



**Stockholm University Linnaeus Center on  
Social Policy and Family Dynamics in Europe, SPaDE**

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Welfare States, Family Policies,  
and Fertility in Europe

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Working Paper 2012: 10

# Welfare States, Family Policies, and Fertility in Europe\*

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**Abstract:** This contribution discusses the potentials of welfare-state approaches for fertility research in Europe. Demographers mostly concentrate on family policies and their effects on fertility. They usually find no fertility-elevating effects of individual family policies or only small effects on the aggregate level. This has led them to turn their attention instead to welfare states and to national configurations of social and family policies. In this contribution, I argue that welfare-state and single-policy approaches complement each other and that both are needed for a better understanding of fertility developments. I outline the main concepts of the welfare state and their usefulness for fertility research, underlining two aspects in particular: First, the relative persistence of the orientation of a welfare state provides a framework to assess the effects of policies and policy changes across countries and over time. Second, different welfare states are associated with different labor-market and educational systems, which allows us to view fertility behavior within a framework of interrelated complementary institutions.

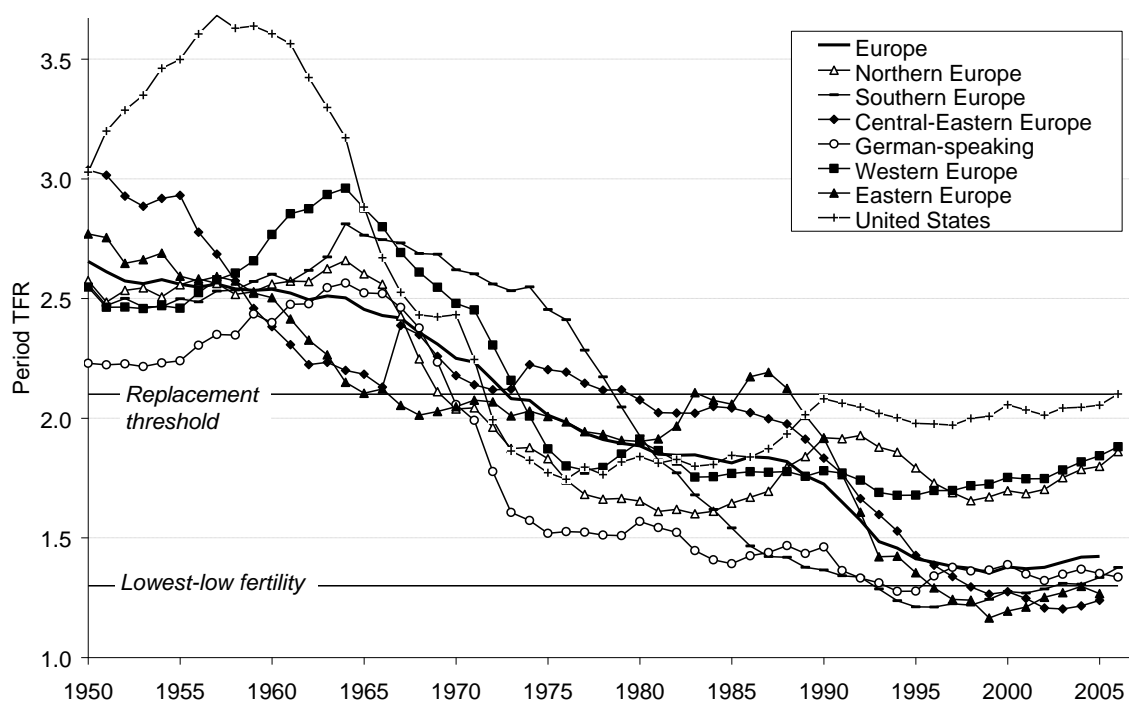
\*This paper is also available as a *Stockholm Research Report in Demography*

## **1 Fertility developments in Europe**

Over the last forty years of the twentieth century, period fertility developments in Europe were characterized by two specific trends, namely the decline of fertility to below the replacement level (i.e. to a Total Fertility Rate below 2.1) and the movement from intraregional diversity to intraregional homogeneity (Neyer 2003). The decline of the TFR affected all of Europe. In many countries, the TFR dropped to very low levels (below 1.5) or even to lowest-low levels (below 1.3). Some countries experienced the decline in the late 1970s and early 1980s, others encountered a drop only in the 1990s. At the end of the 20<sup>th</sup> century, all European countries had a TFR below the replacement level, and in roughly two-thirds of the countries the TFR was below 1.5. Overall, about three-quarters of the European population lived in societies with such a low fertility (Frejka and Sobotka 2008, 17).

During the first decade of the 21<sup>st</sup> century, the TFR rose again in almost all major European regions. By 2008, no European country had a lowest-low fertility level and only eight countries had a TFR below 1.4. Another eight countries even reached highest-low fertility levels (TFR 1.85 or above; Eurostat 2010, Figure 1). The increase proved not to be the same across Europe. Contrary to developments in most of Western Europe, the TFRs of the German-speaking countries (Germany and Austria) as well as of neighboring Switzerland failed to increase from their very low levels, while in some high-fertility countries (France, Sweden, the UK) the increase was larger in absolute terms than what many other countries experienced (Goldstein et al. 2009, 671). In Central and Eastern Europe, the onset and the range of the increase varied greatly (Goldstein et al. 2009, 669). With the subsequent economic crisis, many affected countries lost their gains in the TFR (Sobotka et al. 2011).

**Figure 1:** Period total fertility in major regions of Europe and in the United States, 1950-2006



Source: Frejka and Sobotka 2008, 21.

Notes: Data are weighted by the population size of given countries and regions. Countries are grouped into regions as follows:

Western Europe: Belgium, France, Ireland, Luxembourg, the Netherlands, and the United Kingdom;

German-speaking countries: Austria, Germany, and Switzerland;

Northern Europe: Denmark, Finland, Iceland, Norway, and Sweden;

Southern Europe: Cyprus, Greece, Italy, Malta, Portugal, and Spain;

Central-Eastern Europe: Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, Slovenia, Bosnia-Herzegovina, Bulgaria, Macedonia, Montenegro, Romania, and Serbia & Kosovo;

Eastern Europe: Belarus, Moldova, Russia, and Ukraine.

The general fertility decline of the last four decades of the 20<sup>th</sup> century was accompanied by a process of regional convergence. In the 1960s, Europe's fertility pattern was rather dispersed and showed marked differences in fertility levels even between countries in the same region. By the beginning of the 21<sup>st</sup> century, fertility levels had moved towards greater homogeneity within regions. At the same time fertility differences between regions had not diminished; they had remained stable or had even increased slightly (Neyer 2003). Due to the uneven increase in the TFR at the beginning of the 21<sup>st</sup> century the differences in fertility levels among European regions have not diminished. The regional disparity between the high-fertility regions (the Nordic countries, France, the Netherlands, Ireland and the UK) and the low-fertility regions (the German-speaking countries, Southern, Central and Eastern Europe)

has rather persisted or has even become more pronounced (Frejka and Sobotka 2008; Goldstein et al. 2009).

Low fertility and distinct regional differences are not a new phenomenon in Europe. During the first decades of the 20<sup>th</sup> century, fertility in Western and Eastern Europe also declined to below replacement levels. By the mid-1920s, more than half of the European population lived in countries with sub-replacement fertility (Frejka and Ross 2001, 214f.), and by the mid-1930s only a minority of European countries had fertility rates above replacement (van Bavel 2010, 2). The fertility increase to and beyond replacement level that followed in the late 1940s and during the “baby boom” of the 1950s and 1960s marks a temporary phase in the otherwise low-fertility history of 20<sup>th</sup> century Europe.

Despite the long history of low-fertility patterns in Europe, comparisons and subsequent conclusions about sub-replacement fertility have usually been drawn with the high-fertility decades of the mid-20<sup>th</sup> century as a reference point. Just like in the 1920s and 1930s, the currently low fertility in Europe has generated several doomsday scenarios that predict the demise of the continent. Europe has been pictured as graying and even as vanishing demographically. Some authors have seen it as sliding into a global disadvantage due to its lack of young people and have portrayed it as falling behind in technological advancement, and as losing out in productivity, economic performance, and political power. Many authors fear that low fertility and the shortage of young people will have adverse effects on Europe’s labor markets and on European social-security and welfare-state systems. Immigration, proposed by some as a remedy against the consequences of low fertility, is rejected by others who warn that further immigration will jeopardize Europe’s social and cultural cohesion, its ethnic homogeneity, and the survival of “Europeanness”. (For a summary of these arguments, see Neyer 2011; for the perception of low fertility in the 1920s and 1930s, see van Bavel 2010.)

Such concerns about the consequences of low fertility have spurred much public and political interest in policies that could raise fertility levels. The increase in the TFR during the first decade of the 21<sup>st</sup> century has not silenced the voices that call for such policies. Quite on the contrary, the number of countries which state that they endorse policies to elevate fertility has continued to rise since the turn of the century. In 2001 about a third of the European countries reported that they had implemented policies to raise fertility. By 2009, half of the countries

claimed to have such policies in place (United Nations 2002; 2010). The European Union has also come to view low fertility as a challenge. It has started a number of initiatives to monitor the demographic trends of Europe and to guide countries in taking policy measures which are assumed to increase fertility and to promote “demographic renewal” (Policies 2006).

To an observer, the national and supra-national initiatives to tackle low fertility levels raise the question whether policies do in fact influence fertility developments and bring about or at least contribute to higher fertility. Many studies which compare the fertility-related policies and the TFR of selected countries attribute differences in fertility levels to differences in policies supporting families (Sleeboos 2003; Bonoli 2008; Castles 2003; Gauthier 2007). Unfortunately, the results stated depend on the methods used (Hoem 2008), on the selection of countries, and on the time frame in which the TFR and the policies are compared. Some European countries with comparatively high levels of fertility have very meager policies (e.g., Ireland or the UK); other countries with extensive family support programs have experienced continued or temporary low fertility levels (e.g., the German-speaking countries; Sweden in the first half of the 1990s). This challenges the unconditional assumption that fertility-related policies boost fertility levels.<sup>1</sup> Even the recent increase in the TFR in many low-fertility countries in Europe cannot unanimously be attributed to fertility-related policy initiatives enacted to increase fertility. According to Goldstein et al. (2009), in some countries the rise in the TFR was probably related to the implementation of such policies, in others there is no discernible link between family policy initiatives and fertility developments, and in yet another group of countries the fertility turn-around happened despite the absence of any major fertility-related policy intervention. In general, researchers conclude that the effects of policies on general fertility levels are weak, inconclusive, or contradictory (Neyer 2003; Sleeboos 2003; Gauthier 2007; Thévenon and Gauthier 2011; Spiess 2012; see also the country chapters in Frejka et al. 2008).

This has led some researchers to take a broader perspective on policies. They propose that one should pursue an institutional approach (McNicol 1994) and consider the configurations and interactions of policies, explore the impact of policy packages, and take the welfare-state system into account (McNicol 2001; Neyer 2003; 2005; Neyer and Andersson 2008; McDonald in this book). Others argue that such a broadening of the angle complicates the

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<sup>1</sup> The same applies to policies which aim at lowering fertility (Bledsoe et al. 1998).

assessment of policy effects on fertility because it is hardly possible to observe and measure the impact of policy conglomerations or of the welfare state on human lives (Mayer and Schoepflin 1989; Rindfuss and Brauner-Otto 2008). I maintain in this chapter that the broader policy- or welfare-state approach on the one hand and the single-policy approach on the other hand complement each other. Concentrating on the welfare state, I outline the potential of an integrative approach for fertility research and present empirical examples to demonstrate its analytical range. The main conclusion of this exercise is that both approaches are necessary in order to explain fertility developments in Europe from a policy perspective. Together, they provide a more integrative framework which allows us to link policies and fertility both theoretically and empirically.

## **2 Welfare state and fertility**

Several researchers have pointed out the importance of the state for fertility developments (McNicoll 1994; 2001; Mayer and Schoepflin 1989; Mayer 2009; McDonald 2006). They stress that the capacity of the state to shape fertility derives from its legal, administrative, and bureaucratic power to regulate vital relationships within society (McNicoll 1994) and to structure the individual's life course (Mayer 2009). European countries are unique in that the welfare state has become an essential institution – some maintain even *the* essential institution – which shapes human behavior and social and economic relationships. Although many proclaim that the “golden age of the welfare state” (i.e., from the 1950s to the mid-1970s) has passed and that economic and demographic challenges will lead to the dismantling of the welfare state, current research does not corroborate this claim (Pierson 1996, Pierson 2001, Boeri et al. 2001). The welfare-state reforms in European countries during the most recent three decades have rather been what Pierson (2001) calls recalibrations of the welfare state. Many of the adjustments have involved the modification of existing and the introduction of new welfare policies (Pierson 2001, 16). They signal a shift in the focus of the welfare state towards greater responsiveness to “new social risks” (Esping-Andersen 1999; Bonoli 2005; Palier 2010). These “new social risks” are largely related to the transformation of gender relationships and to the decline of the “male-breadwinner family” (Esping-Andersen 1999; 2002; Bonoli 2005; Taylor-Gooby 2004). They involve primarily woman-centered life-course risks which have been covered insufficiently by the “old” welfare state with its focus on the

income retention of the male breadwinner, viz, the reconciliation of work and family life, care needs, and lone parenthood (Bonoli 2005, 431). These “new social risks” are closely related to childbearing. The same consideration applies to other “new social risks” to which welfare states have become more responsive, namely, low education, low income, long-term unemployment, and insufficient social-security coverage (Bonoli 2005; Esping-Andersen 1999). This implies that the welfare state has become potentially more important for childbearing decisions and fertility developments. It makes the question of how and to what extent we can assess the impact of the welfare state on fertility even more pressing.

### *2.1. Quantifying the welfare state*

Researchers have pursued several strategies to measure the importance of the welfare state for human life. One approach is to classify welfare states according to how extensive or generous they are. Most often generosity or extensiveness are measured in monetary or other quantifiable terms. Examples are the share of the general domestic product attributed to social policies, expenditure on family-relevant social policies (e.g., health), the length of maternity leave and of parental leave after childbirth, the wage compensation granted to mothers (and fathers) during such leaves, the benefits granted to single mothers or to each child in a family, public subsidies for childcare, housing, and education, and so forth. The attraction for demographers of these and similar indicators is that they are often available for a large number of countries and that many of these indicators have been standardized for comparative purposes. Examples of such databases are: the OECD Social Expenditure Database, the OECD Family Database, the European System of Integrated Social Protection Statistics (ESSPROS), the Comparative Family Policy Database, and the GGP Contextual Database. During the last two decades, more fine-grained indicators have become available, as have previously missing ones that are associated with the welfare coverage of “new social risks”, of gender, and of family issues. This means that demographers have an increasing number of and more refined indicators at hand. Such indicators are well suited to rank welfare states or to determine clusters of welfare states along demography-relevant aspects (see, for example, Thévenon 2008). A weakness of such indicators is that many of them represent only the quantitative dimensions of a welfare state and its policies: Merely quantifying welfare-state measures have proved to be of limited potential in capturing essential characteristics of the welfare state and in explaining current or long-term cross-national differences in fertility



outcomes. Even if measures of specific policies are selected, relying on the purely quantitative aspects of such policies may not be sufficient to show possible linkages between policies and fertility. The reason for this is that extensiveness or generosity does not necessarily indicate how supportive a policy or a welfare state is. For example, social expenditure may be high because of high unemployment, which in turn leads to greater expenditure on unemployment benefits, even if these are low. Likewise, a long parental leave appears quantitatively as generous, while in fact long leaves are known to inhibit mothers' return to the labor market and women's employment careers (Rønsen and Sundström 2002). A merely quantitative approach does not uncover such features, because it neither discloses the principles on which a welfare state is based nor its aims. Both of these latter dimensions are essential, however, in that they shape the content and the direction of a welfare state and its social policies (for an example of an approach which recognizes these dimensions, see Kalwij 2010). They are therefore crucial elements needed to capture the essence of the welfare state and to assess its potential impact on fertility.

## ***2.2 The welfare state from the perspective of its principles and aims***

Several researchers have developed welfare-state concepts that recognize explicitly the principles and the aims of a welfare state (Wilensky 1975; Flora and Heidenheimer 1982; Esping-Andersen 1990). Such notions have become dominant in welfare-state research. This approach differs significantly from the purely quantifying approach. The latter regards a welfare state primarily as the "sum of its policies" (measured, as we mentioned above, in terms of extensiveness or generosity). An approach which considers the principles and aims of a welfare state focuses on the structuring functions of the welfare state and on the ideological premises on which its social policies are based (Wilensky 1975). It regards the welfare state as an institution which provides social order for human behavior through its social policies. As an institution, it creates a "stable equilibrium" (McNicol 2009, 790) for individual action and for society, and it gives guidance and meaning to behavior.

### *2.2.1 Welfare regimes: The principles of equality and of security*

The principles and aims acknowledged as essential for welfare states are commonly related to equality and to security. Equality is usually conceived as equality across class lines. Some distinguish between equality of opportunities and equality of result (Flora and Heidenheimer 1982). Security relates primarily to protection against economic and demographic risks (unemployment, old age) through social-security systems (Flora and Heidenheimer 1982). Based on the way in which these principles and aims are transposed into welfare-state policies, distinct welfare regimes can be identified. In his seminal and widely applied typology of welfare regimes, Esping-Andersen (1990) classifies Western welfare states according to three dimensions which govern core social policies, related to unemployment, health/invalidity, and old-age pensions:

(1) “De-commodification”, which is “the degree to which individuals, or families, can uphold a socially acceptable standard of living independently of market participation” (Esping-Andersen 1990, 37). In essence, this refers to the social security granted to a person in case of unemployment, sickness, old age, or any other life-course issue which makes her/him unable to participate in the labor market (e.g., childbearing, childrearing).

(2) “Social citizenship”, which is whether access to welfare-state benefits are granted on the basis of individual rights (social citizenship), on the basis of needs (Esping-Andersen 1990, 21-23), or on the basis of specific family constellations. Benefits based on needs often rest on the principle of subsidiarity, in that the family is regarded as the primary source of welfare and the state only as a back-up. Benefits are only granted if individual and family resources are exhausted or if the family is unable to provide welfare. Entitlements based on specific family forms (marriage) acknowledge the principle of mutual support in family relationships and grant access to social security to the partner/children of the main provider. In both cases, an individual’s welfare is made dependent on family relationships and/or family resources (Fraser and Gordon 1994).

(3) “Stratification”, which is whether welfare-state policies reinforce, sustain, or reduce social cleavages and status differences between various social and economic groups. This includes whether access to and levels of benefits are granted on equal terms to everyone or whether they vary by occupational status (blue-collar/white-collar/public workers) or by family status (married/non-married).

These dimensions generate three specific types of Western welfare regimes: (1) the *universalistic* or *social-democratic* welfare regime of the Nordic countries, characterized by a high degree of de-commodification, social-citizenship based rights to welfare benefits, and policies which are directed towards social equality; (2) the *conservative-corporatist* welfare regime of continental Western Europe, with stratifying and subsidiary welfare systems based on employment- and occupation-related social insurance schemes; and (3) the *liberal* welfare regime of the English-speaking countries with its reliance on the market and on private provision of social security and with minimal (means-tested) public support.

There have been several suggestions to modify Esping-Andersen's typology (see, Arts and Gelissen 2002 for an overview). Most of them are based on claims that specific countries deviate from the ideal types of welfare regimes. Following Ferrera (1996), many researchers, including demographers, acknowledge Southern European countries as a separate welfare regime (the "Latin rim" or "Mediterranean" model), because of the highly fragmented system of social protection, the close reliance on the family as provider of welfare, the distinct clientalism in these countries, and the pronounced labor-market insider-outsider divide.<sup>2</sup> Post-communist countries in Eastern and Central European have been added as an additional, although diverse and volatile, welfare regime, which combines Bismarckian (conservative) and liberal (market-based) welfare aspects (Cerami and Vanhuysse 2009). All of these modifications of the three worlds of welfare maintain the primary focus on the core social-security systems in Western Europe (unemployment, health/invalidity, old-age pension) and on their logics regarding social rights, protection against labor-market risks, and class structures.

### *2.2.2 Welfare regimes, gender, and the family*

Feminist and gender researchers have broadened this framework further by emphasizing the notions of gender ingrained in welfare policies. They emphasize how views of gender shape welfare-state policies and how welfare states in turn shape gender relationships in the family, in the economic sphere, and in society. They thus include the family in a more subtle way in their classification and analysis of welfare states. They de-compose "the family" and

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<sup>2</sup> The allocation of the Netherlands and of Switzerland to the conservative welfare regime has also been contested; both are seen as hybrid cases (Arts and Gelissen 2002).

distinguish between partnership and parenthood as two different forms of relationships which are shaped by welfare-state policies. They introduce care, that is, care giving and care receiving, as essential dimensions of welfare policies (Knijn and Kremer 1997). They bring in family policies as part of social policies. Finally, they modify the welfare-state principles by turning the attention to risks, rights, and stratifications related to or resulting from gender (being female or male), sexual orientation (heterosexual, same-sex, transsexual), partnership forms (cohabitation, marriage, divorce, widowhood), or parenthood status (single mothers; other forms of parental status). (For an overview over these aspects, see Neyer 2003).

Taken together these features expand the range and content of social policies substantially. Just like the labor market or class structure, the family, gender, and sexual relationships are regarded as targets of the welfare state. Linking gender, the labor market, the family, and the welfare state, feminist and gender welfare-state researchers have highlighted three additional fertility-relevant welfare-state principles:

(1) “Commodification”, which is the way in which welfare states support the labor-force participation of women and mothers, and maintain or alter the “male-breadwinner” family (Orloff 1993; Lewis 1992; Gornick et al. 1997). In a broader sense, commodification includes maintaining and supporting the employability of individuals, especially of those who have difficulties entering and remaining in the labor market (e.g., mothers, youth, immigrants, the less educated, the long-term unemployed). It also extends to the way in which policies promote or hamper gender equality in the labor market, that is, in types of employment, at the workplace, in income, in career options and so forth, as an essential aspect of commodification over the life-course.

(2) “Familialism”/“de-familialisation”, which depicts the way in which a welfare state deals with “care”. “Familialism” refers to the extent to which welfare states regard the family and thus directly or indirectly women as the primary providers of care. It describes the degree to which welfare states support familial care, encourage mothers’ retreat from the labor market after childbearing, and strengthen their caring functions (Leitner 2003). This includes the preferential treatment of marriage (and of a married female carer) over other family forms. “De-familialisation” refers to the aim of a welfare state to reduce family care responsibilities and (female) dependencies by providing institutional care (Anttonen and Sipilä 1996; Esping-Andersen 1999; Saraceno and Keck 2010; Saraceno 2011).

(3) “De-gendering of employment and care”, which is the extent to which welfare states seek to alter gender relationships by supporting the employment of mothers and by promoting the engagement of fathers in childcare and family work (Sainsbury 1999; Korpi 2000). This refers primarily to policy aims to change the male-breadwinner/female-carer family model towards the more gender-equal dual-earner/dual-carer family form (Sainsbury 1999).

If the dimensions of commodification, familialism, and de-gendering of employment and care are added in the classification of welfare states, the welfare-regime pattern becomes more diverse. The continental European welfare states do not constitute a common regime any longer. With their high degree of de-familialisation, France and Belgium are closer to the Nordic welfare states. Among the other continental welfare states, there exist different patterns of support for women’s employment, of familialism and de-familialisation: Southern Europe is less de-familialising than other conservative Western European countries; Eastern Europe, once a region in which states ideologically supported female employment and encouraged childbearing through various degrees of familialism, has undergone a process of re-familialisation and moved towards different, albeit frequently changing patterns of familialism (Lewis 1992; Anttonen and Sipilä 1996; Gornick et al. 1997; Sainsbury 1999; Leitner 2003; Neyer 2005; Szelewa and Polakowski 2008; Szikra and Tomka 2009).

### *2.2.3 Family-policy change and regime continuity*

The family-policy based pattern of welfare regimes has become more diverse during the past decade. The reforms of the European welfare states in order to tackle new social risks – in particular policy initiatives related to (female) labor-force participation, parental leave, and childcare – have not been uniform across countries nor have they all gone in the same direction. For example, Finland, Norway, and recently also Sweden introduced some “re-familialisation” policies by giving parents a choice between using public childcare or taking care of children at home for a longer period of time. These countries seem to partly move away from their gender-equality principles, so that the Nordic welfare regime appears less homogenous with respect to de-familialisation. Germany, by contrast, replaced its conservative parental-leave system by regulations modeled after the Nordic countries. Judged on the basis of its current parental leave system, it emerges as a de-familialising country,

deviating from the rest of the group of countries with conservative parental-leave patterns. Austria took a position in-between by diversifying its parental leave regulations so that parents can now choose among five different modes of leave. Some authors find that such policy changes, which diverge from the general welfare orientation of a country, have made it more difficult to allocate countries to specific welfare regimes and to locate stable patterns. Some countries even tend to shift between different regimes, depending on which policy is included in the analysis. (See, e.g., the classification of care regimes in Saraceno and Keck 2010 and of family policies in Thévenon 2011). This may also make it more difficult to assess linkages between welfare-state configurations and fertility.

However, such fuzziness and instability arise primarily if the classification is based on only one single policy at a time. Radical, paradigmatic changes in policy directions are rare (Hall 1993). Even if such changes do occur, they usually apply to only one policy or to a very limited set of policy features. The change usually does not affect the direction of the welfare state (although it can mark the beginning of a gradual transformation). If we consider the main principles and orientations of welfare- and family policies as a whole, the regime patterns have remained remarkably persistent over time (Castles and Obinger 2008). Despite the changes mentioned above, Germany and Austria, for example, continue to be conservative welfare states, and the Nordic countries still constitute a distinct, highly gender-equality oriented welfare regime. Fundamental changes of the welfare state as such have happened only in post-communist countries. They were not brought about by a replacement of one set of welfare policies through another, but by the breakdown of the political and economic system, the concurrent disruption of the organizational and administrative basis of much of the (non-family) welfare production, and the rise of capitalism. These developments “dislodged” previous welfare policies and welfare functioning. However, some basic principles, such as familialism, have continued to prevail and have governed post-communist welfare adjustments in a way that some authors see more path-dependency and path-continuation than path-departure and path-cessation, despite the transformation of the welfare systems (Cerami and Vanhuysee 2009).<sup>3</sup>

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<sup>3</sup> Authors who stress path-dependency see the post-communist welfare institutions as partly reaching back to pre-communist times (Cerami and Vanhuysee 2009).

#### 2.2.4 Welfare regimes and fertility research

For several reasons, the lines of welfare-state research described above provide a useful approach for policy-oriented fertility research. *First*, this approach links welfare-state policies more closely to human behavior than purely expenditure-based approaches do. By focusing on the notions of gender, equality, security, class, social rights, and family incorporated in welfare-state policies, this research emphasizes that welfare states are not neutral towards all groups of society and towards all forms of social behavior. Welfare states support specific types of behavior and discriminate against others. They give privilege to specific forms of life-course organizations by making work and family behavior which is compatible with welfare-state policies more meaningful, “rational” or advantageous than other forms of behavior. Welfare states thus create a realm of “agency inequality” (Korpi 2000) along gender, class, age and other social lines.

*Second*, focusing on the principles and aims governing welfare policies offers a common basis to characterize the main orientation of a welfare state, to reduce the heterogeneity of its social policies to essential features, and to cluster welfare states into broader groups of welfare regimes. This facilitates comparative research on the linkage between social policies and fertility. It is usually impossible to include all social policies in comparative research. Even if we only consider a selection of policies, the breadth of variation in policy manifestations across countries may result in findings that cannot be interpreted in a meaningful way. Welfare-state regimes represent the basic characteristics of the social-policy environment in which women and men make their fertility decisions. They can thus serve as an indicator of this environment in fertility analyses.

*Third*, by considering the welfare-state regime, we avoid over- or underestimating the effects of single policies. Policies may have different effects depending on whether they are in line with or go against other welfare-state policies and thus line up with or counteract the general orientation of a welfare state (Neyer and Andersson 2008). Singling out one policy as an explanatory factor for fertility change or for the persistence of fertility patterns may lead to wrong conclusions as to the magnitude or even the direction of a policy effect (Neyer and Andersson 2008). Situating the policy within its broader welfare-state context, that is, in relation to the main principles and aims of the welfare state, mitigates this problem.

*Fourth*, the gender and feminist welfare-state approach connects well with two major demographic theories of fertility development and fertility differentials in advanced societies, namely McDonald's theory of gender equity and Goldscheider's theory of a two-step gender revolution. Both theories link low fertility in highly-advanced capitalist countries to the discrepancy between high female labor-force participation and low gender equity in family care work, that is, to the increasing "commodification" of women on the one hand and the persistence of a high degree of familialism and a low degree of de-gendering of care on the other hand (McDonald 2000; Goldscheider 2000). Both theories hold that the decline from high to low fertility levels in Western countries has been associated with an increase in women's presence in the labor market and in other public institutions and with a concomitant persistence of women's sole responsibility for family work and care, while a subsequent increase from low to higher fertility levels necessitates a stronger involvement of men in family work and care. Welfare states play a mediating role in shaping these movements via their support or non-support of gender equality in employment and care (Neyer 2006). More generally speaking, the theories predict higher fertility if the orientation of a welfare state towards women and men complies with prevailing societal gender norms and the behavior of women and men, and the theories expect fertility to decline and remain low if there is a divergence between the gender logic of a welfare state on the one hand and the societal development regarding gender norms and gender behavior on the other hand. The same may apply to the childbearing developments among specific groups in society, since some social groups hold attitudes and are in a position to lead a life course which complies with the existing social policies while other social groups are not (see also Bourdieu 1996).

So far, the theoretical assumptions about the relationship between welfare-state logics and fertility developments have primarily focused on women; this is why the gender and feminist approach has proved to be especially useful for fertility research. However, if we want to link men's fertility behavior and male fertility developments to welfare-state configurations, the gender and feminist notions may apply only partially. For men, fertility decisions still seem to depend largely on employment and on the economic security to maintain of a family rather than on care options or on the possibility to combine employment and care (Neyer et al. 2011). As a consequence, typologies of welfare states centered on employment and social-security, such as those by Esping-Andersen and his successors, may be more suitable to assess the linkage between welfare states and male fertility. Similar considerations may apply if, for



example, we look at connections between welfare-state systems and immigrants' fertility behavior or at the interrelationship between economic developments, welfare-state configurations and fertility behavior. Briefly, to assess the relationship between welfare-state systems and fertility, it is necessary to consider which welfare-state dimensions are relevant for the persons or groups and for the event studied.

*Fifth* and partly resulting from the arguments set out above, because of the enduring nature of welfare-state principles, the regime concept offers a useful policy framework for comparative analysis of fertility developments over time. The difficulties one encounters in a cross-sectional comparative analysis intended to include all fertility-relevant social policies are aggravated if one attempts to incorporate the development of these policies across many countries and over time. As we have mentioned, welfare-state typologies offer a way to reduce the range and variety of social policies to a few shared characteristics and to explicitly acknowledge the social-policy system either in the analysis or in the interpretation. A welfare-state approach is particularly appropriate if policy explanations are sought for trends in aggregate (cohort or period) fertility measures.<sup>4</sup> These can rarely be related to the introduction, existence or elimination of a single policy, such as parental leave, family benefits, or childcare institutions. Instead, aggregate fertility measures tend to reflect the broader circumstances under which childbearing decisions are made, that is their context. Regime concepts offer to provide a structure to this context by representing essential welfare-state features which guide behavior over the life course.

To summarize, the welfare-regime approach reaches beyond purely measurable aspects of social policies and aims to capture the essence of structuring elements of welfare systems. This has its advantages, as outlined above, but it also has some disadvantages for fertility research. Some may regard it as a drawback that some welfare-state classifications are based on researchers' judgments about policy directions. This introduces a qualitative element into the analysis. A challenge is also posed by welfare states which deviate from the ideal-type welfare regimes, that is, welfare states whose policies follow rather heterogeneous principles, such as Switzerland or the former Eastern-Bloc countries. Their allocation to a specific

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<sup>4</sup> Aggregate fertility measures have received much criticism because they do not reflect fertility-relevant behavioral aspects (e.g., Hoem 2008; Hoem and Mureşan 2011). Some authors therefore consider them inappropriate for the assessment of the relationship between policies and fertility. Nevertheless, they are still the dominant indicators of fertility development and are commonly used as reference categories in policy discussions.

welfare regime or – in the case of the former communist countries – their clustering into one or two welfare regimes must be considered carefully. Some authors argue furthermore that changes in the labor market, such as the increase in new types of work which are less well covered by welfare regulations, have decreased the power of the welfare state to shape individual lives, even though welfare-state policies to cover “new social risks” have been expanded (Scharpf and Schmidt 2000). Despite these issues, the concept of welfare regimes constitutes a valuable contribution to an institutional approach in fertility research by linking individual behavior with the structured macro-level environment in which a person lives.

### ***2.3 Welfare states and institutional complementarities***

The institutional approach of welfare-state research stresses that welfare states do not only affect employment and family behavior, but that they also structure the labor market and other institutions. Demographers have mostly turned their attention to the relationship between welfare-state policies and family behavior. Less attention has been paid to the fact that different welfare regimes are associated with differently organized labor markets, as is indicated by Esping-Andersen’s concept of welfare regimes based on class- and labor-relations. The organization and structure of the labor market *per se* can affect family behavior, including fertility developments (Rindfuss and Brauner-Otto 2008). For example, women working in a labor market with a high share of women and with welfare-state policies which support women’s employment probably encounter different childbearing conditions than women working in a labor market with a low share of female employees and with welfare-state policies which promote exit from the labor-market when a woman enters motherhood. Beyond the mere employment structure of the labor market, scholars highlight the fact that different welfare regimes offer different schemes and levels of protection to wage earners (Esping-Andersen 1990; Hall and Soskice 2001). In conservative welfare states, the various groups of employees (such as public employees, blue-collar workers, white-collar workers, workers in new types of employment such as call centers, the new self-employed, and so forth) are usually covered by distinctly different labor-protection schemes. In social-democratic welfare regimes, the protection is more universal; in liberal welfare states labor protection is largely absent. This creates labor markets of different characters, with different conditions of entry and exit, of internal mobility, of inclusion and exclusion, and of economic

and social security. In a manner similar to varieties of welfare regimes, researchers therefore speak of “varieties of capitalism” (Hall and Soskice 2001).

The approach based on varieties of capitalism distinguishes between the “coordinated market economies” of Western continental and social-democratic welfare states on the one hand and the “liberal market economies” of the liberal welfare states on the other hand (Hall and Soskice 2001).<sup>5</sup> In contrast to the situation in liberal market economies, labor-market entry is more institutionalized in coordinated market economies. In the latter, the labor markets show a high degree of occupational and gender segregation; they offer less opportunity for upward mobility for women, and the comparatively strong social protection of workers leads to less movement into and out of the labor market (Mandel and Semyonov 2006).

Scholars using varieties of capitalism stress that the institutional complementarities are not limited to linkages between welfare-state regimes and labor-market regimes; they also extend to other societal institutions, such as to educational systems. Estévez-Abe et al. (2001) show that different market economies have different systems of skill formation. In coordinated market economies with their high protection of workers against dismissal, educational systems provide high-level and often highly standardized industry-, firm-, or occupation-specific skills through vocational schools and apprenticeships. In liberal market economies with their low protection and high mobility of workers, the educational systems provide general, transportable skills (Estévez-Abe et al. 2001, Estévez-Abe 2005; 2009; Hall and Soskice 2001; Soskice 2005).

The varieties-of-capitalism approach has been criticized for lumping together the universalistic welfare states of the Nordic countries and the corporatist-conservative welfare states of continental Europe (McCall and Orloff 2005, Mandel and Shalev 2009; Rubery 2009; Thelen 2012). Recent modifications of the coordinated market economies suggest that we should distinguish between “sector-coordinated” market economies with industry-based systems of protection (corresponding largely to the corporatist-conservative welfare states) and “national-coordinated” market economies with greater egalitarian aims (“egalitarian

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<sup>5</sup> There is a substantial difference between the welfare-state approach and the approach based on “varieties of capitalism”. The former stresses the role of the state, the latter stresses the role of firms and employers in the development of social policies and in structuring economic relationships. My application of the varieties-of-capitalism approach selects only a specific aspect of this research line, a line which to me seems useful for fertility research.

capitalism”, comprising the Scandinavian welfare states) (Thelen 2012)<sup>6</sup>. These distinctions offer a more suitable framework to capture varieties in female labor-force participation, gender (in)equality in employment, transitions into/out of the labor market, and differences in systems of skill acquisitions.

With these extensions, the varieties-of-capitalism approach offers intriguing new aspects for demographic research. It stresses the interdependency and the complementarity between different institutions, in particular between the labor market, the educational system, and welfare-state policies. If different configurations of the welfare state are associated with different systems of skill acquisition, with different circumstances in the labor market, and with different constraints regarding mobility in and out of employment and across occupations, we cannot only focus on family policies as the essential institutional force determining childbearing behavior. We also need to consider the constraints imposed by these other complementary institutions. Combining welfare-regime approaches with a varieties-of-capitalism approach leads to a more comprehensive concept of institutional setting, namely one which puts the emphasis on the linkages between the various fertility-relevant institutions. If we use a conceptual framework for fertility research which considers institutional complementarities rather than focusing on one institution only, we are better able to assess to what extent changes in one institution (e.g., the labor market or the gender system) affect the potential impact of other institutions (e.g., the welfare state, family policies) on fertility. Such a dynamic model of institutional complementarities expands the institutional framework for explaining differentials in childbearing behavior and fertility outcome which cannot be explained sufficiently well otherwise.

### *2.3.1 Welfare state, institutional complementarities, and fertility: An example*

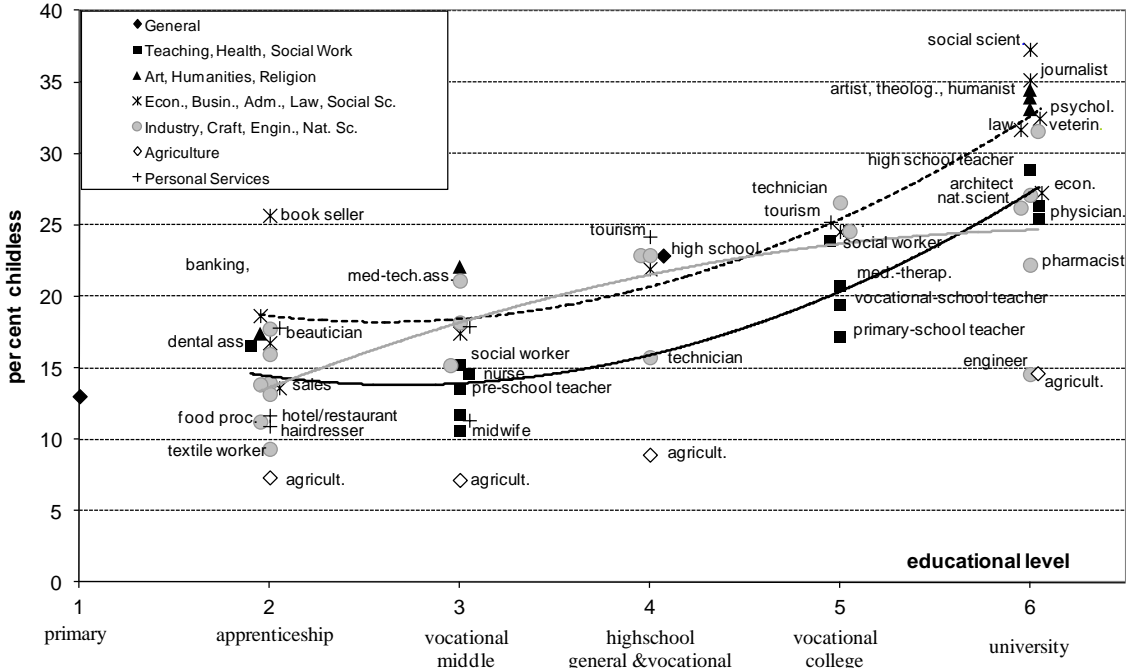
To summarize the arguments and to illustrate the usefulness of such notions for fertility research, let us consider findings of studies on ultimate childlessness by educational field and educational level among Swedish and Austrian women born in 1955 to 1959. (For details, see

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<sup>6</sup> The terms “sector-coordinated” and “national-coordinated” economies refer to the way in which labor negotiations between employers’ associations and unions (e.g., collective bargaining) are carried out. The sector-coordinated economies lead to more occupation-/sector-specific welfare and labor-market systems, national-coordinated economies to more egalitarian systems (Thelen 2012).

Hoem et al. 2006; Neyer and Hoem 2008). In Sweden as well as in Austria, the overall level of childless among women of this cohort is the same (15,7%). In both countries, women educated for teaching or health professions remain childless less often than women in most other educational fields, at each level of education (Figure 2 and Figure 3). However, Sweden and Austria differ markedly with regard to childlessness by educational level. Austrian women with an upper-secondary or tertiary education have much higher childlessness than women with a lower education, while there exist no such differences by educational level among Swedish women<sup>7</sup> (Figure 3).

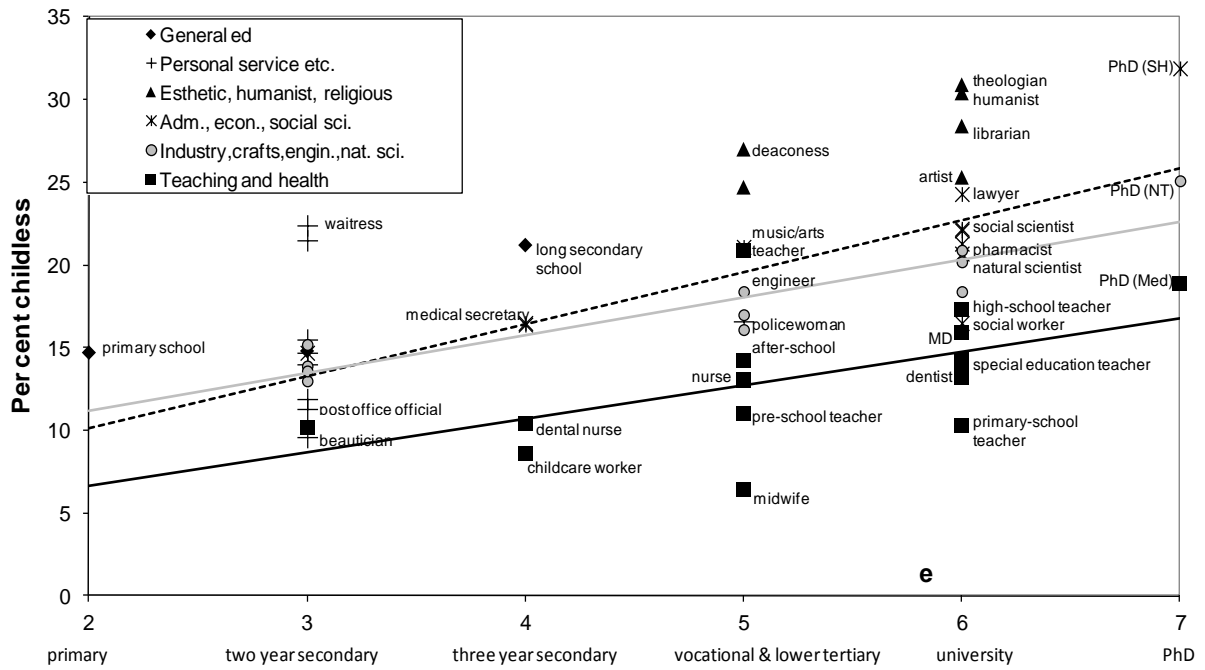
**Figure 2:** Percent childless by educational field and educational level. Austrian women born 1955-1959



Source: Neyer and Hoem 2008

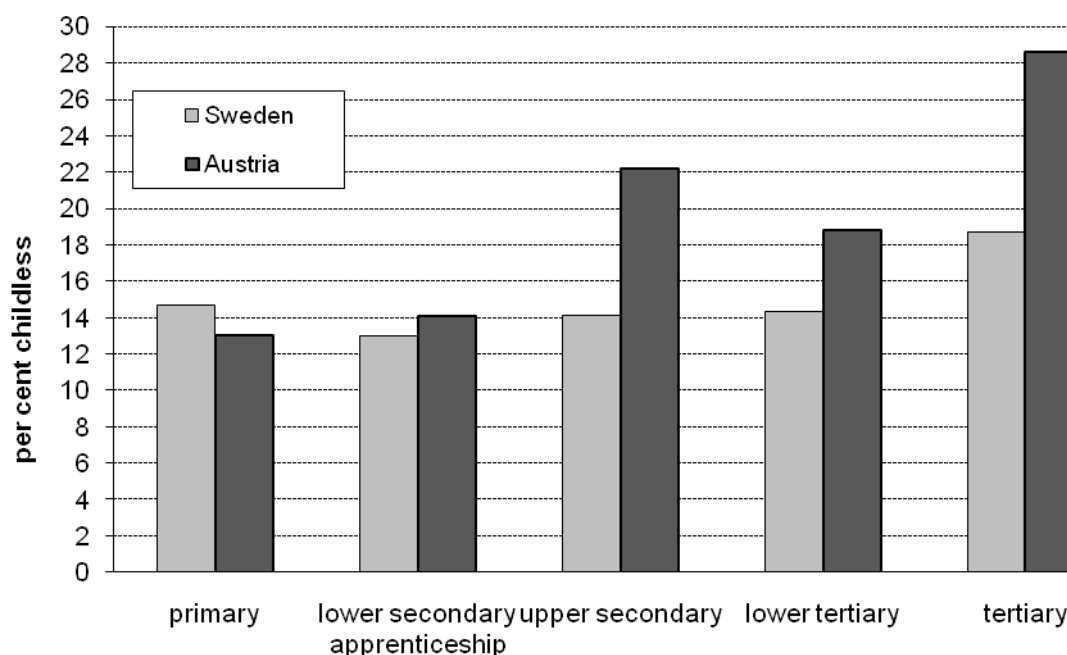
<sup>7</sup> There is an exception for the most highly qualified women in Sweden, that is, women with a PhD. The Austrian data do not distinguish between the different levels of university-based tertiary education, so that no comparison is possible for this most highly educated group of women.

**Figure 3:** Percent childless by educational field and educational level. Swedish women born 1955-59



Source: Hoem, Neyer and Andersson 2006

**Figure 4:** Childlessness by educational level at age 40+. Women born in 1955 to 1959: Austria and Sweden



Source: Neyer and Hoem 2008

Notes:

|                |  |   |
|----------------|--|---|
| <b>Sweden</b>  | primary<br>lower secondary & apprenticeship<br>upper secondary<br>lower tertiary<br>tertiary | up to age 16<br>2-year secondary<br>3-year secondary<br>2-3 years<br>4 year & PhD   |
| <b>Austria</b> | primary<br>lower secondary & apprenticeship<br>upper secondary<br>lower tertiary<br>tertiary | up to age 10 or 14<br>apprenticeships & voc. middle<br>vocational & general highschool<br>teachers' & voc. Colleges<br>university through PhD |

The differences and similarities in levels of childlessness between and among Austrian and Swedish women cannot be explained by a single factor only, such as by differences in family policies. We need a broader and more comprehensive framework, because ultimate childlessness is measured at the end of a woman's reproductive life (at age 41+). We thus observe the final outcome of a series of decisions and behaviors that stretch over more than 25

years. We argue that the patterns are produced by the distinct institutional settings of the two countries during the period in question, namely the structure and the flexibility of the educational system, the differences in labor-market and employment conditions for different educational groups, the gendered patterns in education and in the labor market, the welfare-state orientation and the gender and family policies, as well as the way in which education, labor market, and family and gender policies are intertwined. To support the argument, we consider some of the institutional commonalities and differences, concentrating on the aspects discussed above. (For more detailed descriptions, see Hoem et al. 2006; Neyer and Hoem 2008).<sup>8</sup> Austria and Sweden share a sufficient number of features to make a comparison of the selected cohort of women interesting. Both countries revised their educational systems in the early 1970s to facilitate access to higher education for all social groups. Both introduced parental-leave schemes and individual taxation in the first half of the 1970s to increase female labor-force participation. Both countries are classified as “coordinated market economies” with a high degree of institutionalization of labor- and social-policy issues; both countries have educational systems with a large share of vocational training; and both countries are “strong” welfare states with a long-established system of family policies (Estévez-Abe et al. 2001; Culpepper 2007; Pontussen 2000; Soskice 2005). However, Austria and Sweden have taken markedly different paths regarding these institutions. Since the 1960s, Swedish policies for the labor market, social relations, education, the family have been directed towards reducing inequality and towards promoting social and gender equality. The educational system is set up to promote higher educational attainment, to allow for flexible moves between educational fields, and to encourage recurrent and life-long education and training. Comprehensive primary education (up to age 16) avoids early separation of pupils into different educational tracks. Vocational training is offered at the (upper-)secondary and at the tertiary level. Contrary to many other coordinated market economies with vocational training systems, Sweden offers a high share of its vocational training at the tertiary level (29.9%; Culpepper 2007, 621), and it is therefore ranked as a country with a more general educational-skill profile and high labor market mobility (Culpepper 2007, 620f.; Estévez-Abe et al. 2001; Benner and Vad 2000).

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<sup>8</sup> The description focuses on the period from 1970 to 2000; this covers roughly the main reproductive years of women of the cohort 1955-59.



By contrast, the Austrian school system is highly segregated and changes between educational tracks are difficult. Separating pupils into different educational tracks starts as early as after four years of schooling (at age 10) and continues afterwards through diversification of the school system into different types of schools or different lines of education with partially different curricula. Vocational training is offered mostly at the secondary level, either in vocational schools or as apprenticeships. (Only 3.9% are provided at the tertiary level; Culpepper 2007, 621). Unlike in Sweden, the Austrian system of apprenticeships is segregated from the general school system. It offers much less general education and much less portable skills than the Swedish vocational system does (Culpepper 2007). There are few opportunities to interrupt and subsequently re-enter the educational system; below university level it is almost impossible. Access to post-secondary and tertiary education is restricted to those who have passed a final comprehensive high-school (upper-secondary school) exam. This leads to a class divide between those who have passed this exam and those who have not. Adult education and training is provided through specific institutions and is often costly. Contrary to Sweden, the Austrian system is not organized to support gender and social equality in education. Austria has largely adhered to gender-specific lines and programs (at least at the time when our cohorts went to school); it has not succeeded in diminishing social and class differences in educational participation and educational attainment to the extent that Sweden has.

The different educational strategies of Sweden and Austria are associated with very different patterns of educational attainment among the women of the cohorts 1955-59. Only 13% of these Austrian women have attained tertiary education, compared to 33% of the Swedish women. The vast majority (80%) of the Austrian women have only completed compulsory school, vocational “middle” school, or an apprenticeship as their highest educational attainment. This compares with 53% of the Swedish women who have equivalent degrees. Austrian women with a high-school (upper-secondary school) or higher degree constitute a clear minority (20%), while almost half of the Swedish women hold such a degree. One can expect that these differences in educational distribution have repercussions on the labor market structure, on women’s employment, and on their childbearing behavior.

The Swedish approach to the labor-market has focused on “commodification”, labor-market mobility and gender equality (Benner and Vad 2000). Since the 1960s it has been directed towards increasing female labor-force participation, towards integrating every adult person

into the labor market, and towards reducing gender and social inequality in pay and other work-related aspects. Welfare-state and family policies, both based on social-citizenship rights, have been geared towards this goal, as well. Since the middle of the 1970s, family policies aim to support the dual-earner/dual-carer family (Sainbury 1999), in which both women and men pursue employment and share childrearing. Parental-leave regulations have been gender neutral since then, and parental-leave benefits replace a high share of a woman's or man's previous income. Since 1995, Sweden also has reserved one month of parental leave for each parent (the "daddy month").<sup>9</sup> Public childcare has been extended to grant every child access to high-quality and affordable childcare. As a consequence of these policy strategies, female labor-force participation rates ranged from 60% to 83% during 1970 to 2000, which is far above the corresponding rates in Austria (45% to 62%).

As a conservative welfare state with a sector-/branch-coordinated welfare- and labor-policy system, Austria has put much less emphasis on integrating women into the labor market and on promoting equality in employment and care. For a long time and through most of the reproductive years of our cohort, the social-security system backed the male-breadwinner family model by granting free coverage to married (later also to non-marital registered) non-employed partners. Labor-market policies and work agreements distinguished between women and men. Direct discriminatory treatment was only gradually abolished, but indirect gender-unequal regulations have continued to exist (e.g., the seniority principle in the public sector, which has been the main employer of highly educated women). Moreover, the protection of a person's occupational and educational status in case of unemployment hampers transitions between occupations with different qualification requirements. Welfare and family policies have been directed towards facilitating mothers' work interruption after childbirth. Until 1990, parental leave, inflexible and lowly paid, was only available for mothers; the introduction of a (subsidiary) father's leave in 1990 was accompanied by a doubling of the parental-leave period to two years, which has lengthened the labor-market absence of mothers. Childcare for children below age three has hardly been available, and although the overall coverage for children at three to six years has been relatively high, there has been great regional variation regarding childcare coverage and full-time offers. In general, while Sweden has aimed at increasing female education and labor-force participation and at

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<sup>9</sup> This was extended to two months in 2002, but (a) most of the women of our cohort (1955 to 1959) had finished their childbearing by then, and (b) our data did not include the year 2002.

easing mothers' care work, Austria has maintained much of its class-oriented, gender-differentiating work/family policies, despite the fact that education has been increasing among women.

If we interpret the results of the study of Swedish and Austrian women's ultimate childlessness in light of the differences in the educational system, the labor market, the family policies, and the gender orientation of the welfare state, it is difficult to single out one factor which could explain the striking difference in the levels of childlessness between women with less education and women with higher education in the two countries. The clear class divide in Austria indicates a discrepancy between the work aspirations of highly educated women on the one hand and the obstacles of combining work and motherhood on the other hand; the latter is brought about by the general conservative orientation of the welfare state, and the resulting conditions of education, of family-policy support, and of labor-market circumstances for women.

### **3 Conclusion**

In this paper, I have outlined some of the central concepts of the welfare state and have highlighted their usefulness for fertility research. The main conclusion is that studies on the impact of family policies on fertility should consider the welfare-state context in which they are embedded. Such an approach will lead to a more nuanced assessment of policy influences and provide a more rooted understanding of estimation results. In addition, it allows scholars to judge the potential fertility effects that policies might have if the social or economic environment changes or if the policies are transferred to other welfare regimes. The broader range of interpretations that the welfare-state approach offers is particularly appropriate in evaluations of the current changes of family policies in contemporary Europe and their influence on fertility.

During the past two decades family policies have become a highly dynamic policy area as many European welfare states have amended their family policies to tackle "new social risks" and to meet EU targets of raising women's labor-force participation, increasing childcare availability, facilitating work-life balance, and achieving greater gender balance in work and care. Governments also seek "best practices" in family policies, that is, options that have had the desired effect in other countries, including the effect of raising fertility. These features

have greatly increased research opportunities for demographers. The changes in parental-leave and other fertility-related policies and in childcare provisions in many countries allow us to study (a) the fertility effects of similar policies in similar welfare states, (b) the effects of different policies in similar welfare states, (c) the effects of similar policies in different welfare states, and (d) the effects of different policies in different welfare states. This can be extended to explorations of the interplay between welfare regimes and economic and social developments as well as family policies, and of their influence on fertility. Such “most-similar” and “most different” research designs can produce more robust results as to the impact of policies on fertility across welfare regimes and across different economic and social environments. They allow us to better assess the influence that welfare-state and other institutional configurations as well as family policies can have on the short- and long-term development of fertility.

**Acknowledgement:** I thank Tomáš Sobotka and Tomas Frejka for Figure 1 and the permission to reproduce it in this paper, as well as Jan Hoem and Gunnar Andersson for editorial advice.

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