondary	1.98	2.48
Higher secondary	1.86	2.41
University	1.84	2.36
Greece, 1967, Athens ⁵		
Illiterate or some elementary	2.45	
Elementary	1.75	
Some high school	1.83	
High school graduates	1.38	
Some years of college or college graduates	0.81	

¹Standardized by marriage duration, UN (1976a, 1976b)²Tabah (1971)³Moors (1974)⁴Unpublished data⁵Safilios-Rothschild (1969)

eliminate the influence of the duration of the marriage and of the socioeconomic situation (Bielli et al., 1975; UN, 1976b). On the contrary, no relation is evident between the fertility level and the intention to work in the future or to continue to work: what matters is the interest shown for the type of work, which is however closely related to

Table 10 Percent of users, currently using withdrawal or rhythm according to wife's education

Wife's education	Withdrawal	Rhythm
Belgium, 1966		
Elementary	60	18
Lower secondary	44	32
Higher secondary	29	45
Post secondary		
Czechoslovakia, 1970		
Elementary	54	2
Secondary	49	3
Post secondary	53	6
Denmark, 1970		
Elementary	9	1
Lower secondary	7	2
Higher secondary	3	4
Post secondary	1	5
England and Wales, 1967		
Elementary and lower secondary	31	5
Higher secondary	13	6
Post secondary	8	7
Finland, 1971		
Elementary	24	1
Lower secondary	16	1
Higher secondary	11	2
Post secondary		
France, 1972		
Elementary	64	11
Lower secondary	49	15
Higher secondary	40	18
Post secondary	30	17
Hungary, 1966		
Less than elementary	83	–
Elementary	71	2
Lower secondary	70	3
Higher secondary	42	8
Post secondary	33	15
Poland, 1972		
Less than elementary	74	9
Elementary	72	13
Lower secondary	57	20
Higher secondary	38	28
Post secondary	25	32
Yugoslavia, 1970		
Less than elementary	86	4
Elementary	80	3
Lower secondary	66	4

Table 10 Percent of users, currently using withdrawal or rhythm according to wife's education
(Continued)

Wife's education	Withdrawal	Rhythm
Higher secondary	51	5
Post secondary	41	14
Netherlands, 1969, marriage cohorts 1958 and 1963		
1958		
Primary	11	19
Secondary	10	17
Grammar	4	24
College	6	25
1963		
Primary	10	18
Secondary	7	19
Grammar	8	12
College	4	30
Italy, 1972 (three big cities)		
Less than elementary	73	8
Elementary	68	12
Lower secondary	53	24
High secondary	41	25
University		

Source: See Table 9

the woman's social level (Bielli et al., 1973; Safilios-Rothschild, 1969). The lower fertility of working women is not systematically correlated to a more modern use of birth control nor, in the few countries for which information is available, to a lower percentage of unwanted births (Tables 6 and 7).

The use of coitus interruptus is considerably less frequent for working women only in Yugoslavia and Hungary, while in Belgium, England and Wales, Finland, and France, it is even slightly more frequent.

In Italy, the percentage of unwanted births is higher for working women than for housewives; in Belgium, the highest percentage is for working women on maternity leave. In Greece, instead, the working woman, especially if she is greatly interested in her work, plans her family with greater efficacy and using more effective methods.

Thus, from the few available data, we can draw a rather contradictory picture, the explanation of which might, perhaps, be sought in the different social conditions of the

Table 11 Number of birth control methods known, among 8 indicated, according to wife's education, three big cities in Italy, 1972

Illiterate	1.8
Less than elementary	2.2
Elementary	2.5
Lower secondary	3.1
Higher secondary and university	3.5

Source: unpublished data of the 1972 Italian survey

Table 12 Percent of pill users from 1963 to 1970, according to wife's education, Belgium 1970–1971

Primary	20
Lower technical	23
Lower secondary	33
Higher secondary	39
Post secondary	55

Source: Morsa (1973)

two groups of working women and housewives. For instance, the result of the survey in three large Italian towns is that working women, on the whole, are acquainted with a larger number of birth control methods compared with housewives; but if we distinguish between those who are higher up the scale of professions and those who are lower down, we notice that the situation is extremely differentiated since better acquaintance with the methods is a prerogative of working women of higher social status (Table 8).

Since the typology of birth control methods in use is closely related in all countries to social circumstances, female work is likely to involve more modern contraceptive behavior only when a middle or upper social class is involved and not in the other cases.

It is even likely to have no influence at all in itself since all the possible differences may depend solely on the social circumstances. This appears, for instance, from the results of the 1972 Italian survey in three large towns (Bielli et al., 1975), in which the lack of systematic influence of female work on contraceptive behavior is confirmed by a further specification concerning the education of women. At the highest level of education, there is no difference in contraceptive behavior between working women and housewives, and at the lowest level, working women even use coitus interruptus more frequently, i.e., a more backward model of behavior in comparison with housewives. Only at a lower secondary educational level, do working women have a more advanced contraceptive model.

Female education

It is hard to discriminate the possible influence of female education on the rationalization of reproductive behavior from all the other elements composing the social status of a woman, among which education is only a part. Actually, there is a considerable similarity in the trends of data concerning reproductive and contraceptive behavior, in relation to the profession and education of the woman, as well as of the husband, and in relation to their income—i.e. the most frequent status indicators. Thus,

Table 13 Percent of completely or partly planned births, according to wife's education, Netherlands, 1969, marriage cohorts 1958 and 1963

	1958	1963
Primary	35	35
Secondary	51	52
Grammar	52	61
College/university	57	64

Source: Moors (1974)

Table 14 Timing of first child, according to wife's education, Denmark, 1970

	% born before marriage	% born in the first 8 months of marriage	% not desired
Women without vocational training	17	33	20
Women having an apprenticeship	4	20	7
Women having a theoretical education of no less than 3 years	0	11	8

Source: Mørkeberg (1973–1974)

it is impossible to say whether the woman's better education or rather the whole of circumstances contributing to a more elevated status make her behavior different. For this reason, we shall consider the woman's education without giving it a completely autonomous value in respect to the other indicators.

Nowadays, in the countries with low fertility rates, we see two kinds of relations between education and actual or expected fertility; the more diffused is the inverse relation, the higher the education, the lower the fertility. The U-shaped relation is slightly less diffused: lowest fertility for moderately educated women, highest fertility for the least educated women, and average fertility for the best educated women (Table 9). Similar relations are found between the education and profession of the husband and the family income on one side, and the actual or expected number of children on the other, with a higher frequency of the U-shaped relation.

Table 15 Percent of women who did not know how many children they wanted at time of marriage, according to education

Denmark, 1970	
Elementary	59
Lower secondary	44
Higher secondary	43
Post secondary	48
Finland, 1971	
Less than elementary	67
Elementary	58
Secondary	45
Post secondary	39
France, 1972	
Less than elementary	70
Elementary	41
Lower secondary	27
Higher secondary	19
Post secondary	20
Hungary, 1966	
Less than elementary	69
Elementary	66
Lower secondary	54
Higher secondary	31
Post secondary	29

Source: UN (1976b)

As for the time of family building, the age of the woman at marriage increases parallel to the educational and socio-economic level, while a systematic relationship with birth spacing has not been found.

The higher the socioeconomic, and particularly the educational level of the woman, the better is her acquaintance with the various birth control methods and the less diffused the use of coitus interruptus to the benefit of other methods, especially the rhythm method in the predominantly Catholic countries (Tables 10, 11, and 12).

Moreover, on the basis of the few available data on the subject, the more educated the woman, the better her capacity of family planning (Tables 13, 14, and 15).

In conclusion, from the analysis of the data concerning the relations between a woman's education and her procreative behavior, we can draw a rather consistent picture, which was not possible when considering female activity. This leads us to single out one factor of rationalization of reproductive behavior, i.e., the increase of education and more generally of social status (of which education is an indicator). Work outside the home would need further specification, connected with the socio-economic condition, before we can make its influence clear.

Summary

The paper argues the hypothesis that expansion of educational opportunities and work outside the home, considered as indicators of female emancipation, may foster the rationalization of the various aspects of reproductive behavior (family size, times of family building, birth control methods known or used, capacity for planning the number and timing of births).

According to the results of surveys carried out in some European countries in the last 10 years, we can establish that female work has a negative influence on family size but does not systematically entail a greater rationality of reproductive behavior. Expansion of educational opportunities, on the other hand, does seem to be clearly linked with a process of rationalization, expressed by a greater capacity for planning reproductive activity, as well as by the acquaintance with and use of more modern birth control methods.

Authors' contributions

Not applicable - this article is being republished.

Competing interest

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