FERTILITY PREFERENCES AND
GENERATIONAL SOLIDARITY

Kalev Katus Allan Puur Asta Põldma

RU Series B No 58

Tallinn 2007

The article studies the associations between fertility preferences and old age. Data for the study comes from the IPPAS database and covers the DIALOG countries in Europe. Along the progression of population ageing and increasing life span — currently 3.5-4 generations are living at the same time, instead of 1.5-2 generations before the onset demographic transition — societies are finding themselves in a situation which calls for building the new bridges between generations. The analysis is set to identify population groups representing stronger as well as weaker ties across generations. The article applies multivariate analysis on three indices of generational solidarity, constructed upon the IPPAS database. All three indices support the hypothesis that weaker ties are represented among childless and one-child oriented people while stronger ties can be found among those oriented to three children.

1. INTRODUCTION

Population ageing is the last process to finalise the demographic transition, about a century after the completion of the transition itself. Also, through a major change in the population's age structure, ageing influences almost all social processes and initiates a fundamental transformation of society. This transformation involves shifts in the economic patterns of production and consumption, organisation of health and social care, taxation and pension systems, housing and several other important social issues. As all the nations in the world have at least entered the demographic transition, ageing and the transformation of national societies have assumed the role of a process uniting the contemporary world.

Major high-level conferences involving researchers and policy-makers have increasingly addressed the issue of population ageing and its implications. To name some recent events, the UN conferences in Madrid 2002 and in Berlin 2002 were targeted at discussing, in particular, the complex implications of ageing [UN ECE 2002; UN 2002]. The European Population Conference in Strasbourg 2005 indicated population ageing as one of the main concerns of European societies for the coming decades [Schoenmaeckers 2005]. The recent European Union Green Paper *"Confronting demographic change: a new solidarity between generations"* calls for pointed policies in the field of population ageing [EU 2005].

The understanding of the need for major reforms to face the new population age structure has spread from the scientific community of demographers to a wider audience of other scientific disciplines as well as policy-makers. Policy makers are indeed entitled to take appropriate measures. In most cases the actual implementation of reforms can have various forms and definitely a different timing across countries. Currently no pan European consensus exists on the referred topics. Also, for different countries different ways may be preferred rather than a unified road, and the effectiveness of ageing policies may vary from country to country.

Common to all countries in Europe, the necessary reforms to meet the challenges of population ageing are mostly not welcome by the population concerned as they usually imply to increase the retirement age and reduce pensions in relative terms, just to name some more common fears. Even small steps taken in this direction in France, Italy and some other European countries, have been met with clearly negative reaction by the wide audience. It is never easy to introduce a system of reforms perceiving ageing — according to Frank Notenstein (1954) — not a problem in a wider context, but just a pessimistic view of the biggest triumph of humanity, namely increasing longevity.

Whatever reforms may be planned in connection with population ageing, they enhance and support the growth of solidarity between generations, and avoid aggravating differences or even opposition between the different generations living together at a given point in time. It also means evolving and underscoring the growing prevalence of the life-course concept: whatever their age at the moment, all people have been children, and some decades later have or will reach maturity and then old age. Nethertheless, in some population groups the life-course understanding and personal ties across generations — whatever the reason — may be stronger than in others.

This article discusses the differentiation of these intergenerational ties from the demographic point of view, namely relative to fertility behaviour and preferences.

Concerning fertility, during the demographic transition, together with the second transition the parity outcome of female as well as male cohorts has been substantially homogenised [Coale, Watkins 1986]. The consolidation of the two-child model has been nearly universal, with a particular decline in models with a higher number of children per family. Nevertheless, a notable prevalence of one-child and three and more children models is still persistent and varies between nations, with a recent increase in childlessness in many European countries [Council of Europe 2005]. This article wishes to analyse whether males and females with a higher or a lower fertility preference and behaviour express a more positive attitude towards population ageing and the elderly in society, i.e. stronger ties and solidarity across generations.

The ageing process is well advanced in the European respectively DIALOG countries deemed as demographic forerunners. In this respect it is surprising that there are no comparative analyses on attitudes towards the elderly against the background of demographic variables such as variability of fertility behaviour and preferences among the adult population, i.e. analyses connecting three generations. No studies of this kind are known to the authors.

There are probably good reasons for such a situation. First, individual databases containing data on attitudinal questions in the field of population covering several or most European countries are not very widespread. More importantly, even at the national level attitudinal information expressed by the adult population on one specific field — the elderly — is rarely combined with behavioural and attitudinal information on other demographic topics, i.e. children. Internationally this kind of database may not so far exist before this IPPAS. It should be mentioned that a first round of the PPA in the early 1990ies did not integrate analyses of this type either [Moors, Palomba 1995; 1998; Dorbritz, Fux 1997].

Against the background of rapidly growing interest and analyses on the elderly and population ageing as well as on children and fertility, the need to integrate different generations in research is obvious [Lesthaeghe 2002]. In this paper this is done via the adult population aged 20-49 years, or in other words, the population in reproductive age. This population segment has or could have children of their own, i.e. the possibility to realise their preferences in the field. On the other hand, they also need to think about their current situations as well as prepare for older age, and their current attitudes towards the elderly may show, among others, whether or not they have contemplated their own future.


2. DATA

The data are derived from the PPA survey in 14 European countries, with German data available for East and West in addition. The IPPAS database is described in the chapter 2.1 of this volume. The information used for the current analysis is derived from two different modules, fertility and ageing: first, information on fertility, namely the actual number of children already born as well as expected, and second, views and attitudes on the elderly and preferences and ways for of caring for the elderly.

Fertility is an age-specific process. Moreover, the age at first birth (and subsequent births) varies between countries. That gap has been widening recently as "fertility ageing" (postponement of births) has progressed at different speed across the European countries [Billari 2005; Sobotka 2004]. If there is need to define people — women as well as men — by the number of children in a wide age range and in

comparison between countries, the method usually applied is an integration of data on children already born and those planned or expected. This method has proven to yield results closer to reality than the ideal number of children or children ultimately expected [van de Kaa 2001]. The relevant information is available in the IPPAS database for all DIALOG countries, except Romania.

Figure 1 and 2 provide data about the total number of children, separately for those already born plus those planned, for respondents aged 20-49 years, i.e. the population in reproductive age. The graphs cover males and females separately. It is evident that the populations age structure and the survey samples in PPA countries are not identical. These factors should be born in mind and added to the variation of fertility timing in the different countries as regards two components of the total number of children.

Figure 1. NUMBER OF CHILDREN ALREADY BORN AND PLANNED
Males
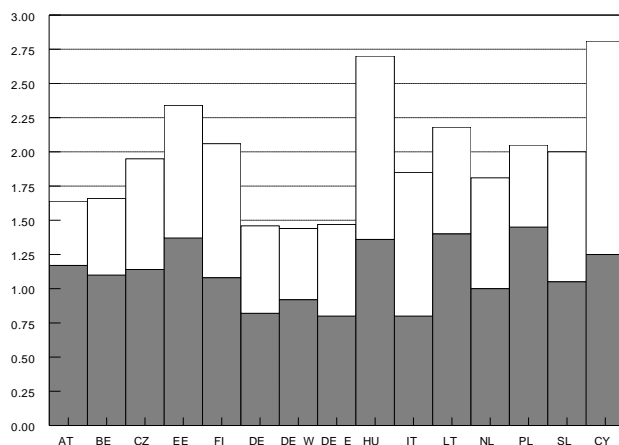
In most of the countries children already born form more than 50 per cent of the eventual total number of children. This is particularly true for females as compared to males. Among women we find the children already born in relation to the children planned a ratio of two-thirds to one-third. In principle, men have a lower share of children already born being a few years older than their female partner/mothers at parenthood. Evidently, the proportion is higher in the countries dominated by a relatively early age of childbearing, and lower in the countries where childbearing is postponed to an older age.

Figure 2. NUMBER OF CHILDREN ALREADY BORN AND PLANNED
Females
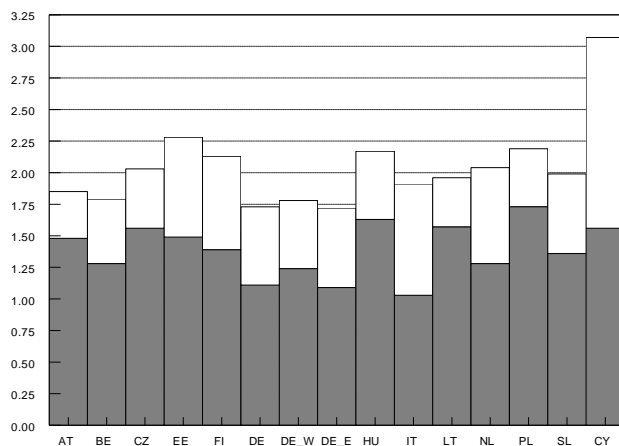
Cyprus seems to be an exception with a higher proportion of planned children both for men and women, with much higher fertility intentions as compared to most other countries. This may reflect a relatively recent fertility decline in the country with the prevailing higher share of less realistic future plans than in other PPA countries. Also Hungarian men stand out.

The country with the lowest total number of children already born and planned should be mentioned. It is Germany, or according to Wolfgang Lutz the "German-speaking countries" in wider context [Lutz

2003]. Indeed, Germany displays a low level of children planned/expected and children already born. This is particularly true for the male population orientated to smaller families as compared to females. Austria (and Belgium/Flanders) come close to that situation.

Concerning the attitudes towards seniors and providing care, the data from three questions of the PPA questionnaire are used. The first question (A2. There are widely varying views on the elderly in our society. Would you please indicate your own opinion on the following statements) seeks to specify the respondents' general views of the elderly. The respondents were asked to express their opinion on various views on a five-grade scale from "strongly agree" to "strongly disagree".

The positive statements are the following:
　　Thanks to their great experience the elderly are still socially useful;
　　The elderly guarantee the preservation of traditional values in society;
　　The subsequent generations could profit from the presence, knowledge
　　　　and experience of the elderly; .
　　Society should take into consideration the rights of the elderly;
　　Society should take into consideration the problems of the elderly;
　　The elderly are an important resource for emotional support.
　　The negative statements are the following:
　　The elderly are an obstacle to change;
　　The elderly are a burden to society.

The second question (A3). There are widely varying views on the care of the elderly in our society. Would you please indicate your own opinion on the following statements) addresses the care of the elderly in society. The statements for the respondents to express their views — also on a five-grade scale — are the following:

　　Children should take care of the elderly;
　　It is the duty of the relatives to take care of the elderly;
　　I would like my aged parents to live with me;
　　If one of them needed care, I would ask my aged parents to live with me
　　Old people should live in old people's homes only if there is nobody in the family
　　who could take care of them.

The third question (A4). It could happen that an elderly person continuously needs a little help in daily living. Do you think these items are best entrusted to...) used in regression analysis focuses on the continuous, although not necessarily extensive help for the elderly in everyday life. The statements are designated to identify the person(s) who should provide that care, on the same five-grade scale:

　　Spouse/partner;
　　Children;
　　Other relatives;
　　Friends or neighbours.

In the case of the second and third questions, some statements, either those almost exactly copying other statements with only a minor variation, or those that

were too broad to be adequately understood by the respondents, are not included in the analysis.

The information gathered on views and attitudes concerning the elderly has been summed up in three indices discussed in the next section.

Not all the PPA countries collected information on both aspects — children and attitudes towards the elderly. In the IPPAS database such data are available for eight countries (nine cases if Eastern and Western Germany is considered separately), namely Austria, the Czech Republic, Estonia, Finland, Germany, Lithuania, Poland and Slovenia. The first round of multivariate logistic regressions on the general attitudes towards the elderly omits Finland, lacking this battery of items.

3. INDICES OF GENERATIONAL SOLIDARITY

To consolidate the data on attitudes towards the elderly, three composite indices have been calculated, for each group of statements described in the previous section. As these indices summarise respondent's attitude — among the population aged between 20 and 49 years — towards the elderly and will be analysed by respondent's parity, they cover three generations. In this respect the indices have been labelled as generational solidarity indices, not as an attempt to create any universal solidarity index, but to serve the purpose of the given analysis we aim at.

The first solidarity index — image of the elderly — is calculated on the basis of answers to eight statements on the general views on the elderly, by adding the grades together and standardised to original five-grade scale. The two negative statements have been adjusted to the opposite, i.e. harmonised with the other answers. The minimum index value is one point, i.e. all the statements received responses of "strongly agree", or in other words, the general attitude of a respondent towards the older people was the most positive. The maximum index value is five, indicating the most negative view on the elderly.

Figure 3. FREQUENCY DISTRIBUTION OF THE FIRST GENERATIONAL SOLIDARITY INDEX: IMAGE OF THE ELDERLY
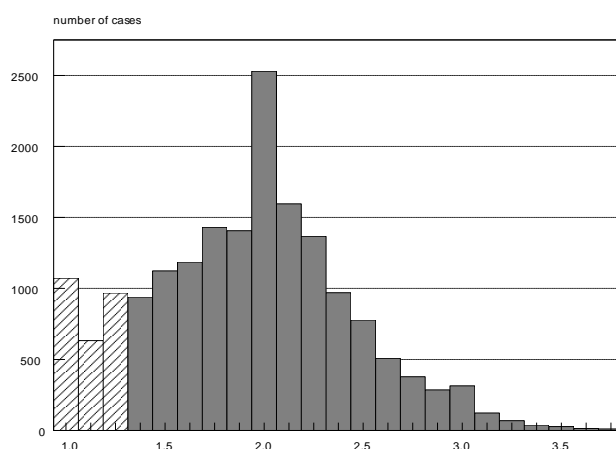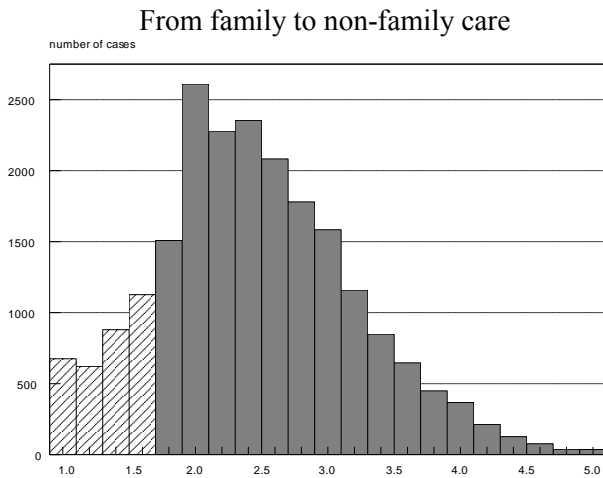From positive to negative

Figure 3 shows the frequency distribution of the index on the image of the elderly, all countries combined. Technically speaking, it is not the perfect normal distribution, but the shape of the distribution curve is relatively close to normal: most people are concentrated around the value 2.0 at the centre of the index distribution, exhibiting a decline towards both extremes. It is worth to note that no extremely negative assessments (index value between four and five) were recorded. For the further analysis the population group with the most positive attitudes has been defined with values up to 1.375, leaving the rest — average as well as more negative attitudes — to another group.
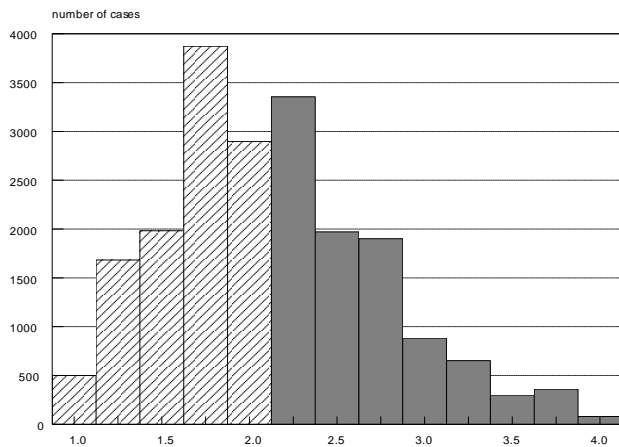
Figure 1. FREQUENCY DISTRIBUTION OF THE
SECOND GENERATIONAL SOLIDARITY NDEX:
FAMILY CARE
From family to non-family care

The second solidarity index — family care — is calculated similarly, on the basis of answers to the question on the care of the elderly in society: care is provided either by the family network, based on generational solidarity, or vice versa, by societal institutions. The population group with the strongest solidarity attitudes towards providing care by themselves and/or via the family network is defined by the first 5-8 values, leaving the rest — indifferent and those preferring professional arrangements — to another group. Figure 4 tabulates the frequency distribution of the index. The shape of this curve is even closer to the normal distribution, though likewise skewed to the left side and the positive attitude.

Figure 2. FREQUENCY DISTRIBUTION OF THE
THIRD GENERATIONAL SOLIDARITY NDEX:
INFORMAL CARE
From informal to formal care

The third solidarity index — informal care — estimates the respondent's orientation or readiness to provide continuous care and assistance to the elderly by family members, relatives and friends. The index is based on the same calculation procedure as applied for the previous two indices. The population group with the strongest solidarity attitudes towards providing care by family members, relatives and other informal care providers is defined by the values 1 and 2, leaving the rest (attaching lower value to informal assistance and higher value to formal help) to another group. Figure 5 tabulates the frequency distribution of the informal care index and, once again, the typical shape close to normal distribution is rather evident. It is worth to note that no extremely negative assessments (index value between four and five) were recorded and the distribution is generally skewed to the left and informal care.

4. RESULTS

All the three indices of generational solidarity have been used for regressions against parity, applying the multiple logistic regression models. The models also incorporate other characteristics to control their explanatory power and impact, including sex, age,

9

education, marital/partnership status and religiosity. For the analysis containing data for all countries combined, two sets of models were estimated. The first set produced non-adjusted estimates for parity by including it in a model as a single covariate. The second set of models produced the estimates for parity that were adjusted for the effects of all other covariates. Country-specific analysis applied the second set of models.

Data presentation for all three solidarity indices is similar. The graphs reflect logistic regression coefficients for models with data on all countries pooled. The reference group is comprised of the individuals having or planning two children, and coefficients for those with/planning none, one child and three or more children have been graphed. The data on both adjusted and non-adjusted models are presented. The same regressions have been modelled for each individual country, while all the other details remain constant. These country-specific results are outlined in the corresponding tables, 1 to 3.

Figure 3. LOGISTIC REGRESSIONCOEFFICIENTS OF THE FIRST GENERATIONAL SOLIDARITY INDEX: Image of the Elderly
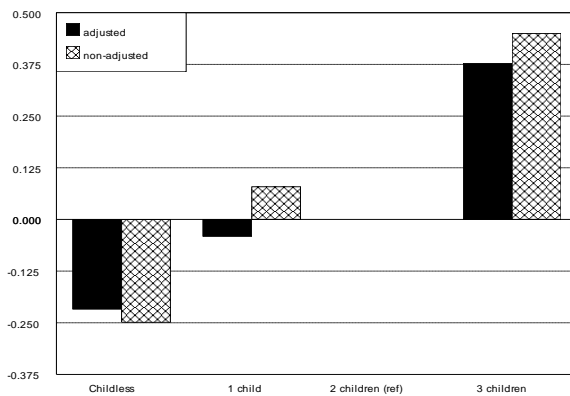
The data on multivariate regression of Solidarity Index 1 are presented in Figure 6. Evidently, childless people and those planning to remain childless demonstrate a more negative general attitude towards the elderly than any other parity group, while those having or planning three or more children express a much more positive attitude towards the elderly. Those having or planning one child exhibit a somewhat more positive attitude towards the elderly compared to the reference group of individuals having or planning two children, however, under the adjusted model the position of this group changes its sign, becoming somewhat negative in relation to the reference group. As regards the remaining parities, other characteristics integrated into the model to a certain extent explain the difference on both sides, but the positive attitude towards the elderly shows an obvious increase as the number of children in the respondent's family grows.
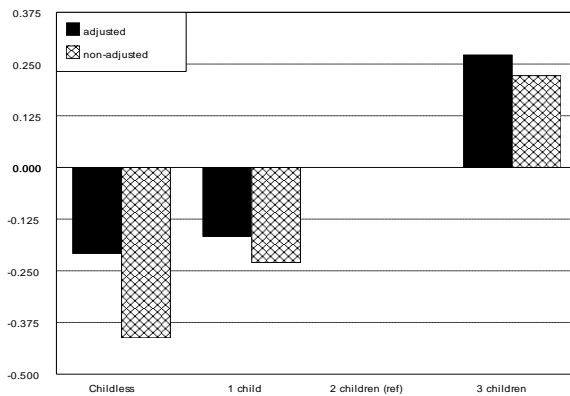
In the country-specific Table 1 on the number of children (including planned children) and the image of the elderly the level of coefficients varies substantially from country to country, however, the general outcome of the previously discussed model — the positive attitude towards the elderly increases with the growing number of children in the respondent's family — holds true in all cases with the exception of Estonia and Poland (Table 1). In Poland and Estonia, people with three or more children do not display an increasingly positive attitude towards the elderly; additionally, Estonia does not exhibit a decline among childless people. In both cases, however, differences in the attitude towards the elderly only marginally depend on parity — unlike in most other countries studied.

Table 1. LOGISTIC REGRESSION COEFFICIENTS OF THE FIRST GENERATIONAL SOLIDARITY INDEX: IMAGE OF THE ELDERLY

Country	Childless	1 child	2 children (reference group)	3+children
Austria	0.809	0.892	1.000	0.953
Czech Republic	0.418**	0.754	1.000	1.022
Estonia	1.013	1.042	1.000	0.960
Germany	0.600**	0.940	1.000	1.116
Lithuania	0.760	1.091	1.000	1.356
Poland	0.941	0.986	1.000	0.946
Slovenia	0.935	1.177	1.000	1.349

Two statements hold true not only for the solidarity index discussed above but also for the remaining two. Once again, there are substantial differences in fertility levels between the PPA countries, including the different positions that people with parity two may hold. Parity two, however, is the reference group in the multivariate analysis for all countries. The other statement concerns the rather heterogeneous group of zero parity. On one hand, the group contains people who do not want to have any children. On the other hand, it also covers those who cannot have children because of primary or secondary infertility. Only the first group can be expected to have a weaker solidarity across generations, whereas the second group, on the contrary, may exhibit even stronger solidarity than other parities. Evidently, the proportions of these two groups vary considerably between countries.

Figure 4. LOGISTIC REGRESSION COEFFICIENTS OF THE SECOND GENERATIONAL SOLIDARITY INDEX: FMILY CARE

Figure 7 presents the coefficients of multivariate logistic regression of generational solidarity index on family care. Like in the previous case, the general data association is very similar: the positive attitude towards providing care by the family and next of kin (rather than professional organisations) increases with the growing number of children in the respondent's family. Data adjustment plays a bigger role and other characteristics than parity are explaining about half of the more negative attitudes among childless people. On the other hand, the adjusted coefficients for the three or more parity are even higher than the non-adjusted coefficients. Unlike the previous solidarity index there is a relatively noticeable difference between parities one and two (the reference group).

The country-specific coefficients are heterogeneous, like in the previous case (Table 2). Some countries like the Czech Republic, Germany, Lithuania and Poland demonstrate a linear growth of solidarity as parity increases. Other countries — Austria, Estonia, Finland and Slovenia — present a similar picture with the exception of childless people who exhibit stronger solidarity compared to the people with one child. The heterogeneity (and marginal or extremely marginal role in some countries) of the group of childless people discussed earlier could explain this irregularity. Poland is the only country where the group with three or more children displays a

slightly lower level of solidarity compared to the reference group with two children. Possibly the social difference between these two groups appears smaller in Poland compared to other countries.

Table 2. LOGISTIC REGRESSION COEFFICIENTS OF THE SECOND GENERATIONAL SOLIDARITY INDEX: FAMILY CARE

Country	Childless	1 child	2 children (reference group)	3+children
Austria	1.161	0.979	1.000	1.533**
Czech Republic	0.467**	0.945	1.000	1.283
Estonia	1.398	1.102	1.000	1.067
Finland	1.397	0.874	1.000	1.246
Germany	0.823	0.912	1.000	1.410**
Lithuania	0.992	1.270	1.000	1.375*
Poland	0.853	0.981	1.000	0.986
Slovenia	1.044	0.960	1.000	1.620**

The results of the multivariate regression on generational solidarity index on informal care — personal, family and next of kin participation in providing care — by parity are tabulated in Figure 8. Summing up the findings for all countries, the general outline is rather close to that for index on the image of the elderly, i.e. the growth of solidarity by parity increase is accompanied with small differences between parities one and two. The differences are somewhat smaller across parities, and the adjusted model seems to play a slightly bigger role in reducing these differences.

Figure 5. LOGISTIC REGRESSION COEFFITCIENTS OF THE THIRD GENERATIONAL SOLIDARITY INDEX: IINFORMAL CARE
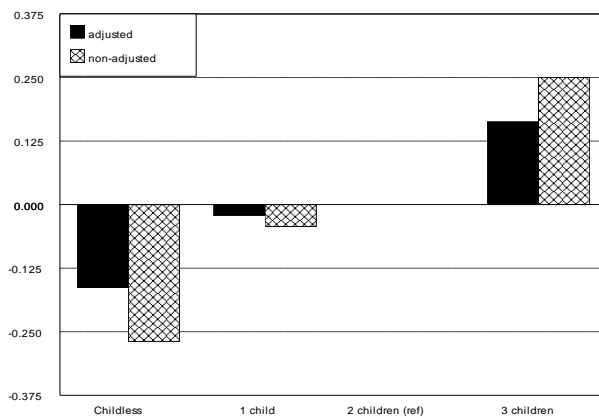
The country-specific data in Table 3 stress the higher solidarity level in the childless group compared to the reference group. This holds true for almost all countries, with a clear and noticeable exception in Germany and a minor one in Slovenia. At the same time Germany is known for its very high (and increasing) level of voluntary childlessness, whereas in many other countries the group is much smaller, and among others, the proportion of childlessness caused by infertility much higher. Like the previous indices, the group of three or more children demonstrates the highest level of solidarity for almost all countries with the exception of the Czech Republic, and again to lesser degree in Slovenia. In Slovenia the impact of having or planning or having children is rather flat.

Table 2. LOGISTIC REGRESSION COEFFITCIENTS OF THE THIRD
GENERATIONAL SOLIDARITY INDEX:
INFORMAL CARE

Country	Childless	1 child	2 children	3+children
Austria	1.292	1.152	1.000	1.467*
Czech Republic	1.298	0.975	1.000	0.860
Estonia	1.322	1.062	1.000	1.244
Finland	1.132	0.732	1.000	1.274
Germany	0.880	0.989	1.000	1.185
Lithuania	1.723	1.436	1.000	1.932**
Poland	1.249	1.035	1.000	1.087
Slovenia	0.969	0.914	1.000	0.926

5. DISCUSSION

Populations had an average life span of around 30 years before the demographic transition, meaning, among others, that one and a half generations lived together at the same time. It was rather typical that the youngest child had lost at least one parent before reaching adulthood. Naturally, there were cases of three or maybe even four generations living together, but this was an exception rather than a rule. Under such conditions, in traditional societies the relations between generations were less important than relations between people of the same generation [Schofield, Reher, Bideau 1991].

Mortality transition has increased life expectancy about two and a half times. In modern society typically three, and increasingly even four, generations live together, for a shorter or longer period. Under these circumstances the relations between generations have developed — in quantity and quality — substantially. Moreover, the differentating roles played by people in various age groups, adults in particular, stress the importance of inter-generational relations.

The changing inter-generational relations can be approached on two levels. First, changes on the family/kin level are important. Most probably, modern societies have yet to find the best model to apply the growing wealth of generational relations, for example, handing down knowledge and experience to the offspring. School and home have different roles to play in teaching the young generation, however, all too often fail to work towards the same end. Families feel an increasing pressure to support their grandparents or great-grandparents. European countries seem to prefer different options, particularly regarding the choice between home care and the institutions for old people in continuous need for assistance and care. Research is ongoing in the field, including the CARMA project within the EU framework [CARMA 2004].

Second, the population or societal level, which is sometimes described as the transformation of the age pyramid into an age stick or mushroom [Long 1991]. It has been suggested that the changing and intensifying relations between generations on this level are of prime importance for the future of mankind. When population ageing reaches the final stage for demographic forerunners in the near future, there will be no turn back. The new population age structure where 3-4 generations are living together at the same time will be the future for all nations, with the third generation being the

most numerous. There is growing literature on policy implications of the new demographic regime [Avramov, Cliquet 2005; Demeny 2003; Keilman 2003; Macura, MacDonald, Haug 2005]. A recent study by Charlotte Hoehn summarises the work of the European Population Committee in the field for the last five years [Hoehn 2005].

As is the case with many other aspects of population ageing, societies will find themselves in a novel, unprecedented situation necessitating the formation and introduction of new inter-generational relations [Avramov, Cliquet 2005; Demeny 2003; Sgritta 1995]. Needless to say, these relations should be based on understanding and respecting the different roles of generations. A hypothesis has been put forward that the third generation would assume the leading role in this new system of relations [Laslett 1993].

Currently, the structure of several important areas in society is not yet ready to meet new challenges. Economy in particular is still based on the growth model and intensive use of working-age population, whereas other generations — children and the elderly — are perceived as "non-productive". The age dependency ratio will definitely grow in the future, stabilising on "less favourable" levels as compared to the current situation. In this new reality the economic structures should be modified to take advantage of the new age structures of the population. However, there are other strategies available like transferring economic activities to countries and regions where the "old methods" could be employed for some more time. In the globalised world the transfer of capital has become easier than ever.

The current analysis allowed the identification of the individuals and population groups that represent weaker ties across the generations and express less favourable attitudes, particularly concerning the elderly. The general outcome of multivariate regressions presented and discussed in the previous section is obvious: people with more children, i.e. in a way demonstrating a more positive attitude by their own behaviour towards children also exhibit a more positive attitude towards the elderly, and higher readiness to provide care either themselves or other members of family or next of kin. In particular, the differences are the most pronounced between the respondents with one-child orientation and those with three or more children as the two rather opposite strategies.

The readers have surely noticed that against the background of a clear message contained in the combined data from all PPA countries, individual countries handled separately present a much more heterogeneous picture. Naturally, there are differences between countries, considering the different levels of the ageing process in each nation and the national traditions regarding the role of the elderly in society. However, the ways how the generational solidarity is secured may not be identical.

European societies are now facing the task of building bridges between generations and stages of life. At the individual level, life-course thinking should assume a greater role, while the role of the strategies oriented towards short-term goals and values should diminish. At the national level, reforms bringing various activities in society corresponding to the new age distribution are envisaged. These tasks will not be easy to accomplish, and some countries may achieve more effective results than others, heralding a new round of the re-grouping of countries by their influence and power in the world.

REFERENCES

Avramov D. & R. Cliquet (2005). Integrated Policies on Gender Relations, Ageing and Migration in Europe. *Lessons from the Network for Integrated European Population Studies*. Brussels, CBGS Publications.

Billari F. (2005). *The Transition to Parenthood in European Societies*. Paper presented at European Population Conference, Strasbourg, Council of Europe.

CARMA (2004). *Care Services for Elderly: State of the Art and Perspectives*. Fano, CARMA.

Coale A. & S. Watkins (Eds) (1986). *The Decline of Fertility in Europe*. Princeton, Princeton University Press.

Council of Europe (2005). *Recent Demographic Developments in Europe 2004*. Council of Europe, Strasbourg.

Demeny P. (2003). Population Policy Dilemmas in Europe at the Dawn of the Twenty-First Century. *Population and Development Review*, vol.29, pp.1-28.

Dorbritz J. & B. Fux (1997). *Attitudes Toward Family Policy in Europe: Results of a Comparative Survey in the Countries of the European Comparative Survey on Population Policy Acceptance*. Munich, Harald Boldt Verlag.

EU (2005). *Confronting Demographic Change: A New Solidarity Between the Generations. Green Paper*. Brussels, European Commission.

Goldstein J., W. Lutz & R. Testa (2003). *The Emergence of Sub-Replacement Family Size Ideals in Europe*. Paper presented at the European Population Conference, Warsaw.

Keilman N. (2003). *Demographic and Social Implications of Low Fertility for Family Structures in Europe. Population Studies*, no.43. Strasbourg, Council of Europe Press.

Laslett P. (1993). *The Emergence of Third Age*. Paper to IUSSP General Conference, Montreal.

Long J. (1991). The Relative Effects of Fertility, Mortality and Immigration on Projected Age Structure. *W.Lutz (Ed). Future Demographic Trends in Europe and North America: What Can We Assume Today*. San Diego, Academic Press, pp.503-522.

Macura M., A. MacDonald & W. Haug (Eds) (2005). *The New Demographic Regime. Population Challenges and Policy Responses*. New York and Geneva, United Nations.

Moors H. & R. Palomba (Eds) (1995). *Population, Family and Welfare*, vol.1. Oxford, Clarendon Press.

Notestein F. (1954). Some Demographic Aspects of Ageing. *Proceedings of the American Philosophical Society*, pp.38-46.

Schofield R., D. Reher & A. Bideau (Eds) (1991). *The Decline of Mortality in Europe*. Oxford, Clarendon Press.

Schoenmaeckers R. (2005). *Population Ageing and its Challenges on Social Policies. Disaster Scenario or Success Story*? Paper presented at the European Population Conference, Strasbourg.

Sgritta G. (1995). *New Forms of Social Organisation and Interpersonal Relationshipsin Ageing Societes. Evolution or Revolution in European Population*. Paper presented at the European Population Conference, Milan.

Sobotka T. (2004). *Postponement of Childbearing and Low Fertility in Europe*. University of Groningen, Dutch University Press.

UN (2002). *Report of the Second World Assembly on Ageing*. New York, United Nations.

UN ECE (2002). *Regional Implementation Strategy for the Madrid International Plan of Action on Ageing. Berlin Ministerial Declaration*. United Nations, Economic Commission for Europe.