

## TRANSLATION

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*Family Policy, Social Trends and Fertility  
in Québec: Experimenting with  
the Nordic Model?*

RESEARCH AND WRITING

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A-5101 (2007-01)

Legal deposit – 2007  
Bibliothèque et Archives nationales du Québec  
Library and Archives Canada  
ISBN 978-2-550-4902-8

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## ACKNOWLEDGEMENTS

The authors are especially grateful to Louise Dallaire and Sabin Tremblay for their cooperation and advice at every stage of writing, and to the other members of the review committee.

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We are especially grateful to Anne H. Gauthier for her comments and Maude Rochette for her contribution to the question of work life balance. Our thanks also go to Suzanne Lamy and the *Direction des relations publiques et des communications* for their collaboration in editing the document.

The views expressed in this document are those of the authors and do not represent the position of the organization that employs them.

## **FOREWORD**

During our reading and discussions while preparing to write this document, a question arose and then guided our work: With a view to its family policy, can Québec aspire to reach the same fertility rate as that of the Nordic countries (Finland, Denmark, Sweden and Norway)?

This project demanded a lot more energy than we expected at the start. It forced us to collect a large number of quantitative data on Québec and developed countries, and to gather as much information as possible from the literature. Since fertility research has recently become a focus of attention once again, we tried to find a common thread in the research findings. This meant that we had to take liberties by reformulating theories to bring out points in common and check whether the findings obtained for European countries could apply to Québec. In this respect, our document is based on a review of the literature, but it is more of an essay, an attempt to tease out elements of consensus in all the studies by reinterpreting and reformulating the results, and, if necessary, by generalizing from them.

We believe we succeeded in providing parts of the answer to our principal question. At least we believe we furthered knowledge on fertility in Québec.

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## SUMMARY

Considering the Government of Québec's family policy measures introduced in the last ten years, could we expect fertility rates to rise here? A comparison with other developed countries, particularly in Europe, sheds light on the subject.

Almost all European countries experienced a sizable drop in fertility as of the mid-1960s, as did Québec. In a few of these countries—particularly the Nordic ones—the decrease was followed by a rise in fertility starting in the mid-1980s.

The period of 1965-1970 to today is considered that of the second demographic transition. It has been characterized as the period when women adopted effective contraception at a young age and postponed childbearing until they were older. The adoption of new lifestyles, the decline of marriage and couple formation at a later age have all contributed to the decline of fertility, especially in the under-30 age groups, in the great majority of countries. Delayed fertility is the main characteristic of the second demographic transition.

In the Nordic countries, recuperation in age groups over 30 has allowed for the re-establishment of fertility levels in the past 20 years. In Québec, recuperation after age 30 appeared later and has thus far been less marked than that observed in the Nordic countries, as well as in France and United Kingdom, for example. It has not been enough, so far, to compensate for the fertility drop seen in younger ages.

Our analyses also revealed that, in Québec, a large number of women remain childless at the end of their reproductive lives, with the proportion being much greater than that observed in most countries. Québec also stands out because of a lower proportion of women with large families (three or more children). In addition, compared with other countries, there is a large gap between desired and realized fertility.

Researchers attribute the behaviour changes leading to new transitions in adulthood to the emergence of new values in the 1960s and 1970s. Since then, couples take longer to form or stabilize, and this leads to later births and ultimately to a decline in fertility when the births do not occur later on.

According to the literature, a number of factors influence the rise and fall of fertility. To compare Québec with other places regarding the adoption of new behaviours or values influencing fertility, we chose several indicators (nuptiality, divorciality, out-of-wedlock births, women's participation in the labour market and their levels of educational attainment, religious practices, etc.). We completed our observation of these indicators with other data, including gender relations and the sharing of household tasks. One clear finding was that Québec is very close to the Nordic countries when it comes to couples embracing modern values.

Whereas in Québec and elsewhere these new values have resulted in low fertility, in some places, among them the Nordic countries, fertility has nonetheless increased. The coexistence

of the two phenomena—values that are removed from the traditional standards and relatively high fertility— seems paradoxical in these countries.

A number of researchers have tried to explain the paradox. The Nordic countries experienced a dip in their fertility rates in the early 1980s. It was only after they fully implemented their family policies, under which they actively assisted dual-income households and gender equality, that the fertility rate increased. Evaluations showed that the policies served a purpose, as long as the conditions on the labour market were favourable.

Thus researchers suggest that all European countries showed signs of the second demographic transition, at different stages, and that it is legitimate to posit that these were manifestations of the same pattern of development at different stages, with the Nordic countries in the lead. With this in mind, we wonder about a possible convergence of policy and fertility in developed countries.

A review of many research papers on the subject shows a consensus emerging among authors, to wit that a rise, albeit partial, in fertility could not have happened in these countries without the influence of family policies. The Nordic countries were the first to experience the changes now occurring in many other countries with respect to women's household position and participation in the job market. As we will show, these countries, long before others, had to respond to the demands of dual-income households by adjusting their institutions to these couples' new circumstances. A society's fertility level appears therefore to depend partly on the State's ability or willingness to institute family policies to meet couples' demands. In countries where dual-income households are prevalent, the most appropriate response to demands for family policies is, according to the literature, the implementation of three complementary measures:

- A flexible, generous parental leave;
- Provision of sufficient subsidized childcare that is flexible and of good quality;
- Flexible work schedules, especially for parents of young children.

Do the similarities observed between Québec and the Nordic countries allow us to qualify Québec as an almost Nordic region? With respect to the evolution of indicators associated with a drop in fertility, we showed that Québec's pattern was similar to that of the Nordic countries, following them with roughly a ten-year lag.

Regarding factors associated with a rise in fertility, the present development level of Québec's family policy is similar to that achieved by the Nordic countries in the 1985-1990 period.

Based on these similarities, our current low fertility can be explained by Québec's delay—with respect to the Nordic countries—in adapting its institutions to the values and circumstances of dual-income households. The results of our comparisons lead us to think that, given the similarities in terms of both reforms and behaviour patterns, fertility may increase in Québec. In fact, preliminary data for 2005 and 2006 show that the mean number of children per woman (total fertility rate) is on the rise.

Our research also showed us, however, that the Nordic experience comprises other important factors, mostly associated with employment: greater emphasis on education, especially technical training; greater importance of women's jobs in the public and para-public sectors; and the opportunity for parents with young children to work quality jobs part time. Another element emerging from the comparisons was that young people in Québec are much older than their Nordic counterparts when they leave the parental household. Young people in the Nordic countries benefit from government support when they leave their parents to study or work, and this fosters their independence. Polls also show that Scandinavians are very optimistic about the future and perceive the services they receive as positive.

In our opinion, then, other conditions may be necessary to create a context that is truly favourable to the family in Québec. In addition to continuing to develop Québec policy to ensure that environments and institutions will be adapted to individuals' values, we must aim to improve economic and working conditions for young people. Research conclusions are unanimous: young people must necessarily have a strong feeling of confidence in the future for them to be able to imagine raising a family without believing that it will cost too much and force them to set aside their personal aspirations. The belief that they will receive lasting support from the State and society as a whole is also a condition mentioned regularly. A good knowledge and positive perception of family policy measures are also essential.

It is all the more appropriate to follow the Québec experience in coming years because it is unique in North America. Will implementing the family policy make a difference where fertility-related behaviours are concerned? At present, Québec's fertility level is very close to the Canadian average. It will also be interesting to see what will happen to the difference between them.

## **A FEW DEFINITIONS**

- **Total fertility rate or period total fertility rate**

It is the average number of children that would be born to a woman over her lifetime if she were to experience the current age-specific fertility rates through her lifetime. It is a synthetic rate calculated for a given year at one or more time-points, and is likely to fluctuate depending on whether the socioeconomic situation is more or less favourable to having children.

- **Lifetime fertility (Cohort completed fertility)**

Unlike the total fertility rate, cohort completed fertility is the number of children that a cohort of women bear in their lifetime. The measure usually spans the ages of 15 to 49 years. Thus it covers a long period and is less likely to be influenced by the socioeconomic context. Over a 35-year period, a woman may temporarily postpone her childbearing plans and have children later on, when conditions are more favourable.

- **Fertility rate**

This is the number of births in women of a given age group divided by the number of women in the same age group.

- **Permanent childlessness**

Proportion of women in a given cohort who did not have children during their reproductive lives.

- **Postponement and recuperation of childbearing**

We speak of delaying childbearing when women postpone having children until later in life. Recovery occurs when one or all of the children desired or postponed are born when the women are older.

- **Reproductive life**

Period of life during which women can in principle bear children. For demographers, the period extends from 15 to 49 years.

- **Period total divorce rate**

Measure of the number of divorces per 100 marriages that would be observed in a marriage cohort that, over the years, would be the subject of divortiality observed in the year when it is calculated.

## INTRODUCTION

Québec is in the process of completing the main components of a family policy, unparalleled in the rest of Canada or the United States. To develop its family policy, Québec has drawn on those of other countries with a head start of several years in this respect. Thus, at different times, French or Scandinavian models have influenced Québec's family policy (implicit or explicit).

At present, Québec has almost enough educational childcare establishments to cover demand. A new, simplified family allowance (child assistance) provides substantial financial help, together with the federal National Child Benefit. A more generous and flexible parental insurance plan has been in effect since January 2006. Measures to reconcile work and family are among the plans to be carried out.

Whether or not an explicit family policy exists, it is how a nation puts together a set of measures that determines if it has adopted a family policy. This is true for the Scandinavian countries: they don't have explicit family policies, but they have developed measures to assist children and families and to promote gender equity, and these have served as models for most of Québec's family policy programs.

The Nordic countries are among those whose policies have supported fertility most effectively. This is why researchers interested in the effects of public policy on fertility focus on them. To demonstrate these effects, the Nordic countries are often contrasted with less interventionist States, for example, the Mediterranean countries. This is how more and more researchers reached the conclusion that implementing a whole set of measures for families can help along the realization of the desire to have children.

The question that arises is as follows: Considering the state of development of Québec's family policy, could one expect to see Québec reach the fertility levels seen in countries with higher fertility rates such as the Nordic countries or France? Are there other conditions that must be put in place to facilitate the increase? By contrast, some wonder, on observing the fertility level in the United States, whether a family policy is really necessary. These are the main questions we have addressed in this document.

## **QUÉBEC FAMILY POLICY COMPARED WITH THE MAIN FAMILY POLICY MEASURES IN NORDIC COUNTRIES**

### **1. Family allowances (financial assistance)**

Family allowances are universal in the Nordic countries. Generally, the yearly amount (Croisetière 2006b) granted per child under the age of 18 ranges from \$1500 to \$2800; additional amounts are granted to low-income families.

In Québec, federal and provincial benefits for children under the age of 6 provide a minimum (universal portion) in the order of \$1200 a year.

### **2. Childcare services**

In 2004, preschoolers' attendance rate at childcare establishments was 49% in Québec, 50% in Finland and 81% in Sweden.

Although heavily subsidized, the childcare fee charged in Nordic countries depends on family income. In Sweden, for example, a ceiling is applied to service for preschool children: parents cannot be charged more than 3% of family income for the first child, 2% for the second and 1% for the third. In Québec, a flat rate of \$7 a day is charged.

### **3. Parental insurance**

In the Nordic countries, the length of combined parental leaves (maternity and shared leave) varies from 43 weeks to 16 months. Compensation is generally 80% of earnings (with a ceiling) for the first 40 to 50 weeks of leave.

In Québec, the option that most resembles what we find in the Nordic countries is 50 weeks of leave with 70% of insurable income (including earnings and self-employment income). In both places, large organizations—especially if they are unionized—make up all or part of the difference between the benefit and the usual earnings.

### **4. Measures for reconciling work and family (flexible working hours and number of same, leave for family obligations)**

In the Nordic countries (OECD, 2001, 2005), the legal work week is just under 40 hours, whereas in Québec it is exactly 40 hours. Flexible work time and the possibility of working part time are present in both places but mostly in the Scandinavian countries. It is reasonable to assume, though, that these measures are more prevalent in large, unionized organizations, more often public than private, where the workforce is predominantly female. Note that the proportion of unionized workers is considerably greater in the Nordic countries than here.

Once a parent returns to work, conditions for taking family obligation leaves are clearly superior in the Nordic countries. A portion of parental leaves may generally extend to when the child reaches two years of age, whereas in Québec the legal norm is ten days a year, without pay, and usually employers offer no more than that.



To date, most fertility research has been done on European countries. By examining the situation and how it has evolved in each country and then comparing the countries, researchers have tried to discover the main factors that account for the observed differences in fertility. The aim of our work is quite similar. In addition, with a view to answering questions that concern Québec more specifically, we want to add North America to the European comparative analyses.

We decided that in the first chapter we would examine the level and evolution of Québec's fertility in relation to the situation in the principal developed countries. Where does Québec stand among the countries that appear to have maintained their fertility levels most successfully and those whose levels are lowest? To do this, we attempted to discover the major trends in fertility patterns in the developed countries in the past few decades, to rank these countries or groups of countries and, last, to situate Québec among them. The objective, then, is not to compare Québec with each developed country but rather to situate it in certain groups of countries, particularly those of Northern and Southern Europe. At the present time, these two groups represent to some extent the two extremes of fertility levels in developed countries.

In the second part of the first chapter, we continue the comparative analysis by looking at each of the main factors recognized as determinants of the evolution of fertility in the developed countries. We want to know how and to what extent these factors have evolved in Québec in comparison with these countries.

Comparative analyses have shown that some European countries, although they had a number of common characteristics, were different in important respects concerning fertility. Some theories were developed to try to account for the differences. Researchers became interested in elements or conditions that, being present in a country, could have had some bearing on fertility rates. This has not as yet been explored in depth for Québec. In the second chapter, therefore, we explore whether the theories advanced to explain fertility differences between European countries could be applied to Québec and even to North America.

The last chapter examines future prospects for both family policies and fertility. We discuss the future of these policies, but above all, the possibility of their being adopted by most countries, which could strengthen Québec's resolve to develop its family policy, or, on the contrary, thwart it. We then ask what the prospects are for Québec to follow the Nordic countries' lead with respect to fertility. By way of answering, first we present the points in common with these countries and then what appears to us to be further prerequisites.

In short, our research has taken the most relevant indicators, the most recent theories, empirical research findings and experiences in certain countries to attempt to explain the situation of fertility in Québec with respect to developed countries—particularly Nordic ones—and, finally, to bring out the prospects for the province's future.



# 1. SITUATION AND EVOLUTION OF FERTILITY IN DEVELOPED COUNTRIES

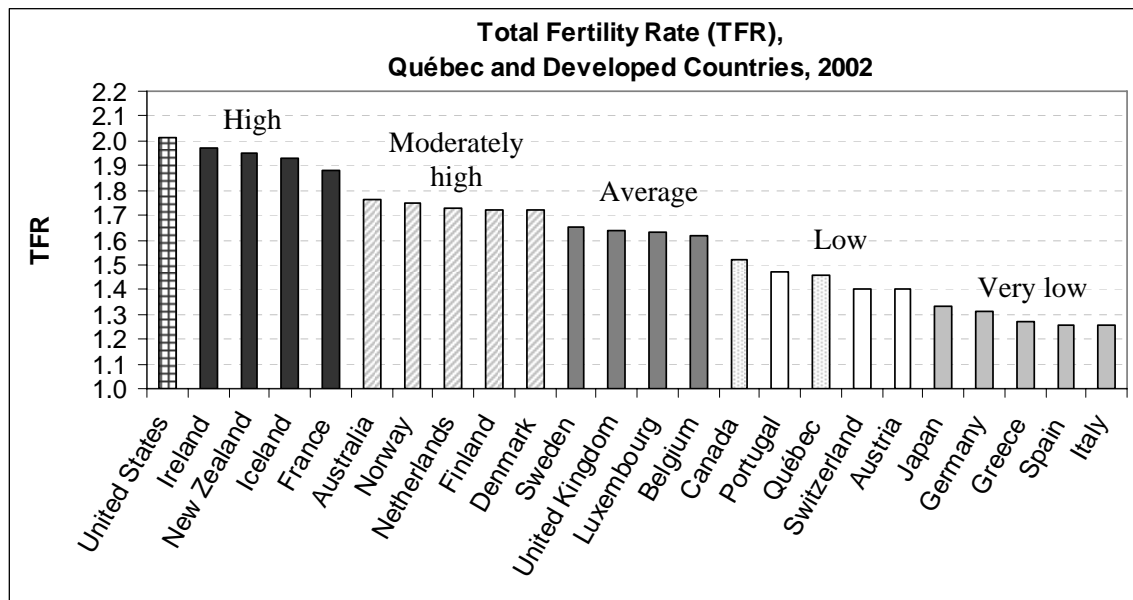
## 1.1 Comparison of Fertility Patterns

It is a well-known fact that, starting in 1960, Québec experienced a drop in fertility that was so sharp and rapid, it was almost unparalleled in the developed countries. Once considered a high-fertility area, it became the opposite in what appears to be a lasting trend. This was a major change in behaviour in a society seen as among the most conservative a mere 40 years ago. We know that all developed countries went through a major decline in fertility and all of them have shown a low fertility pattern for many years. Some countries or groups of countries, however, have shown singular evolution and experiences. A comparison between Québec and these countries should reveal their similarities but also Québec's particularities.

### 1.1.1 *Situation in 2002*

Taking into account the Western European countries in the main, along with a few non-European ones (United States, Australia, New Zealand, Canada and Japan), Québec's period total fertility rate in 2002 ranked 17<sup>th</sup> out of the 24 countries chosen. The mean number of children per woman (1.47) fell just below that of Europe of the Fifteen (1.50).

Figure 1



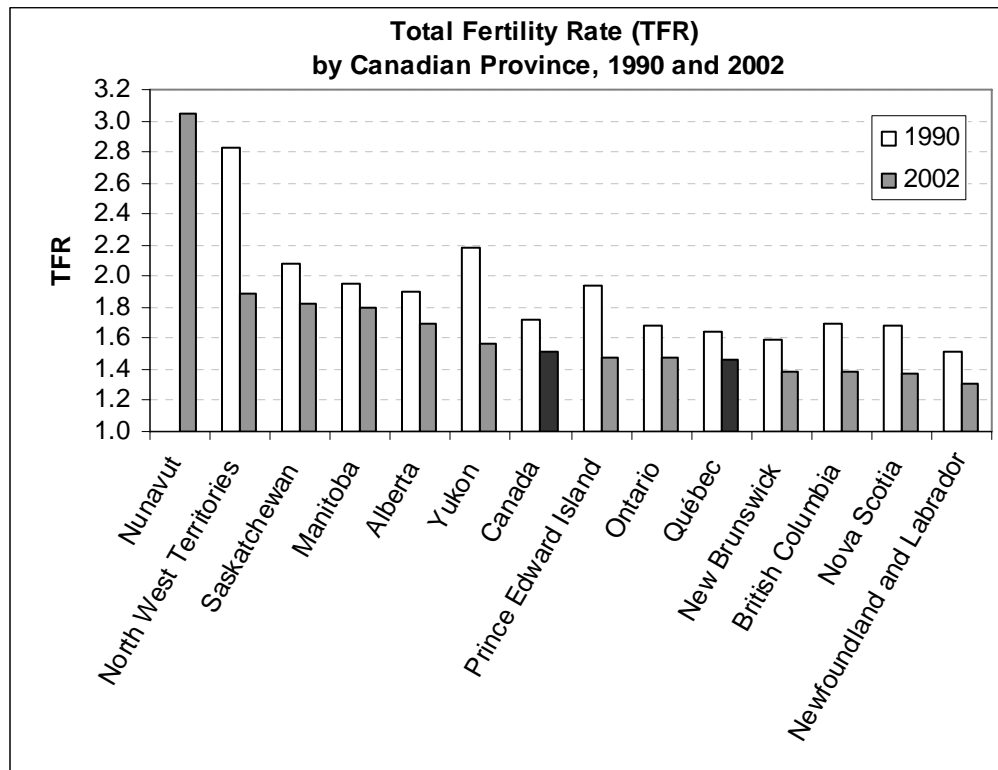
Sources: Sardon (2004), p 305-360; for Québec, Institut de la statistique du Québec website.

According to Figure 1, only one country has a rate higher than 2.0, the United States. Nine countries' rates fall between 2.0 and 1.7, namely, Ireland, New Zealand, Iceland, France, Australia, Norway, the Netherlands, Finland and Denmark. Only four countries

—Sweden, United Kingdom, Luxembourg and Belgium—have rates between 1.7 and 1.6. The women of Canada, Portugal, Québec, Switzerland and Austria have between 1.6 and 1.4 children, whereas five countries range from 1.3 to 1.2, namely, Japan, Germany, Greece, Spain and Italy.

In a recent study of fertility in developed countries, Sardon (2004) also presents data for Central Europe (12 countries, including Albania, Hungary, Poland and Bulgaria) and Eastern Europe (nine countries, including Armenia, Belarus, Estonia, Latvia and Lithuania). In 2002, the fertility rate in these countries varied between 1.3 and 1.2 children per woman, that is, the same as the lowest seen in the more industrialized countries.

**Figure 2**



Sources: For 2002, Statistics Canada, *The Daily*, April 19, 2004; for 1990, Statistics Canada, Health Statistics Division and Demography Division.

Figure 2 shows that, in 2002, fertility in Québec was lower than the Canadian average but higher than that of four provinces: New Brunswick, British Columbia, Nova Scotia, and Newfoundland and Labrador. Two other provinces have similar rates, that is, Ontario (1.47) and Prince Edward Island (1.47). The Prairie provinces are mainly responsible for raising the Canadian average to 1.55. A comparison with the situation in 1990 shows that Québec’s ranking improved.

### 1.1.2 Evolution of fertility: A comparison

Although at the present time countries have different fertility levels, a salient feature of the period between 1960 and 1980 was the generalized, marked drop in the TFR in the developed countries taken as a whole.

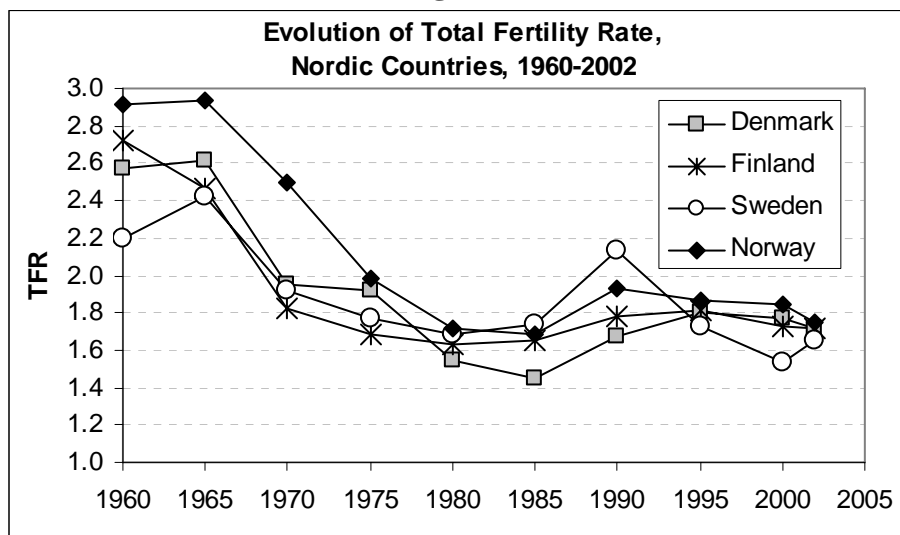
In the ensuing period, from 1980 to today, not all countries followed the same pattern. Some countries or groups of countries saw their TFR rise, others did not and still others watched their rate continue to decline.

First we present the evolution of the TFR from 1960 until today, calling readers' attention to the trends that characterize the most recent period, from 1980 to 2002. Countries are grouped in different ways, either by a similar evolution of their fertility or because they have common geographical or geopolitical characteristics. Last, Québec is compared with a few countries that are most representative of their respective groups.

- **Nordic countries: Recovery after the drop**

The Nordic countries make up the first group. Since fertility patterns there evolved differently from those in other European countries, they were the subject of a number of analyses (Figure 3).

Figure 3



Source: Eurostat website, *Statistiques de population 2004*, Table D-4, p 78.

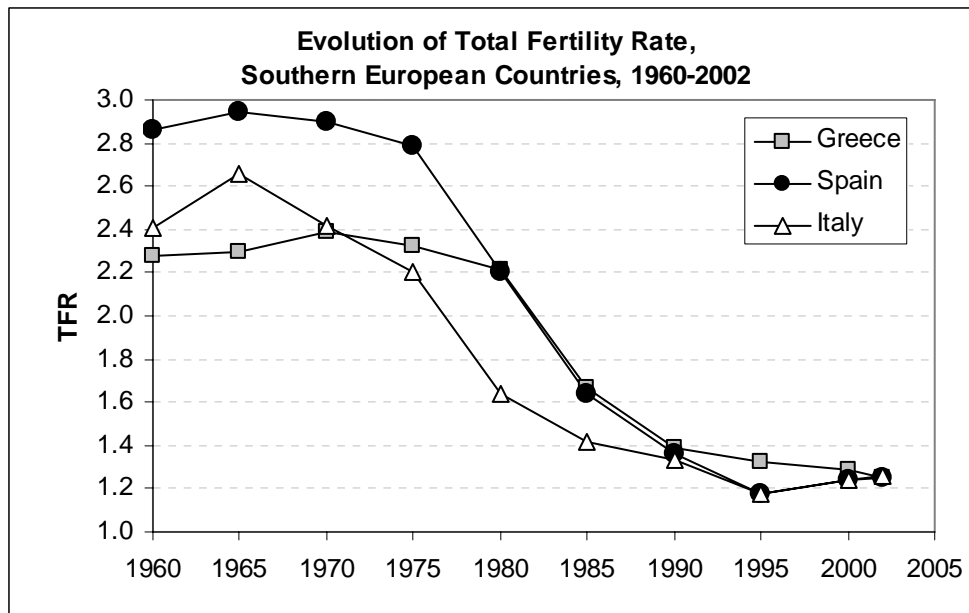
After a time around 1985, when fertility plummeted in these countries to its lowest level (as low as 1.4 children per woman in Denmark), rates rose somewhat and then levelled off recently. What is just as important is that the level has remained around 1.7-1.8 children per woman. For reasons explained further on, Sweden has followed a peak and trough pattern, but has maintained a mean level of 1.7 in the 1990-2002 period.

- **Southern European countries: Stagnation at a low rate**

Some countries in Southern Europe are often compared with the Nordic countries (Fernández Cordón and Sgritta, 2000; see Figure 4). They are noted for their low TFR and especially for the lack of signs of trend reversal or recovery.

These countries' fertility rates began to drop somewhat later than those in the Nordic countries and reached much lower levels, in the order of 1.2-1.3 in the 1990s. We don't see any sign of a trend to higher levels.

**Figure 4**

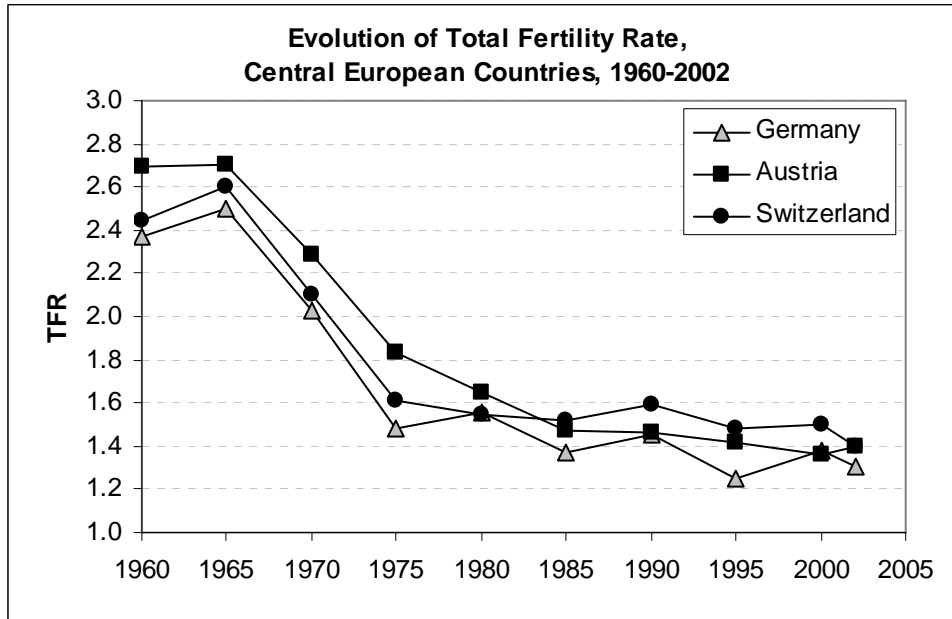


Source: Eurostat website, *Statistiques de population 2004*, Table D-4, p 78.

- **Central Europe: More countries with low fertility**

Three Central European countries—Germany, Austria and Switzerland—reached particularly low fertility levels (Figure 5). Slightly higher than the TFR in the Southern European countries, the figures in 2002 were between 1.3 and 1.4 children per woman. From 1960 to 1980, the pattern was similar to that of the Nordic countries. After that, no significant rise was observed. The trend over the past 20 years has been a slight but steady decline.

Figure 5

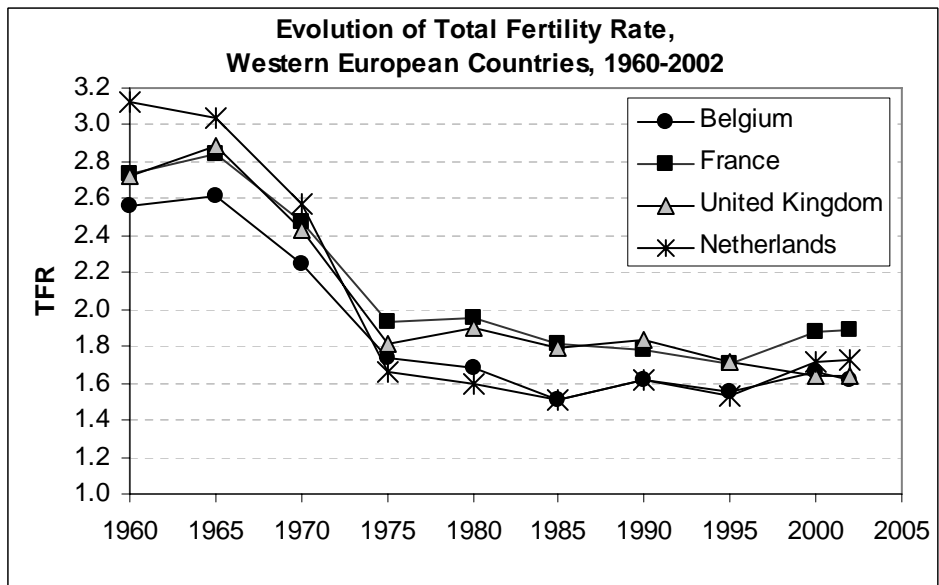


Source: Eurostat website, *Statistiques de population 2004*, Table D-4, p 78.

- **Western Europe: A particular pattern**

Among the Western European countries (Figure 6), France and United Kingdom should be singled out for some particular features of the evolution of their fertility.

Figure 6



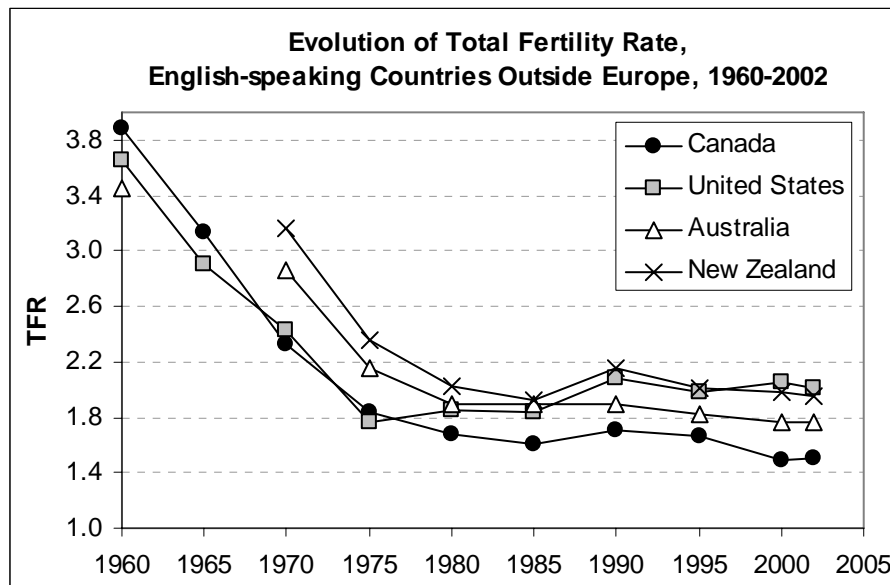
Source: Eurostat website, *Statistiques de population 2004*, Table D-4, p 78.

Although fertility levels dropped from 1960 to 1975 in the two above-mentioned countries, at the end of this period they had not decreased as much as they did in the Southern and Central European countries. Their TFR never went below 1.8 children per woman. The trend in the past 20 years has been slightly downward for United Kingdom (1.8 to 1.6), while France's level began to rise in 1995. Belgium's rate declined over a longer period—until 1985—but has risen slightly since then and now stands just above 1.6. The Netherlands has followed the same pattern as Belgium and has shown no sign of decline in recent years.

- **Some English-speaking countries**

As in the case of France and United Kingdom, the general downward trend until the early 1980s was not as pronounced in the United States, Australia, New Zealand or Canada as it was in many European countries (Figure 7). The United States and New Zealand experienced a slight upturn in their TFR after that, while Australia's remained more or less stationary. The United States is the only country to have maintained a rate above 2.0. Canada is somewhat different from the other countries considered here as it has had a lower TFR since 1980, and the rate has dipped lower still since 1995, a pattern not seen in the other English-speaking countries.

**Figure 7**



Sources: For the four countries, from 1970 to 2002, Sardon (2004); for Canada, for 1960 and 1965, Statistics Canada website, historical files; for the United States, for 1960 and 1965, Centers for Disease Control website.

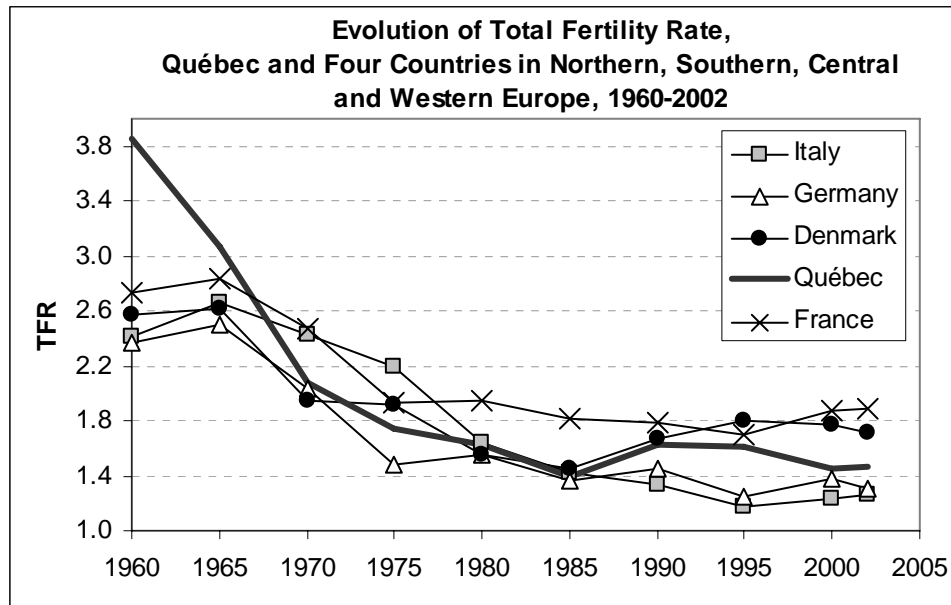


- **Québec: Its TFR pattern compared with others**

Before situating Québec among these countries, we should point out that two groups of countries stand out for their particular evolution and are therefore often contrasted in the recent literature. They are countries in Northern Europe, on the one hand, and countries in Southern Europe along with a few others, on the other. Both groups experienced a sharp drop in fertility, but then the rates in the former rose significantly while the latter stagnated at some of the lowest levels in developed countries.

Making the comparison with a few of the most representative of these countries (Figure 8), Québec is different in terms of the intensity and speed with which its TFR dropped between 1960 and 1985. No country showed such a pattern. Québec went from the highest fertility level among developed countries in 1960 to one of the lowest in 1987, at which time its TFR of 1.4 was virtually the same as that of Germany, Italy and Denmark. Subsequently, fertility rates in these countries diverged widely.

**Figure 8**



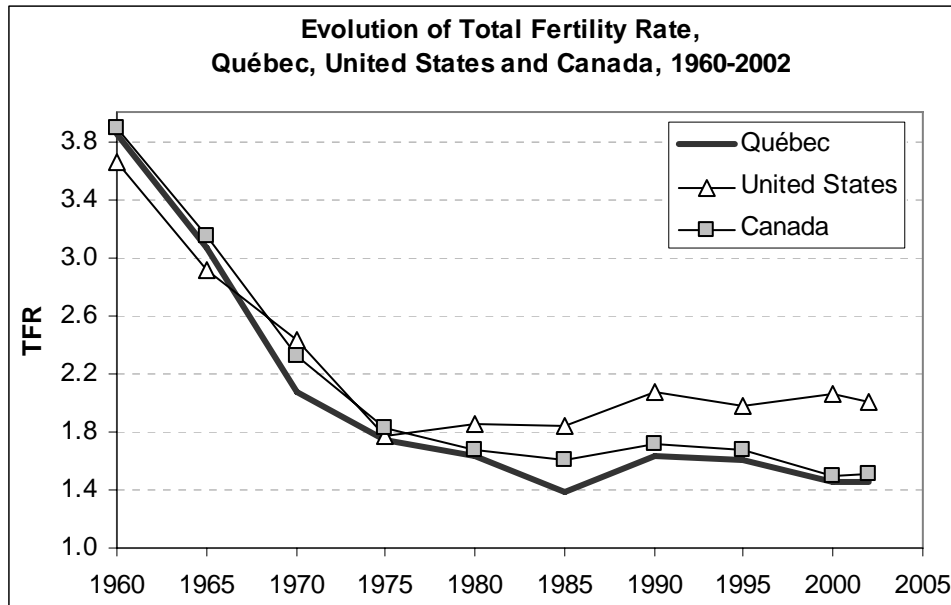
Sources: For the European countries, Eurostat website, *Statistiques de population 2004*, Table D-4, p 78; for Québec, Institut de la statistique du Québec website.

Like the Nordic countries, Québec experienced an increase (1988-1992). The rise didn't last long, however, and the TFR even dipped a few years later (1993-2000). For the past few years, then, it has placed between the Nordic countries' TFR and that of the Southern European countries (Figure 8). Since the year 2000, Québec's TFR has varied between 1.45 and 1.48.

Other comparisons show that, until 1975, fertility in Québec followed a similar pattern to that of Canada and the United States (Figure 9). In that year, Canada and Québec's

fertility levels began to diverge from that of the United States, with the differences between Québec and the United States peaking in 2000 and 2002.

**Figure 9**



Sources: For Québec, Institut de la statistique du Québec website; for the United States, 1960 and 1965, Centers for Disease Control website; for Canada, 1960 and 1965, Statistics Canada website, historical files; for the United States and Canada, other years, Sardon (2004).

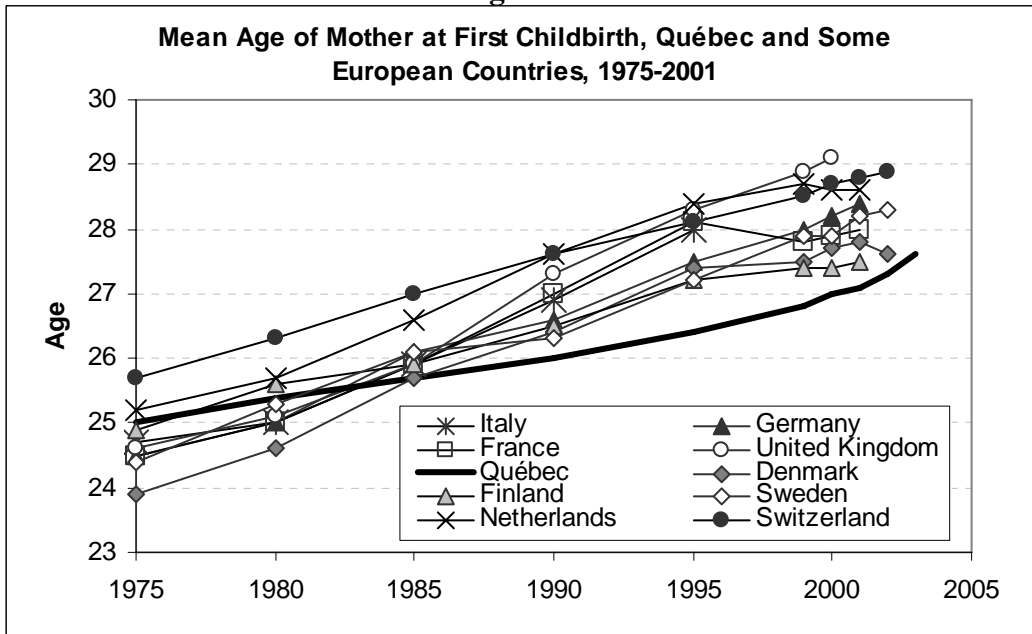
### 1.1.3 Common feature: First childbirth increasingly delayed

From the mid-1970s to the 1990s, the average age at the first childbirth rose quickly in most developed countries. This is one of these countries' common characteristics.

Figure 10 presents data on a number of countries chosen<sup>1</sup> for their different fertility levels. It clearly shows that, starting in 1975, an increase in the age of first childbirth occurred in all of them, although the steepness of the curves varies quite a lot from one country to another. In United Kingdom and Italy, two countries with very different TFRs, women have their first child later than in other countries. Québec is somewhat distinctive in that the mean age of first childbirth is lower than in many of the countries under study. An examination of the curves for the most recent years suggests that the mean age of first childbirth may soon level off.

1. Data do not exist for all developed countries, and they are often missing for some years in existing time series.

Figure 10



Sources: For the European countries, Eurostat website, *Statistiques de population 2004*, Table D-9, p 83; for Québec, Institut de la statistique du Québec website.

It appeared to be well established that a higher age for first childbirth generally went hand in hand with lower fertility levels. However, researchers are now finding it harder to substantiate this observation. Lesthaeghe and Moors (2000), for example, found that in Western European countries (including Germany, France, Switzerland and the Netherlands), the age for first childbirth was generally greater but fertility levels varied considerably from country to country. They pointed out, too, that countries with lower ages didn't necessarily have higher fertility rates in the 1990s.

In a recent study of fertility in Europe, Prioux (2004) went a bit further saying, "Whereas in 1985 higher fertility was associated with maternity at a younger age, in 2002 maternity at a mean older age seems to be more conducive to fertility." This reversal of the situation has not been observed in all these countries, however. As Prioux points out, there are many exceptions: a mean older age or much older age may be accompanied by rather low fertility levels (Austria, Germany, Switzerland) or even very low levels (Greece, Italy, Portugal). Even so, Prioux concludes, western countries are generally characterized by an increasingly later onset of fertility, but they are not among those with the lowest fertility, with the exception of countries such as Germany and those in Southern Europe.

Lesthaeghe and Moors (2000) refer to the period from 1980 to today as the second demographic transition, with delayed fertility as its general characteristic. During this period, the mean age at first childbirth rose, whereas the TFR declined to below replacement levels, and record low fertility was registered in some countries. Delayed childbearing resulted in a rapid drop in annual fertility indicators.

In a study of fertility patterns in four Nordic countries, Tsuya (2003) concluded that the main cause of the decline in fertility from 1965 to the early 1980s was the drop in fertility among young women, especially between the ages of 20 and 24. The decline to below replacement was due, Tsuya argued, to the increasing delay in family formation among young women, and the subsequent fertility recovery in these countries after 1985 was made possible by the “catch-up” in childbearing among women in their late twenties and thirties.

The core question is to discover the extent to which postponed childbirth does in fact occur later on (Bongaarts, 2001). What has happened in different countries? We have looked at a number of countries and Québec in addressing this question.

#### **1.1.4 *Is the fertility drop in young women offset by recuperation after age 30?***

In principle, a rise in the age of maternity leads to a decrease in the total fertility rate. If women do not abandon their plans to have children and have them eventually, it follows that the TFR will rise.

- **Situation in the main developed countries**

Lesthaeghe and Moors (2000) analyzed the evolution of fertility rates in a number of countries. They compared the variation in rates among women under 30 with those of women aged 30 and older. Logically, postponement should produce lower rates in the first case and higher ones in the second.

They found the following: in the 1980-2000 period, fertility among women under 30 continued to drop in most countries. After age 30, however, women did not behave in the same way in all the countries studied. Some countries showed recovery but in different degrees. Fertility rates in women aged 30 and older varied little in Southern European countries. But countries in Northern and Western Europe and the non-European countries generally recorded increases in fertility.

- Specifically, three countries showed a marked recovery in fertility among women aged 30 and older: Finland, Norway and Denmark. There was still a decline in women under 30, but it was more than compensated for by the increase in women aged 30 and older. As a result of the sizable recuperation, these countries have experienced a net increase in their TFR since 1980, which now stands above 1.7.

- The Western European and non-European countries are heading towards what is being referred to as a partial recuperation. A rather slight decline in the TFR has been observed in these countries, notably Austria, France, Japan, Canada, United Kingdom, Australia and the Netherlands.

- The Mediterranean countries (Italy and Spain), along with Belgium, Germany and Switzerland, showed a slight recovery, while a large fertility drop persisted among women under 30.
- The United States is an exceptional case due to high fertility rates among teenagers and no decline in the 20-24 age group. Since fertility is somewhat on the rise in women aged 30 and older, the result is a replacement-level TFR.

Table 2 compares fertility rates, for a given year, of mothers under 30 and those aged 30 and older in different countries.

- **Situation in Québec**

Our analysis of Québec reveals that the fertility rate for all women under 30 declined from 1.182 in 1980 to 0.856 in 2003, for a decrease of 0.326 children on average (Table 1).

**Table 1**  
**Total Fertility Rate for Women under 30 and Those Aged 30 and Older,**  
**Québec, 1970-2003**

Year	Under 30		30 and older		Total TFR
	TFR	% of TFR	TFR	% of TFR	
<b>1970</b>	1.414	68	0.671	32	2.086
<b>1976</b>	1.264	73	0.473	27	1.737
<b>1980</b>	1.182	72	0.448	28	1.631
<b>1986</b>	0.981	71	0.392	29	1.374
<b>1990</b>	1.131	69	0.501	31	1.632
<b>1996</b>	1.042	65	0.569	35	1.611
<b>2000</b>	0.895	62	0.556	38	1.452
<b>2003</b>	0.856	57	0.628	43	1.485

Sources: Authors' calculations and Institut de la statistique du Québec website.

For the same years, the fertility rate for all women aged 30 or older rose from 0.448 to 0.628, for a gain of 0.180 children on average. This group of women, therefore, compensated for just over half (55%) of the decline seen for women under 30. Compared to other countries, recuperation seems rather delayed since the rise in fertility among women aged 30 and older started only after 1986 (Table 1).

- **Québec comparison**

Based on these age-specific indexes when Québec is compared with Nordic countries (Table 2), the most salient difference is Québec's lower fertility among women aged 30 and older.

The same table shows that the relatively low fertility of women aged 30 and older is one of the characteristics of low fertility countries (Germany, Austria, Italy, Greece and, to a lesser extent, Spain and Portugal). As for Quebec women under 30 years old, their fertility pattern is not very different from that of their Nordic counterparts.

However, Québec does differ from the countries with very low fertility rates (in particular, Italy, Spain and Greece) in that its fertility is higher among women under 30.

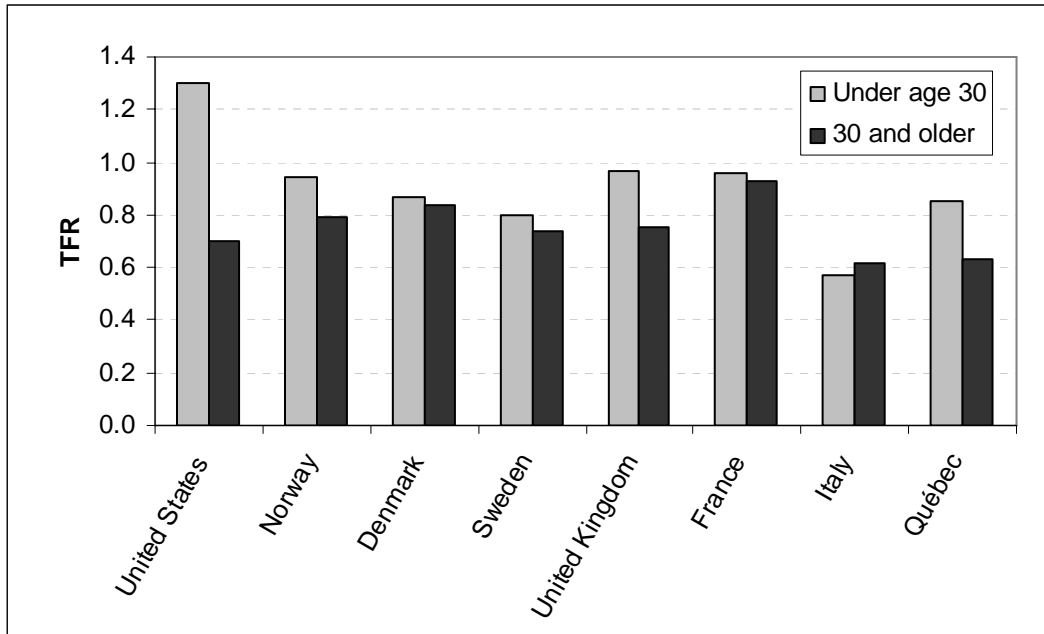
In short, as seen in Figure 11, Québec is different from both the Nordic countries and those with very low fertility; it differs from the former due to its lower fertility among women aged 30 and over, and from the latter due to its higher fertility in women under 30. The data seem to indicate that recuperation in Québec women aged 30 and older occurred on a smaller scale than in the Nordic countries, France and United Kingdom, for example. Québec differs from Italy only by a smaller drop in fertility among women under 30.

**Table 2**  
**Total Fertility Rate among**  
**Women under 30 and Those Aged 30 and Older,**  
**Québec and Some Developed Countries, for a Year in the 1995-2003 Period**

Country	Under 30 TFR	30 and older TFR	Total TFR
United States (2001)	1.328	0.705	2.033
Norway (2002)	0.945	0.795	1.740
Denmark (2002)	0.875	0.840	1.715
Finland (2000)	0.930	0.794	1.724
Iceland (2000)	1.208	0.872	2.080
Sweden (2000)	0.801	0.743	1.544
Belgium (1995)	1.009	0.540	1.549
Netherlands (2000)	0.793	0.930	1.723
Luxembourg (2000)	0.983	0.800	1.783
United Kingdom (2003)	0.971	0.756	1.727
France (2003)	0.968	0.927	1.895
Germany (1999)	0.812	0.549	1.361
Austria (2000)	0.864	0.476	1.340
Italy (1997)	0.573	0.623	1.196
Spain (1999)	0.502	0.696	1.198
Portugal (2002)	0.835	0.625	1.460
Greece (1999)	0.750	0.533	1.283
Canada (2000)	<b>0.861</b>	<b>0.625</b>	<b>1.486</b>
Québec (2003)	<b>0.856</b>	<b>0.628</b>	<b>1.484</b>

Sources: For years through 2000, Statistics Norway website, *Statistical Yearbook, 2003*; for 2002, Eurostat website, *Statistiques de population 2004*; for France, INSEE website; for the United States, National Center for Health Statistics website, *Vital Statistics Report*, vol. 51, No. 4, February 6, 2003; for Québec, Institut de la statistique du Québec website; for Canada, Statistics Canada; for United Kingdom, KZPG Resource, "World Age Specific Fertility," website.

**Figure 11**  
**Total Fertility Rate among**  
**Women under 30 and Those Aged 30 and Older,**  
**Québec and Some Developed Countries, for a Year in the 1997-2003 Period**



Source: Data taken from Table 2.

- **An age-specific analysis**

To better grasp what happened in each country, Lesthaeghe and Moors (2000) looked at how fertility evolved in different age groups of successive cohorts. This is a way of visualizing women's behaviour by age in each country and teasing out the differences and similarities between countries. All the figures below are based on these authors' research, to which we added data for Québec. Here again, only some countries were chosen for comparison.

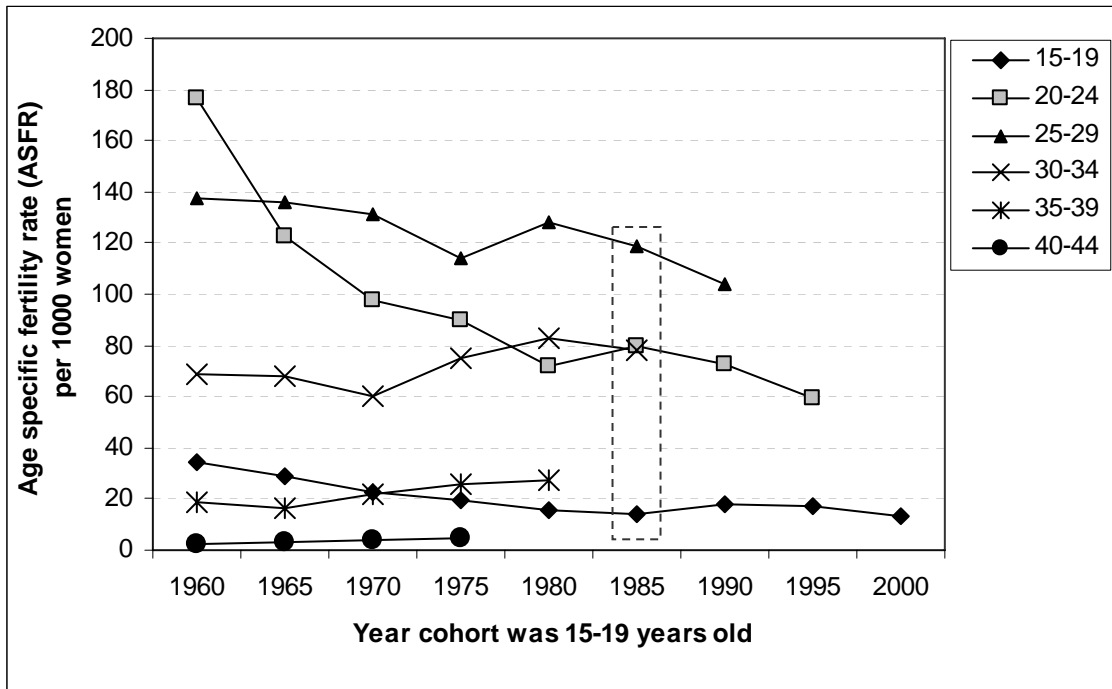
Some explanation is called for to make reading the figures easier. For example, in Figure 12, the vertical bar drawn with a broken line indicates the fertility of the cohort aged 15 to 19 in 1985 for each of this cohort's age groups. In the bar, we see that the fertility rate for women aged 20-24 is that of the same cohort observed in 1990, that is, five years later. The rate for the 25-29 group is that of the same cohort observed in 1995. Last, the rate for ages 30-34 is that of the same cohort observed in 2000. Therefore, by displacing the bar on the horizontal axis, we can see how the different cohorts behaved according to the age group they had reached.

Let's look first at Québec's fertility pattern (Figure 12). The figure confirms what we said previously. For example, women aged 15 to 19 in 1985 showed a lower fertility rate than

women of preceding cohorts at that age (see the vertical bar). When the women of this cohort reached the ages 20-24, their fertility rate was a bit higher than the previous cohort but very much lower than that of the 1975 and preceding cohorts. At 25-29 years of age, their fertility rate dropped compared with that of the preceding cohort. At 30-34, their rate dropped a bit, which might mean that the recuperation begun in previous cohorts will be short-lived. How will they behave when they enter the 35-39 age group? The data don't exist yet, of course, but based on the past pattern, a slight recovery is foreseeable.

**Figure 12**

**Fertility Rate by Age Group in Québec  
for Cohorts Aged 15-19 in the 1960-2000 Period**



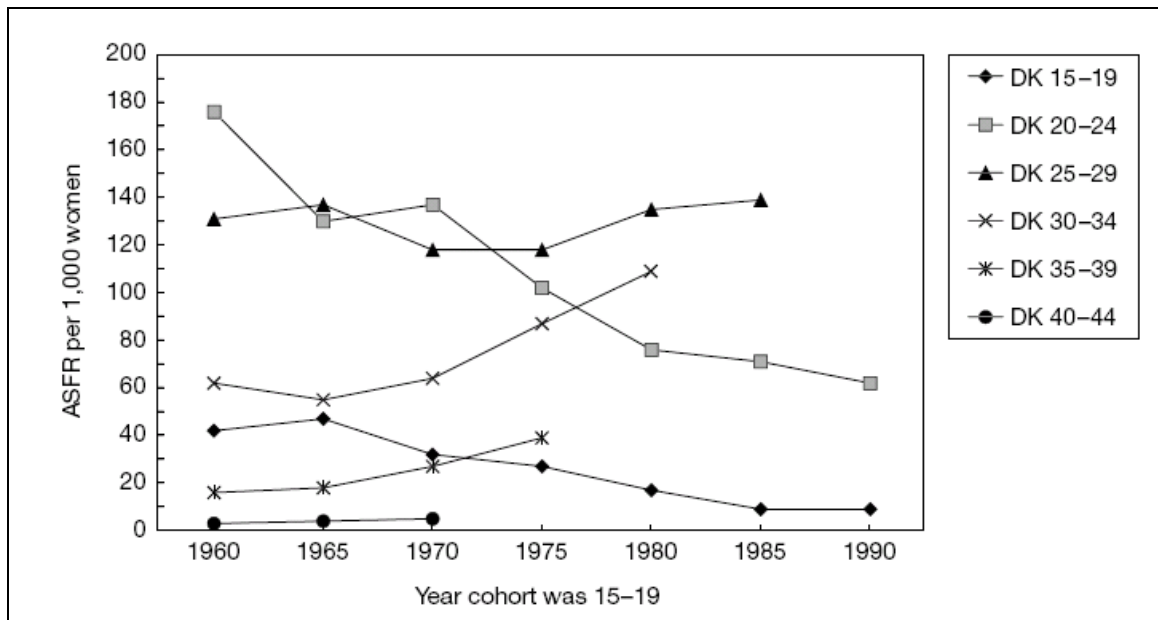
Source: Authors' calculations based on data from the Institut de la statistique du Québec website.

The figures below show clearly that Denmark differs from Québec and even more so from Italy. In Denmark (Figure 13), the cohorts' behaviour shows that fertility continues to drop markedly in the 15-19 and 20-24 age groups. However, a clear increase is seen not only in women aged 30 to 34 and 35 to 39 but also in those aged 25 to 29.

Compared with Québec, the recuperation pattern is more pronounced in Denmark, particularly in the 30-34 age group but also in the 35-39 group. It seems clear (Figure 13) that the decline in the 15-19 age group for the more recent cohorts and in the 20-24 group is counterbalanced by increases in older groups. Lesthaeghe and Moors (2000) note that Finland and Norway experienced the same pattern as Denmark.



**Figure 13**  
**Fertility Rate by Age Group in Denmark**  
**for Cohorts Aged 15-19 in the 1960-1990 Period**



Source: Lesthaeghe and Moors (2000).

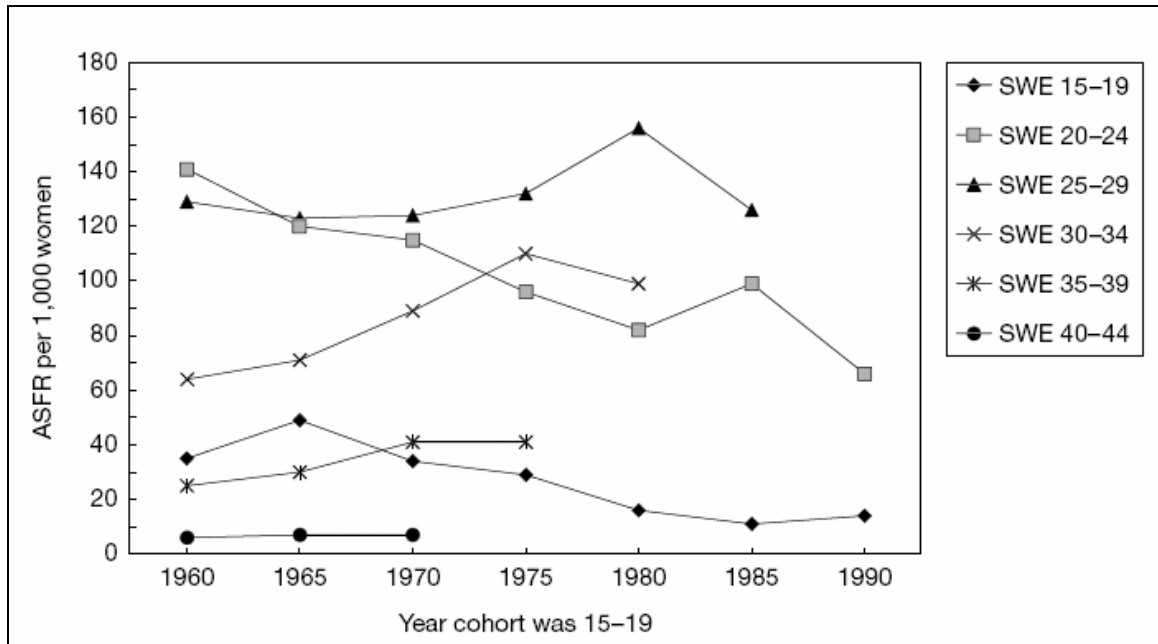
Sweden (Figure 14) is not very different, although the pattern of its indicators is less stable. Once new conditions of eligibility for parental leaves<sup>2</sup> were introduced there, fertility rose sharply in the 1980s, which brought about replacement-level fertility around 1990. After that, a decline began among all cohorts at the same time.

Despite the greater instability in the Swedish fertility pattern, Andersson's (2003) comparative analysis of three Nordic countries showed the long-term trends in these countries to be similar. Lesthaeghe and Moors (2000) concluded that, taken as a whole, Nordic fertility reached the highest levels in Europe because the rate was maintained in the 25-29 age group and strong recuperation occurred in the 30-39 age group.

France's fertility pattern (Figure 15) evolved much like Denmark's, with a recovery movement in the 30-34 and 35-39 age groups, which, however, was not as marked. No recuperation occurred in the 25-29 age group, this phenomenon being peculiar to Denmark.

2. In Sweden, a mother can keep the same level of parental insurance benefits if she gives birth to another child within an interval prescribed by law. The interval was set at 24 months in 1980, then extended to 30 months in 1986, a change that, according to Hoem and Hoem (1996), led some couples to have children in a shorter interval than planned. Parents considered the 30-month interval long enough to have a second or third child. The effect of these "speeded-up" births was to increase the TFR considerably around 1990 and then decrease it since most of the desired children had already been born.

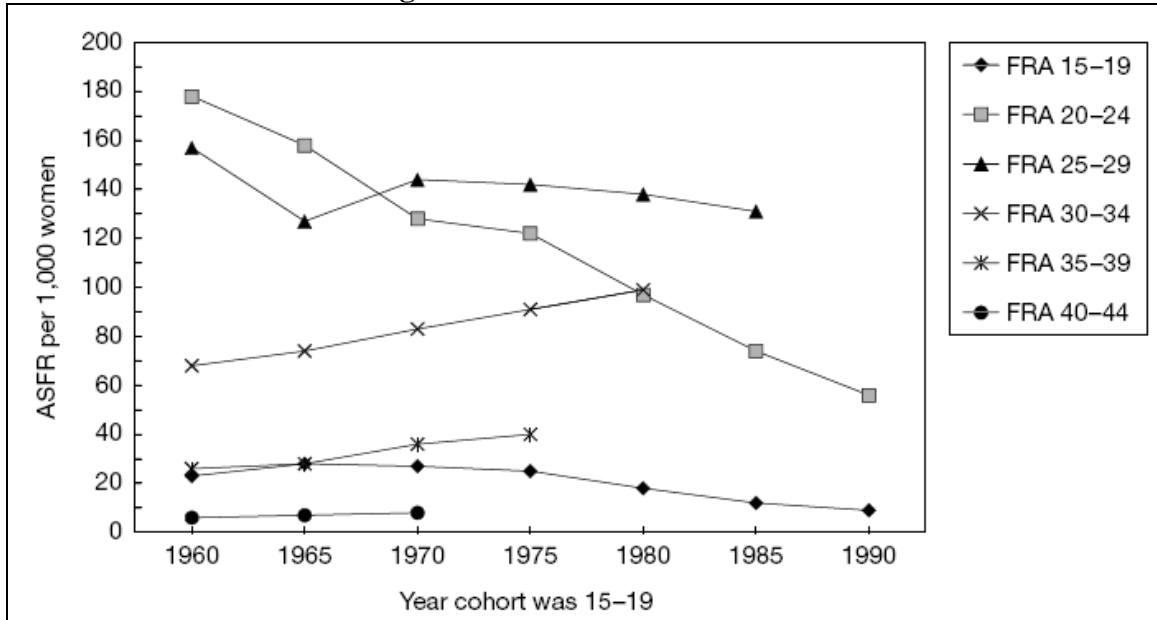
**Figure 14**  
**Fertility Rate by Age Group in Sweden**  
**for Cohorts Aged 15-19 in the 1960-1990 Period**



Source: Lesthaeghe and Moors (2000).

Italy (Figure 16) clearly departs from Denmark's pattern. The differences are evident: recuperation in women over 30 is very slight. Fertility in the 20-24 age group is lower than for Danish women of the same age, and continues to drop in women aged 25-29, while Denmark witnessed somewhat of an increase.

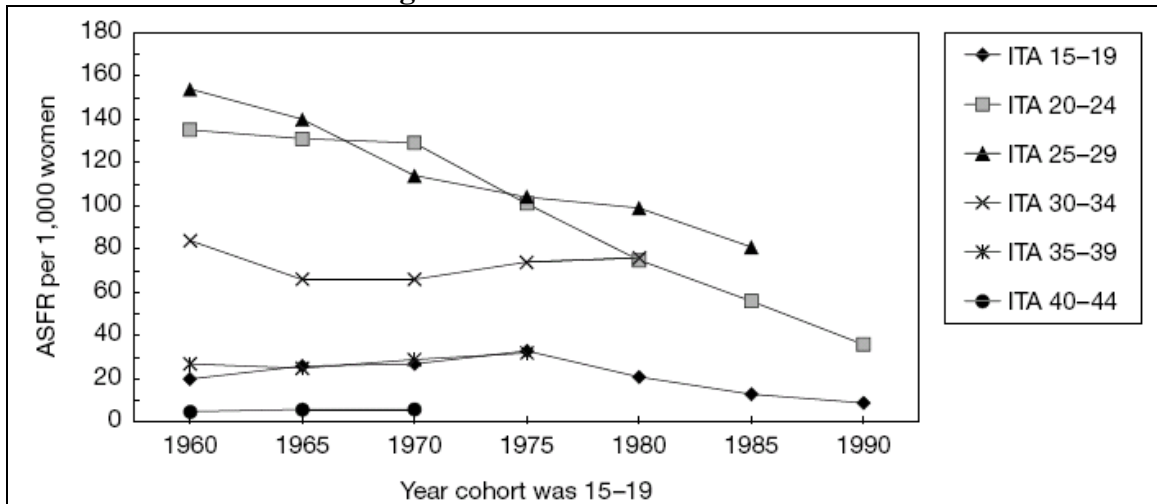
**Figure 15**  
**Fertility Rate by Age Group in France**  
**for Cohorts Aged 15-19 in the 1960-1990 Period**



Source: Lesthaeghe and Moors (2000).

The comparison of Italy and Québec supports the preceding observation that Québec differed from Italy solely in terms of a higher average of children per woman in women under 30. The figures below show that recuperation appears to be the same in the 30-39 age groups. What distinguishes them in fact is that among women under 30 the dip is sharper in Italy than in Québec.

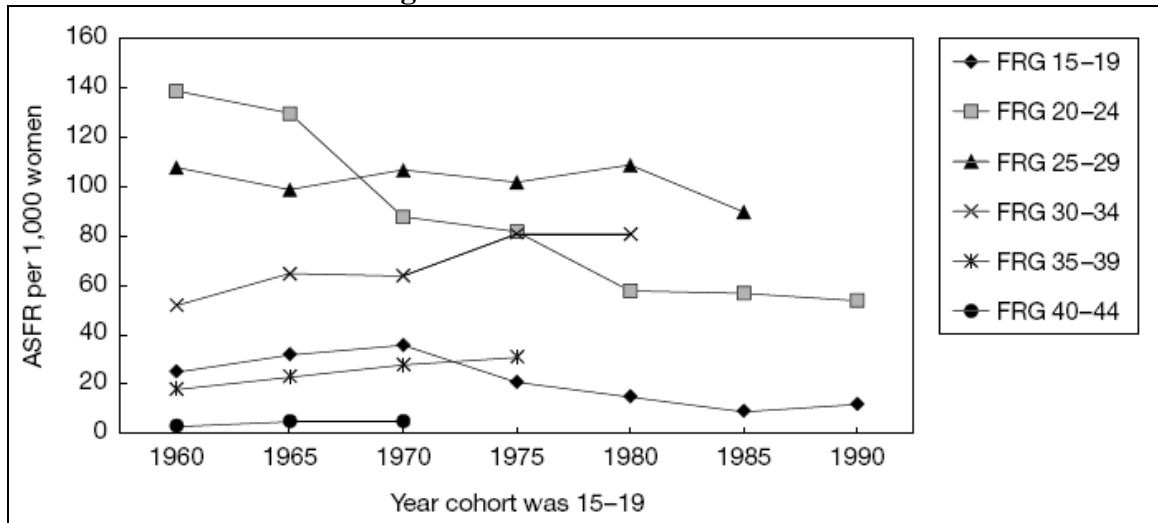
**Figure 16**  
**Fertility Rate by Age Group in Italy**  
**for Cohorts Aged 15-19 in the 1960-1990 Period**



Source: Lesthaeghe and Moors (2000).

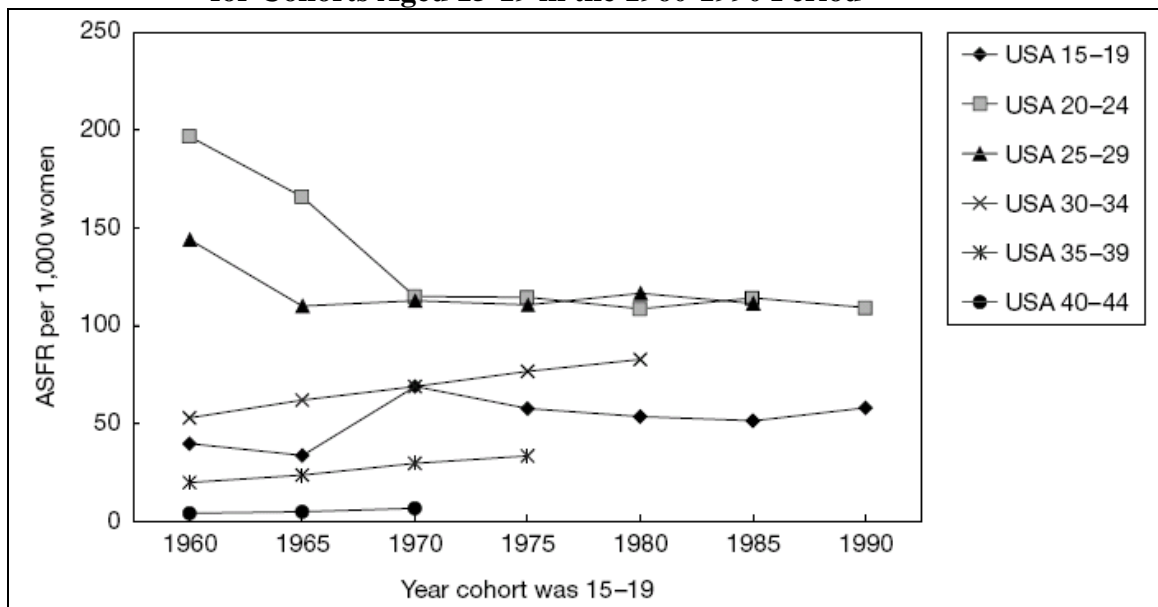
West Germany (Figure 17) also has features in common with Québec. For one, the extent of fertility recovery in women over 30 is similar.

**Figure 17**  
**Fertility Rate by Age Group in West Germany**  
**for Cohorts Aged 15-19 in the 1960-1990 Period**



Source: Lesthaeghe and Moors (2000).

**Figure 18**  
**Fertility Rate by Age Group in the United States**  
**for Cohorts Aged 15-19 in the 1960-1990 Period**



Source: Lesthaeghe and Moors (2000).

Last, the United States (Figure 18) again shows its distinctive pattern. The fertility rates for the cohorts aged 15-19 in 1960 and 1965 dropped, then rose in the same age group in 1970 and remained relatively stable in subsequent cohorts. No other country evolved in this way. Note that the fertility rates for the 20-24 and 25-29 age groups are still quite high as compared with those in other countries. Fertility in the 30-39 groups is not as high but does rise slightly.

To sum up, one of Lesthaeghe and Moors' important conclusions was that, unlike most countries where fertility dropped in the 25-29 age group moderately or significantly, the Nordic countries witnessed somewhat of a rise, which was unique to them.

Unlike the Nordic countries, recuperation in the 30-39 age groups was quite timid in Québec. It was however quite similar to that observed in Italy and Germany (the former FRG). The main difference with Italy was found in the young women, whose fertility dropped somewhat less in Québec.

The analysis by cohort and age group confirmed a trend towards recuperation in Québec women aged 30 and older, but recovery was not pronounced enough to compensate for the fertility drop among the youngest women.

The observations by Fagnani and Houriet-Segard (2002) confirmed the trend of postponement and recovery of births in older age groups in some countries. The authors reported, for example, that in Western and Northern European countries in particular, approximately one child in ten was born to a mother aged 40 or older. According to their calculations, Sweden had the largest proportion of childbirths by mothers aged 40-44 (around 12%), followed closely by France and United Kingdom, and then by Norway, the Netherlands and Portugal, where the proportion was close to 10%.

Québec data indicate that, in 2004, of all births, the proportion of births to women aged 40 and older was 2.3 %. This finding indicates yet again that recovery is less pronounced in Québec than in some European countries. This would also explain why Québec women's mean age at first childbirth is lower than elsewhere.

### *1.1.5 Lifetime fertility (Cohort completed fertility)*

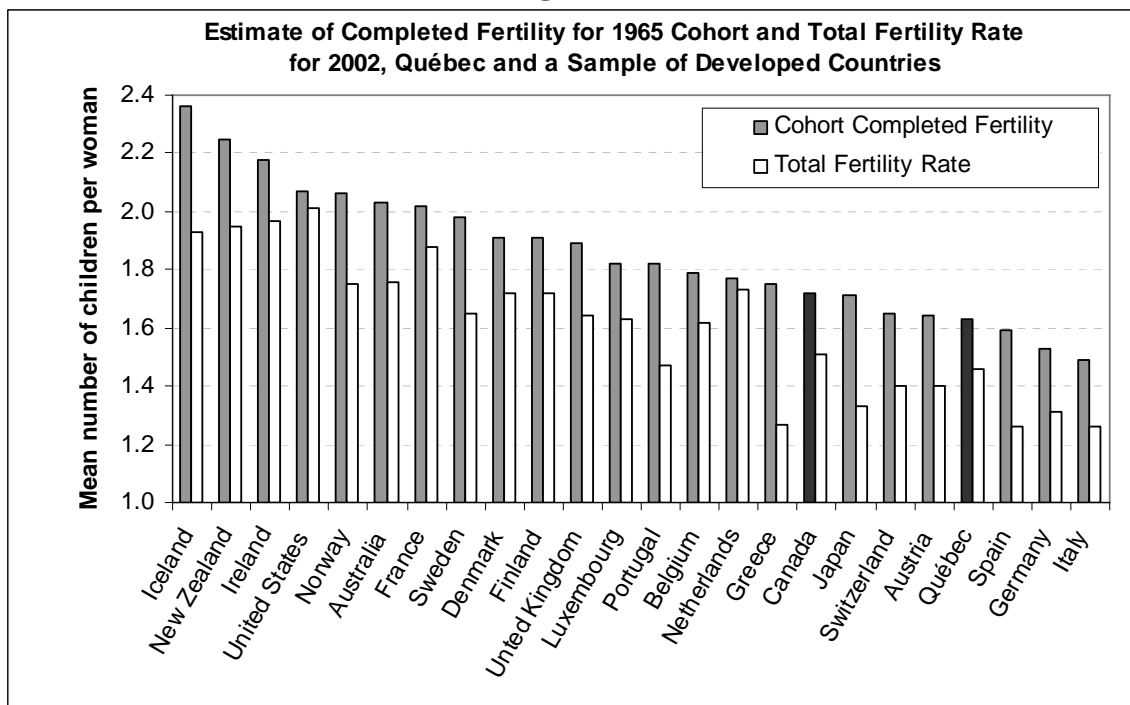
The most reliable way to measure the final outcome of postponement and recuperation is the completed fertility of a given cohort of women, once their fertile period is past.

As Toulemon (2003) rightly reminds us, period fertility indicators provide a distorted picture of the long-term trend. Given the constantly changing timing of family formation, the completed fertility of cohorts born since the war turns out to be greater than the figures gleaned from annual data. Generations span many years, at least 20 to 25 years of history. Their descendance, moreover, is not the exact reflection of specific events, and we must take into account what could have happened over a long span of time, that is the ups and downs of the period indicator (TFR).

For example, women born in 1965—who were 37 years old in 2002—had shown higher fertility in previous years than the level indicated by the sum of fertility rates observed in 2002. In other words, in the years prior to 2002, annual fertility rates for these women were higher. For the remainder of their fertile period, we would expect them to bear more children than the number expected on the basis of the series of rates for 2002 since the rates in older age groups have been somewhat higher for the past few years.

Figure 19 shows that the total fertility rate underestimates the actual number of children women bear in their lifetime. Many countries' final descendance is greater than or equal to the replacement level and higher than the total fertility rates.

**Figure 19**



Note: Cohort completed fertility is estimated because not all women had reached the end of their reproductive life.

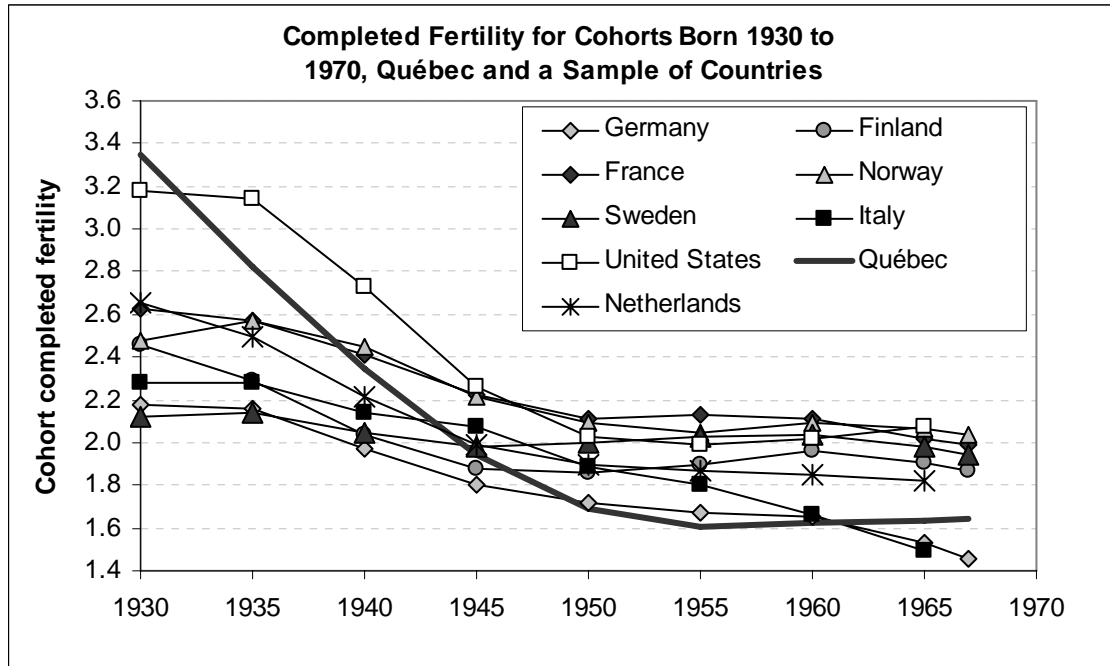
Sources: Sardon (2004), Tables 3 and 4; for Québec, Institut de la statistique du Québec website.

If we consider the 1965 cohort (Sardon, 2004), that for the most part has completed its fertility period, its descendance is 2.0 children or more in 7 of the 24 countries studied (Iceland, New Zealand, Ireland, United States, Norway, Australia and France). For 6 countries, the cohort's completed fertility ranges from 1.8 to just below 2.0 (Sweden, Denmark, Finland, United Kingdom, Luxembourg and Portugal), and for 11, lifetime fertility is lower than 1.8 (Belgium, Netherlands, Greece, Canada, Japan, Switzerland, Austria, Québec, Spain, Germany and Italy). Québec's completed fertility for the 1965-1966 cohort is 1.64, placing it lower in the countries' ranking than where it places with

the TFR. Of the 24 States, only three rank lower than Québec in terms of lifetime fertility. These are countries where little recovery was observed in women aged 30 and older.

Figure 20 indicates that, for some countries where recovery occurred (Finland, Norway, Sweden), and in countries that did not experience sharp drops in fertility (France, United States), lifetime fertility was maintained in post-1950 generations. Québec's cohort completed fertility was maintained as well, but at a much lower level. This was not the case with Italy and Germany.

**Figure 20**



Sources: Sardon (2004), Table 4; for Québec, Institut de la statistique du Québec website.

### 1.1.6 Fertility and number of children

To deepen our knowledge of Québec's fertility, we will examine the distribution of women according to number of births.

- **Permanent childlessness**

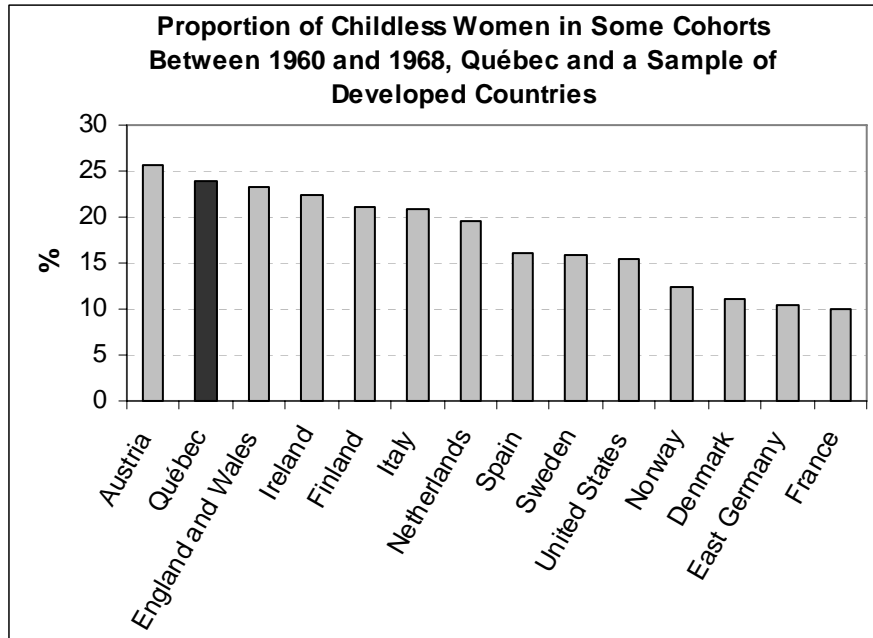
One of indicators to be calculated is permanent childlessness. It is defined as the proportion of women in a given cohort who did not bear children by the end of their childbearing years (age 49). For women born in the period from the 1950s to the beginning of the 1970s,<sup>3</sup> permanent childlessness in Québec averaged 24% (Duchesne,

3. When descendance has not been completed, permanent childlessness is estimated.

2003). In other words, close to one woman in four born around the 1960s did not have children.

As seen in Figure 21, Québec outranked most developed countries. Tomas Frejka and his collaborators (2001), who examined childlessness in a number of countries not mentioned here, found that it was on the rise in the youngest cohorts almost everywhere, but few countries exceeded Québec's rate at present.

**Figure 21**



The proportion is given for a specific cohort: Québec, 1960-1961; France, 1960; East Germany, United Kingdom (England and Wales), Italy, 1963; Denmark, 1964; United States, Spain, 1965; Ireland, Netherlands, 1966; Sweden, Norway, Finland, 1967; Austria, 1968.

Sources: Sardon (2000), Table 10, p 762; Duchesne (2003).

As Fahey and Spéder (2004) noted in their study of several countries, there does not appear to be a link between a high rate of permanent childlessness and low fertility (Table 3).

Fagnani and Houriet-Segard (2002) present the following analysis: Planning a later entry into motherhood has an effect not only on fertility levels but also on the proportion of women who don't have children. Taken as a whole, the countries studied showed an initial decrease in childlessness, which then rose in the most recent cohorts. The trend reversal was seen in women born as of 1950 in Nordic and Western European countries. It was moderate in France, Norway and Sweden but much more pronounced in the Netherlands and England-Wales, where permanent childlessness in the 1960 cohort reached 17.7% and 20.4%, respectively. This new and as yet little studied phenomenon suggests that a greater proportion of women don't wish to have children, but it also



reveals involuntary childlessness, stemming from lengthening delays in planned childbearing.

**Table 3**  
**Women Aged 40 in 2000 (1960 cohort) by Number of Births,**  
**Québec and a Sample of Developed Countries**

Country	% of women by number of births				Cohort completed fertility
	Childless	1 child	2 children	3 or more children	
Norway	13	14	40	33	2.01
United States	17	18	34	31	1.91
United Kingdom	20	12	39	29	1.87
Greece	11	17	52	20	1.86
Finland	19	16	36	29	1.84
Netherlands	19	16	41	24	1.76
Spain	12	26	46	16	1.70
Italy	17	26	41	16	1.60
Québec	24	18	38	20	1.61

Sources: Voas (2003), Table 5; for Québec, Institut de la statistique du Québec website; calculations by authors.

- **Large families**

As Fahey and Spéder (2004) have shown, the decline of large families seems the most obvious explanation of low fertility levels in some countries. As illustrated in Table 3, the lowest proportion of women who at age 40 had three or more children is found in Québec and countries such as Italy, Spain and Greece—the same populations with the lowest fertility levels in the developed countries at present.

In short, Québec is distinguished by a higher proportion of childless women at the end of their childbearing years and by a small proportion of women who bore three or more children. In Québec, the birth rate therefore depends on a smaller proportion of women, and those who do bear children have fewer offspring compared with elsewhere.

### **1.1.7 Fertility aspirations**

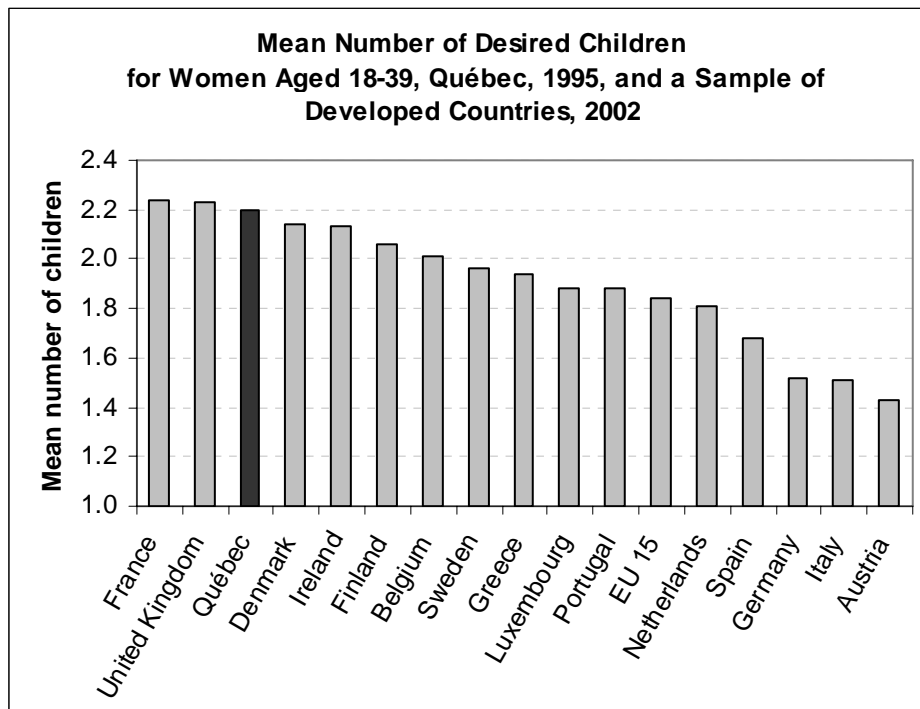
As Lapierre-Adamcyk (2001) reports, “fertility aspirations are higher than actual rates. Since the mid-1970s, all surveys asking young respondents how many children they expected to have show that both young women and men aspire to have two children on average.”

The indicator called “number of children planned or desired” is the sum of children a woman has at the time of the survey plus the number of children she plans to have. It

usually produces lower numbers than the indicator “ideal number of children.” According to Goldstein et al. (2002b), the first indicator is considered to be more appropriate and takes constraints into account more than the second does. The researchers report that the data from the 2001 Eurobarometer survey show that, among young Germans and Austrians, the ideal number of children dropped to as low as 1.7, whereas for a long time this number had been above 2.0. Moreover, the number of children desired or expected in the two countries was 1.5 and 1.4, respectively.

The mean number of children desired is 1.84 for the 15 countries of the European Union. Figure 22 shows that a number of countries with low fertility rates also show low numbers of children desired. In this respect, the population of Québec would rank among those wanting more children. We must be cautious though, because the Québec data do not come from the Eurobarometer and they pertain to the 18-34 age group, not the 18-39 group. This difference may lead to the Québec number being overestimated, since we know that the number of children desired decreases with respondents’ age.

**Figure 22**



Sources: 2002 Eurobarometer, taken from Fahey and Spéder (2004), p 20. The datum for Québec is for the 18-34 age group and was taken from Lapierre-Adamcyk and Bingoly-Liworo (2003).

To summarize this section, almost all the developed countries experienced a drop in fertility from the early 1960s to around the 1980s. Following the sizable drop, some countries witnessed a significant increase in their total fertility rate to 1.7-1.8 (Nordic countries). In others, the decline was not so marked and they maintained a fertility level

close to 2.0 (France, United States). In still others, the drop was large and fertility levels remained low subsequently (Southern and Central European countries). In Québec, the TFR decreased markedly, then rose somewhat and dropped again; it is now slightly above those of the countries with the lowest fertility.

What explains the rise in the TFR and its remaining at a level of 1.7 to 2.0 is largely the recovery of births among women aged 30 and older, and, to a lesser extent, the nearly stable fertility rates in the 25-29 age group. So far, Québec has seen only a slight increase in fertility in women aged 30 and older, besides which fertility rates in the 25-29 group tend to decline. In this respect, Québec's pattern is similar to those observed in Germany and Italy. Compared with developed countries, moreover, Québec is notable for a high proportion of women who remain childless at the end of their childbearing years and for its small proportion of large families. In addition, according to available data, in Québec the gap between desired and actual family size is particularly wide, compared to other States.

## **1.2 Main Factors Associated with Fertility and its Evolution**

Québec resembles developed countries with low fertility (Southern and Central Europe) and in this respect does not have many points in common with high-fertility ones (Nordic countries, France, United States). The question that arises then is what has happened to Québec in terms of factors recognized as influencing fertility patterns in developed countries? The second demographic transition (from 1967 to today) has entailed many important changes. The literature mentions a number of factors that may have been determinants in the evolution of fertility in the past several decades, notably, effective contraception, changing values and behaviour regarding the formation and dissolution of households, women's participation in the labour market and their increasing educational attainment, and the gender equity movement.

The purpose of this section is to examine to what extent the changes that occurred in Québec with respect to each of these factors compare with those seen in other countries. In the ranking of States, does Québec occupy a position similar to that observed regarding its fertility?

The reader will notice that the comparisons are often limited to a smaller number of countries. There are two reasons for this: first, we can only work with data that are accessible, and this prevents us from presenting the same countries systematically. Second, our ultimate goal is to situate Québec's development and situation with respect to those of countries with the lowest fertility and with the Nordic countries. This explains our emphasis here on comparing Québec mostly with the latter.

The first set of comparisons concerns factors linked to new patterns of household formation and dissolution; the second focuses on socioeconomic factors.

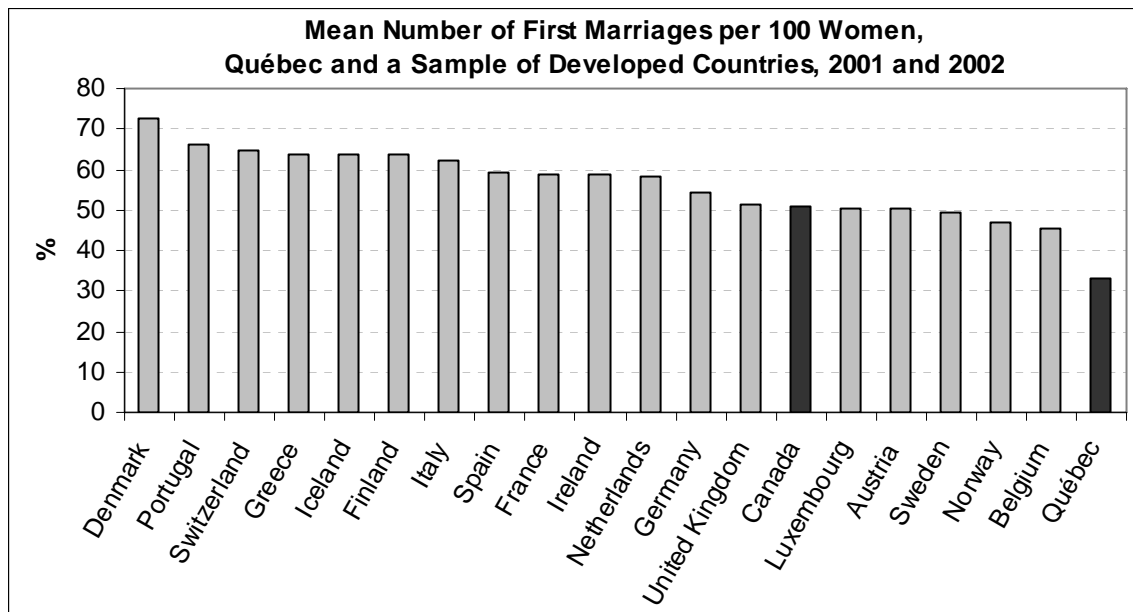
### 1.2.1 Factors linked to new household formation and dissolution

Lapierre-Adamcyk (2001) mentions two series of major changes in Québec as of 1970, which contributed significantly to dampen the desire to have children. The first was increasingly unstable marriages due to the rise in divorce rates and, starting in the mid-1970s, the decline in the marriage rate. The second, appearing in 1980s and 1990s, was the increase in common-law couples and the concomitant rise in births out of wedlock. The author mentions effective contraception as another fertility-related factor, of course: the anovulatory pill, contraceptive sterilization and abortion when contraception fails. She comments that none of these factors of itself can account fully for the phenomenon, but some of them are certainly associated with the drop in number of children since 1971.

In her analysis of fertility and family policies in Nordic countries from 1960 to 2000, Tsuya (2003) looked at a set of factors that are almost identical to the above-mentioned ones: contraception and elective abortion, decline of first marriages and age at first marriage, divorce rate, increase in cohabitation and proportion of births out of wedlock. She concluded that the lengthening delay in family formation was one of the main causes of the rapid drop in fertility in these countries from 1965 to 1980.

Fernández Cordón and Sgritta (2000), who looked at Southern European countries, emphasized the factor of young people's longer transition between school and complete independence.

Figure 23

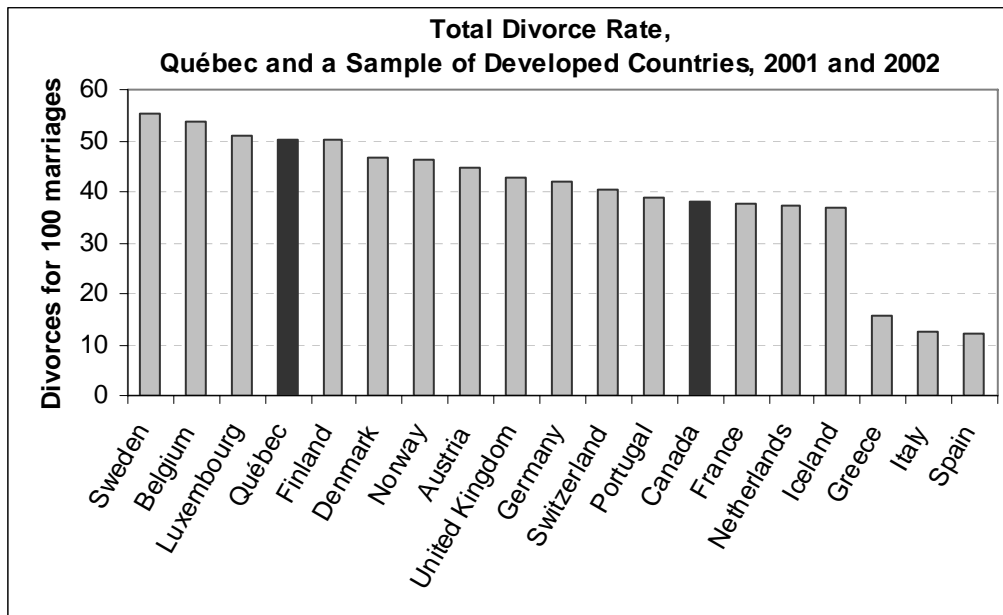


Sources: Sardon (2004); for Québec and Canada, Duchesne (2004).

Figures 23, 24 and 25 present the first three indicators linked to new patterns of household formation and dissolution: number of first marriages per 100 women, total divorce rate and proportion of births out of wedlock.

A number of observations could be made here, but we will confine ourselves to the main ones. For at least two indicators, divorce and births out of wedlock, the Nordic countries rank above the mean for the countries presented. Moreover, regarding the number of first marriages, Sweden and Norway also rank among the countries with the lowest marriage rates. At the opposite end of ranking on the three indicators are Italy and Greece, two countries showing the least change in marriage behaviour. This applies, to a lesser extent, to Spain and Portugal, an observation made previously by Fernández Cordón and Sgritta, and Lesthaeghe, in particular. France's rank is somewhat surprising in that it is situated in the middle. The changes there were not as large-scale as seen in other countries such as the Nordic ones.

**Figure 24**

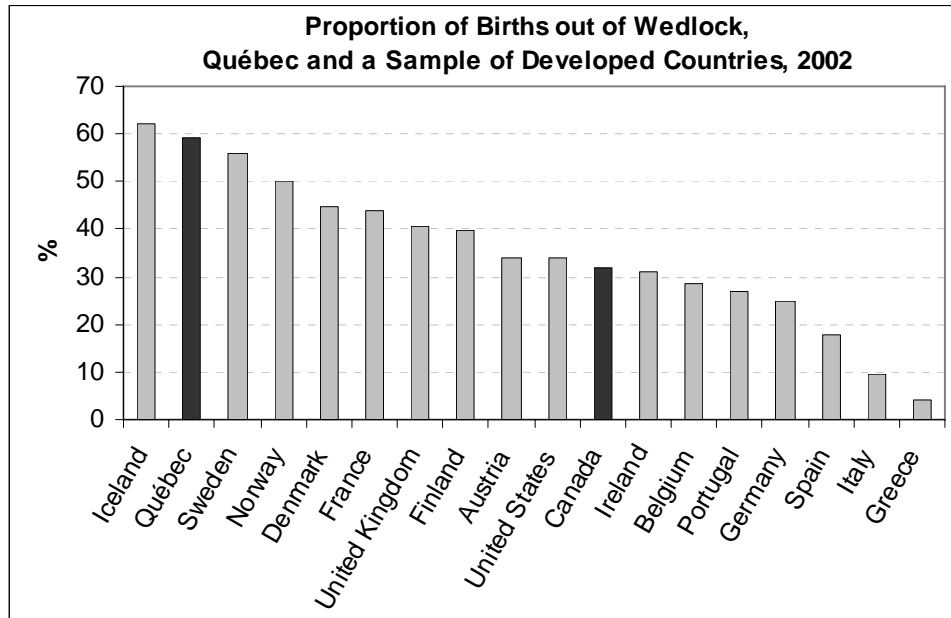


Sources: Sardon (2004) and OECD; for Québec and Canada, Duchesne (2004).

Among the countries presented, Québec ranks lowest on number of marriages. It is also among those where divorce is most prevalent and ranks second only to Iceland in number of births out of wedlock. Québec has equalled a number of Nordic countries in some respects (divorce, for example) and has surpassed them in others (low proportion of marriages and high proportion of births out of wedlock). The low first marriage rate in Québec compared with other countries may come as a surprise. In some European countries, the birth of a first child often seems to give rise to marriage, which is rarely the case in Québec. Denmark is a good example: almost half the births occur out of wedlock and over 70% of women state having married for the first time.

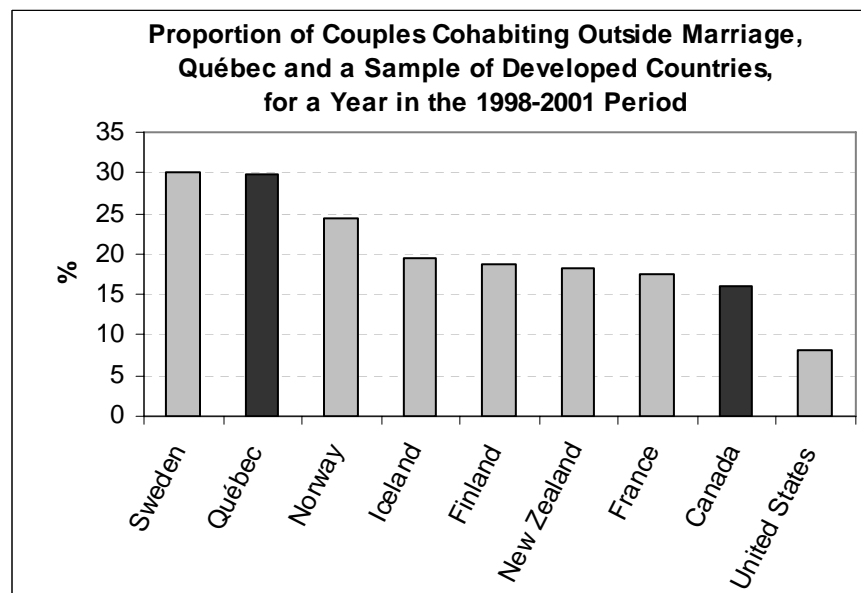
Another indicator (Figure 26), the proportion of cohabitation, corroborates the previous observation and Québec's position. The data show that Québec's population adopted behaviours similar to those of the Nordic countries' populations and has even surpassed some of them. Here too, Québec is different from France.

**Figure 25**



Sources: Sardon (2004) and Eurostat website; for Québec, Institut de la statistique du Québec website; for Canada, Statistics Canada, publication No. 084F0210 in catalogue.

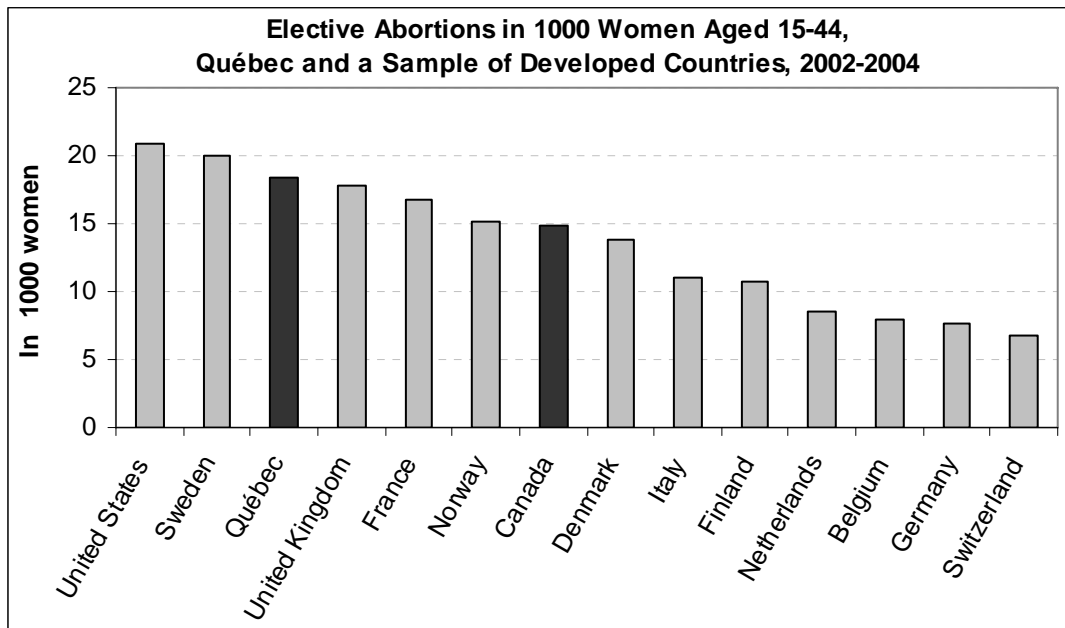
**Figure 26**



Source: Statistics Canada website, 2001 Census, "Profile of Canadian families and households."

Another fertility-related indicator of interest is the elective abortion rate per 1000 women aged 15 to 44 (Figure 27). According to Lapierre-Adamcyk (2001), elective abortion is a very clear manifestation of the will to avoid bringing unwanted children into the world. Tsuya (2003) comments that, in the Nordic countries, this is one of the means to achieve better control over the timing of childbearing rather than a factor in the fertility drop. Although this indicator may be interpreted differently in different countries, it shows once again that, among the principal developed States, Québec ranks high, placing third among the countries presented.

**Figure 27**



Sources: Statistiques Suisse et comparaison internationale, website; for Québec, Institut de la statistique du Québec website.

The new household positions of young people make up the last indicator in this group. The data here (Table 4) are taken from Lesthaeghe and Moors (2000), to which we added corresponding data for Québec. We present them to illustrate the changes occurring in the transitions young people experience before forming a family as well as to make comparisons between countries. The group chosen for comparison is women aged 20 to 24.

This time, Québec placed in a middle position. In fact, it is half way between Southern and Northern Europe, with a profile quite similar to that of Western European countries (particularly France). The situation in the Southern European countries is diametrically opposed to that in Northern Europe. Young women in Southern Europe only leave the parental household to marry and have children, which translates into delayed childbearing and a lower birth rate. In contrast, their counterparts in the North leave the parental

household and cohabit at an early age; they have children out of wedlock and therefore are likely to have more children.

**Table 4**  
**Percentage of Women Aged 20-24, by Household Position, by Group of European Countries,\* 1990, and in Canada and Québec, 2001**

Group of countries	Residing with parents	Living alone	Cohabiting no children	Cohabiting with children	Single mother	Married no children	Married with children
<b>Southern Europe</b>	79	1	3	0	2	6	13
<b>Eastern Europe</b>	49	5	4	4	5	9	32
<b>Northern Europe**</b>	12	23	27	12	5	7	12
<b>Western Europe</b>	41	14	17	3	3	10	9
<b>Canada</b>	50	19	11	5	5	5	5
<b>Québec</b>	47	19***	17	8	4	3	2

Note: The data must be viewed with reservations since the sources are different for the European countries on the one hand and for Québec and Canada on the other, and the reference years are also different: 1990 for Europe and 2001 for Québec and Canada.

\* These are mean values for the countries included in the grouping, which is why the row totals may not equal 100%.

\*\* The Northern European women were 23 years old, while the samples elsewhere were 20-24 years old.

\*\*\* Includes women living with roommates.

Sources: Lesthaeghe and Moors (2000), Table 5, to which were added the Québec data, taken from a Ministère de la Famille, des Aînés et de la Condition féminine document (2005).

Note the difference between the proportion of young women living with their parents in Québec and Northern Europe: 47% and 12%, respectively. This is an interesting observation inasmuch as the longer period of adolescence, the late home leaving and prolonged dependency on parents are factors used to explain low fertility (Roy, 2004).

This is what Beaujot (2004) in particular believes. He partly associates low fertility with “delayed transitions early in life,” arguing that it is due in part to delayed procreation because “some people miss the opportunity to have children when the small window is open between their late twenties and early thirties.” It would seem clear at any rate that the proportion of young people cohabiting in Québec has decreased in the past two decades. From 1981 to 2001, the percentage has dropped from 35.5% to 22.3% in the 20-24 age group, from 68.5% to 53.8% in the 25-29 group and from 78.6% to 68.1% in people aged 30 to 34 (*Ministère de la Famille, des Aînés et de la Condition féminine*, 2005).



In short, Québec ranked higher than a number of developed countries on indicators pointing to the adoption of new marital behaviour. Overall, it was close to the Nordic countries but different from France. However, regarding youth household formation, Québec falls between the Northern and Southern European countries and is comparable to France.

### **1.2.2 Socioeconomic factors**

The same researchers (Lapierre-Adamcyk, Tsuya, and Fernández Cordón and Sgritta) have analyzed two other well-known, major determinants of fertility patterns: women's participation in the labour market and their increased level of educational attainment. We will discuss these questions in this section, ending with the sharing of household tasks and childcare.

- **Women's participation in the labour market**

Women's increased participation in the labour market over the past decades is a generalized phenomenon in developed countries as a whole. It reflects women's wish to be financially independent and have a career.

As Lesthaeghe and Moors (2000) show, these changes have not occurred at the same time in all countries. The trend began in the Nordic countries, which is why, once, again, they serve as a yardstick.

Tsuya (2003) points out that the period of the rapid drop in fertility in the Nordic countries matches almost exactly the period of the phenomenal rise in women's labour force participation rates at childbearing ages. She then concludes that the massive influx of young women in the job market is largely responsible for the fertility decline.

A consensus seems to have appeared in recent studies, however, to the effect that the relation between fertility and labour force participation reversed itself in the mid-1980s. As we shall see below, measures that facilitate mothers' work are often cited as factors allowing women to increase both their activity rate and the number of children they bear, since they don't have to make a mutually exclusive choice. This adds to the interest in examining this variable.

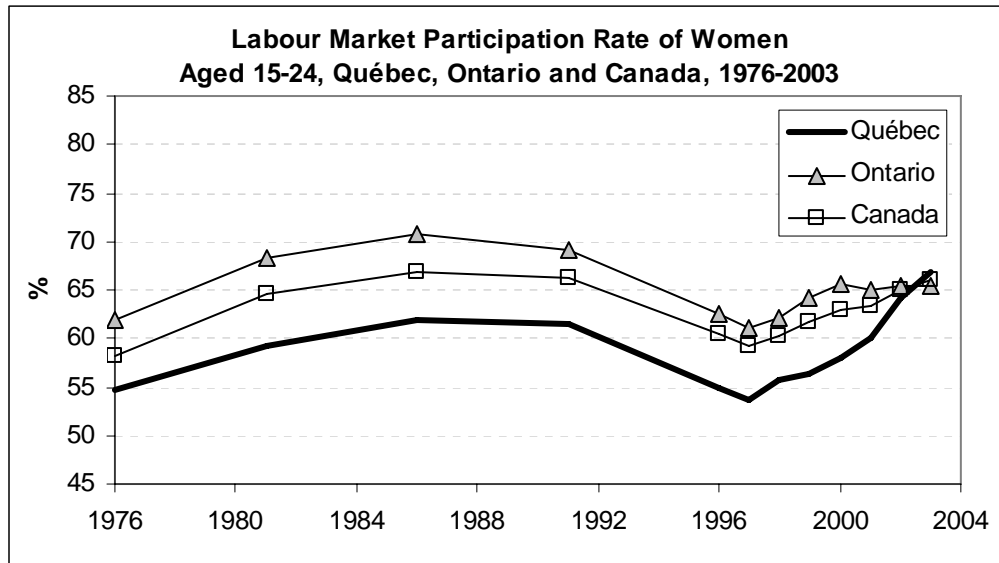
The wish for financial independence is seen in a way as what sparked the social changes that began and continue to occur where gender relations are concerned. In their comparative analysis of fertility in Southern European and Nordic countries, Fernández Cordón and Sgritta (2000) consider the development of women's labour force participation as a factor revealing the state of society's development.

To better situate the development of Québec women's labour force participation, we will compare their situation with that of women in Ontario and Canada.

In Canada (Figures 28 to 30), the activity rates of Québec women had always lagged behind those of women in Ontario and behind the Canadian average. Since 2000,

however, the gap has completely disappeared in women under the age of 55 (Figure 29). In 2003, the activity rate of Québec women aged 15-24 was actually slightly higher than that of their Ontarian counterparts (Figure 28).

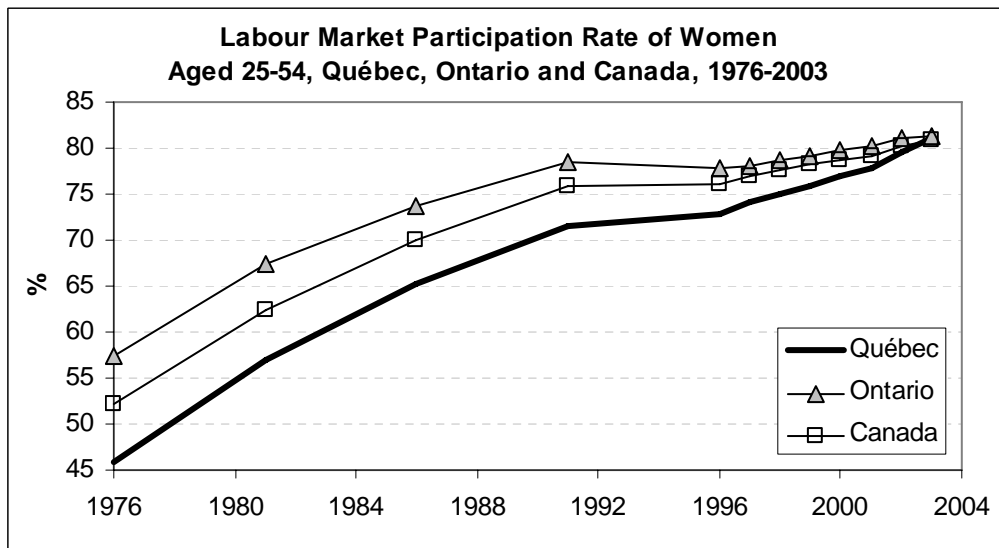
**Figure 28**



Source: Institut de la statistique du Québec website.

What we find in older cohorts, however (Figure 30), is that the difference with Ontario's activity rate was about 10 percentage points in 2003, and the trend did not indicate any real signs of catch-up.

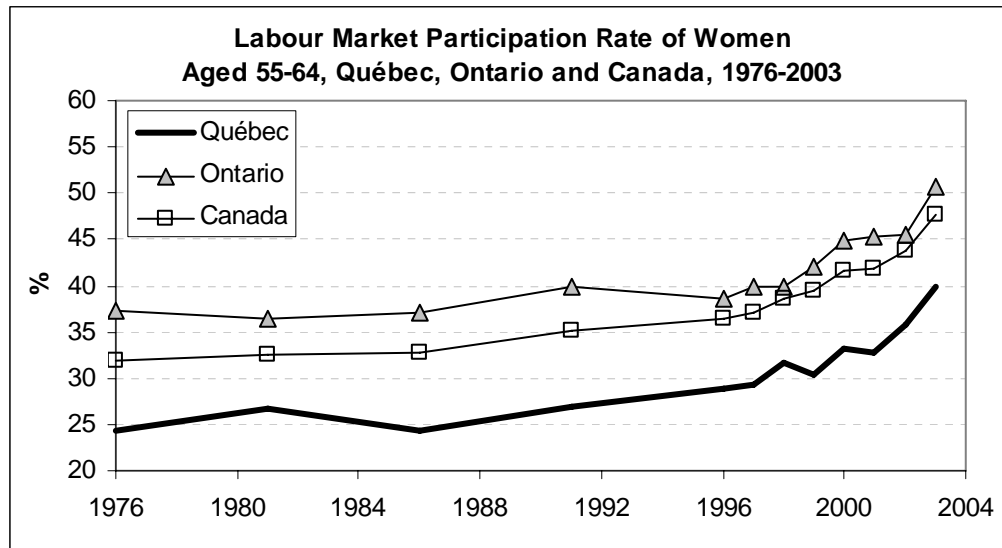
**Figure 29**



Source: Institut de la statistique du Québec website.

Three situations were observed therefore: a slight increase in Québec women’s activity rate over Ontarians in the 15-24 age group, the 25-54 age group catches up to the Ontarians, and the trend in the 55-64 age group doesn’t change. This combination leads us to think there is a structural change in attitude towards work, which is more pronounced the younger the women. What is even more striking is the speed with which the change occurred, to the point that, in the space of just a few years, the wish to work in Québec became as strong as in the neighbouring province.

**Figure 30**

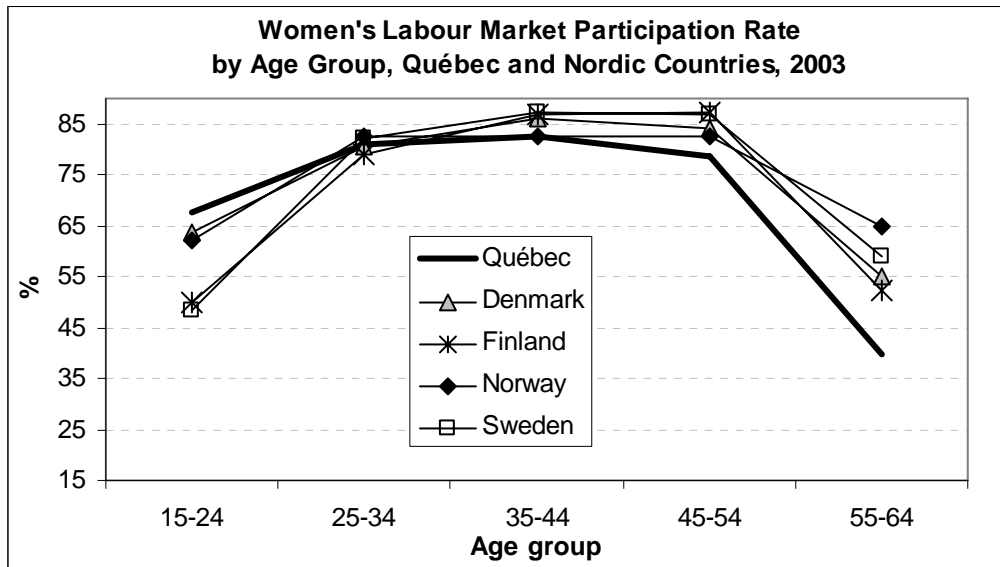


Source: Institut de la statistique du Québec website.

Similarly, Fernández Cordon and Sgritta (2000) mention that studying activity rate according to women’s age may reveal the depth of changes in different countries. One very relevant observation they make is that the higher the curve of women’s activity rate by age (over 80%) and the flatter it was (a level remaining high in all age groups), the more often societies where this happens have left behind the model of the male breadwinner and adopted the model of dual-income household.

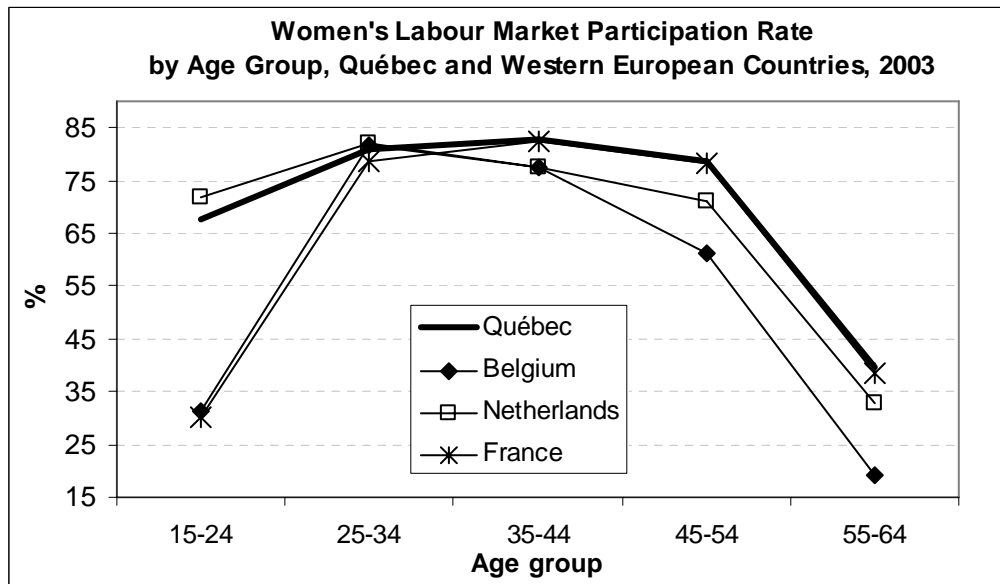
This way of presenting the activity rate curve by age (Figures 31 to 35) shows that Québec is at a level similar to France’s (Figure 32) and the German-speaking countries’ (Figure 33). It also shows that Québec is very close to the Nordic countries, especially where the younger cohorts are concerned. Activity rates for women in Québec and Canada are higher than those of women in other English-speaking countries (Figure 34) and much higher than in Southern European countries, with the exception of Portugal (Figure 35).

**Figure 31**



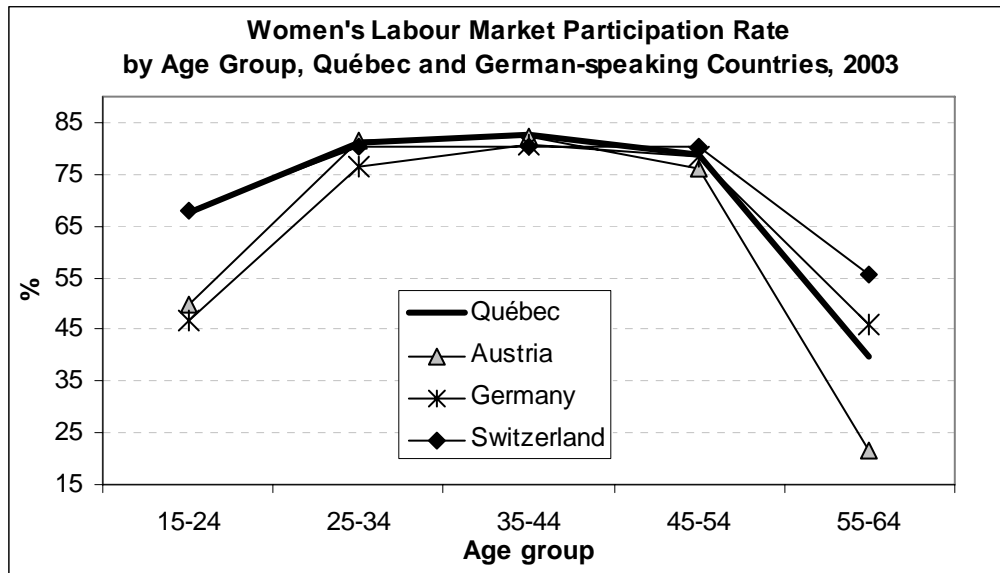
Source: OECD website.

**Figure 32**



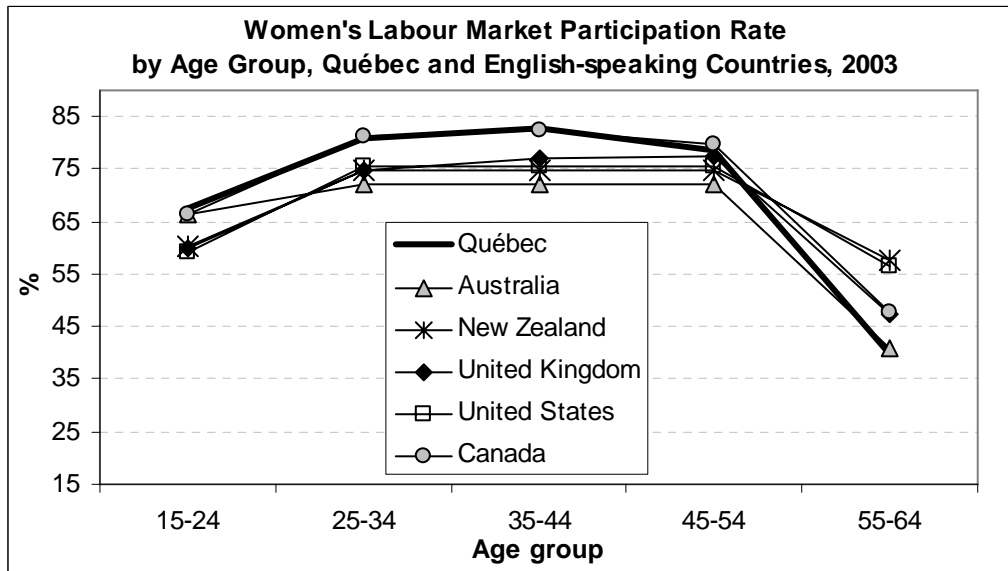
Source: OECD website.

Figure 33



Source: OECD website.

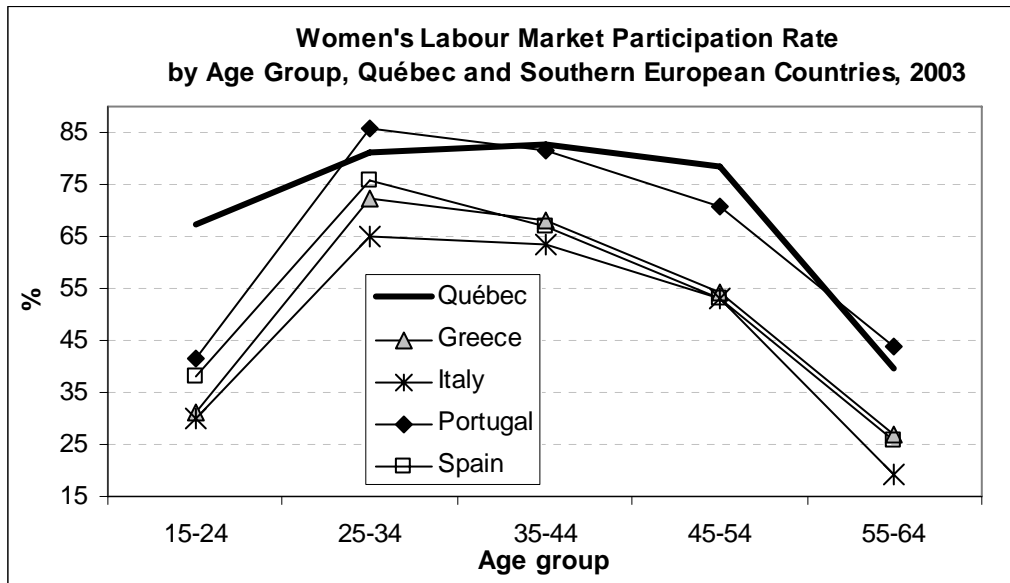
Figure 34



Source: OECD website.

The comparisons also bring to light the observation that Québec women aged 55 to 64 have quite a low activity rate, attesting to the speed of change in Québec.

Figure 35



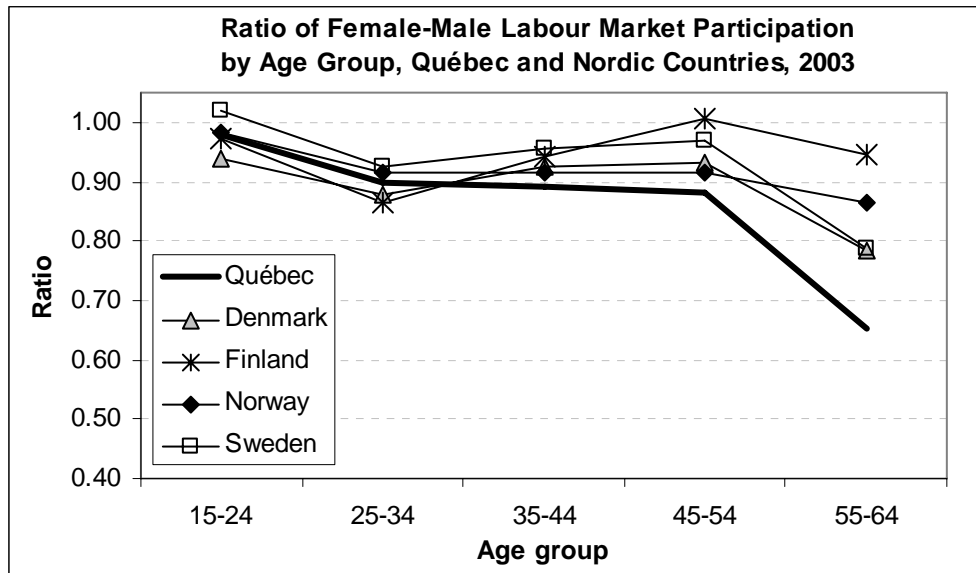
Source: OECD website.

Fernández Cordón and Sgritta (2000) point out that the comparison of women's activity rates in different countries has its limits since lower rates in some places may be as much a consequence of the economic situation (scarcity of jobs for both men and women) as a lag in women's integration in the workforce. So they suggest that, for each age group, the ratio between female and male activity rates be calculated. The closer the ratio is to 1.0, the closer women's labour force participation approximates that of men. The curves in Figures 36 to 40 illustrate the relative degree of gender equality or inequality in job market participation for each country. For these researchers, this measure clearly reveals women's trajectory, from being excluded from the labour force to full participation.

As Figure 36 shows, the Nordic countries, particularly Sweden, have a ratio close to 1.0. In Finland, the lower ratio seen in the 25-34 age group compared to the ratio for the 45-54 group seems surprising. It may be explained in part by the generous allowance for child-care leave (OECD, 2005), which incites some parents to refrain from going back to work at the end of a maternity leave.

Another interesting observation: as in the Nordic countries, the ratio among 15-24 year olds in Québec is close to 1.0, and it is also high in the 25-34 age group.

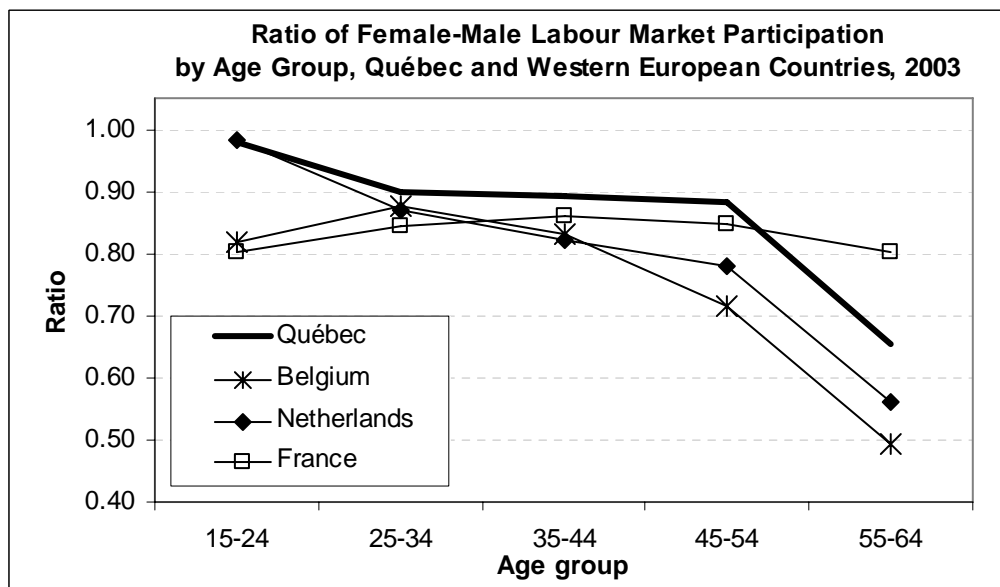
**Figure 36**



Source: OECD website; authors' calculations.

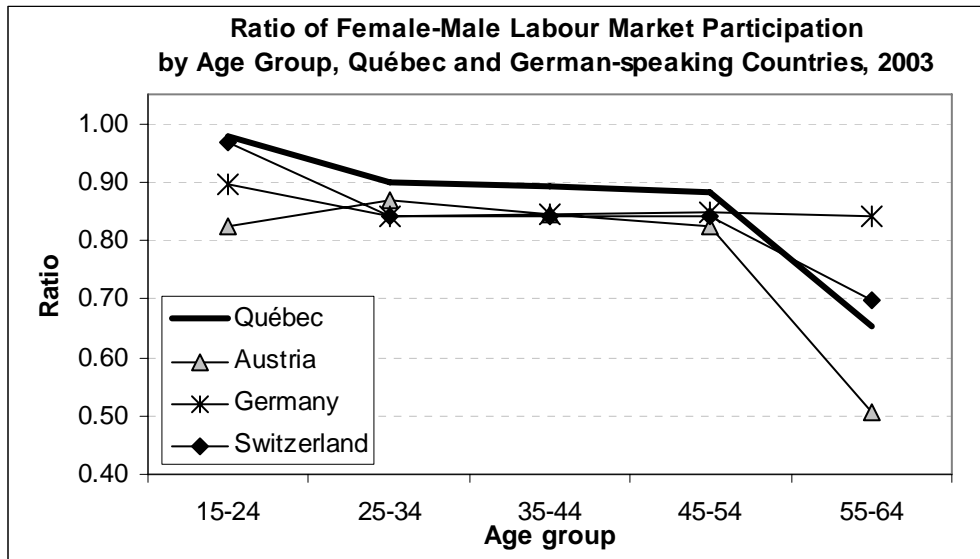
Except for the Nordic countries, the women-men activity rate ratio is higher in Québec than in all the other developed countries (Figures 37 to 40), which indicates a more widespread adoption of the dual-income household and a move farther away from the traditional model.

**Figure 37**



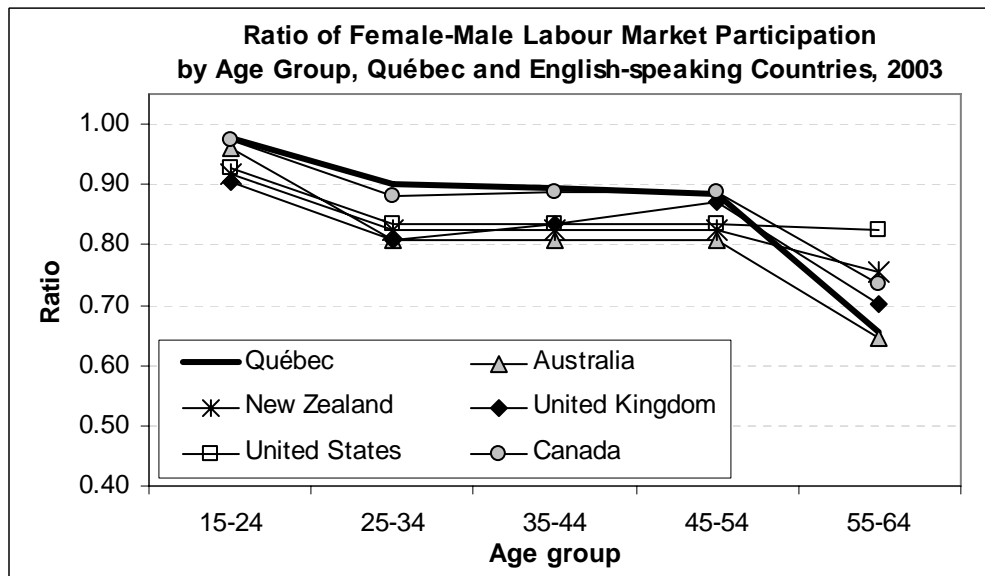
Source: OECD website; authors' calculations.

**Figure 38**



Source: OECD website; authors' calculations.

**Figure 39**

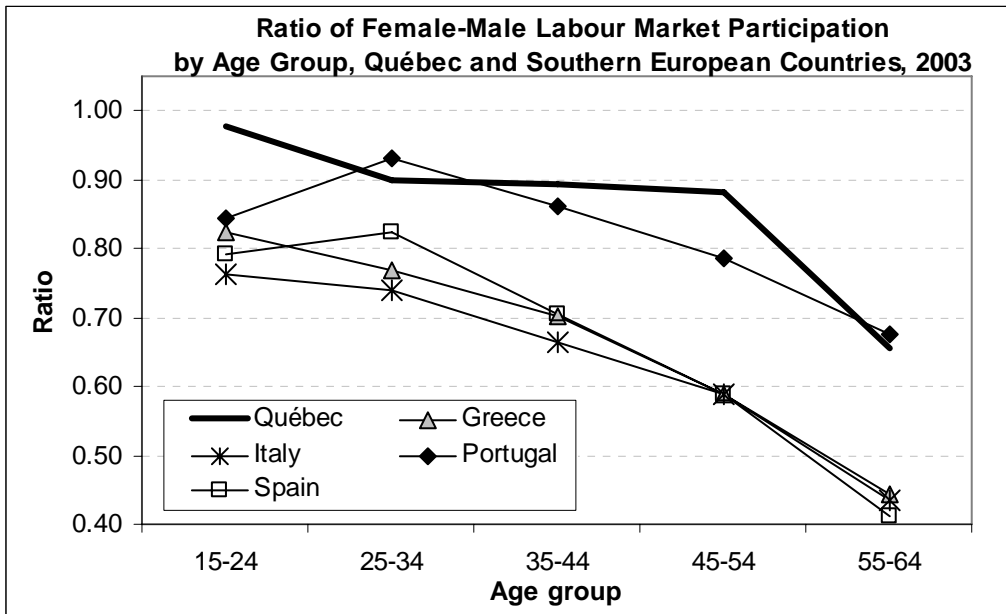


Source: OECD website; authors' calculations.

As Fernández Córdón and Sgritta point out, the shape of the activity rate ratio curve in Spain, Italy and Greece (Figure 40) reflects a more recent change in women's attitudes towards the labour market, since the ratio drops rapidly with age, starting with the 25-34 age group.



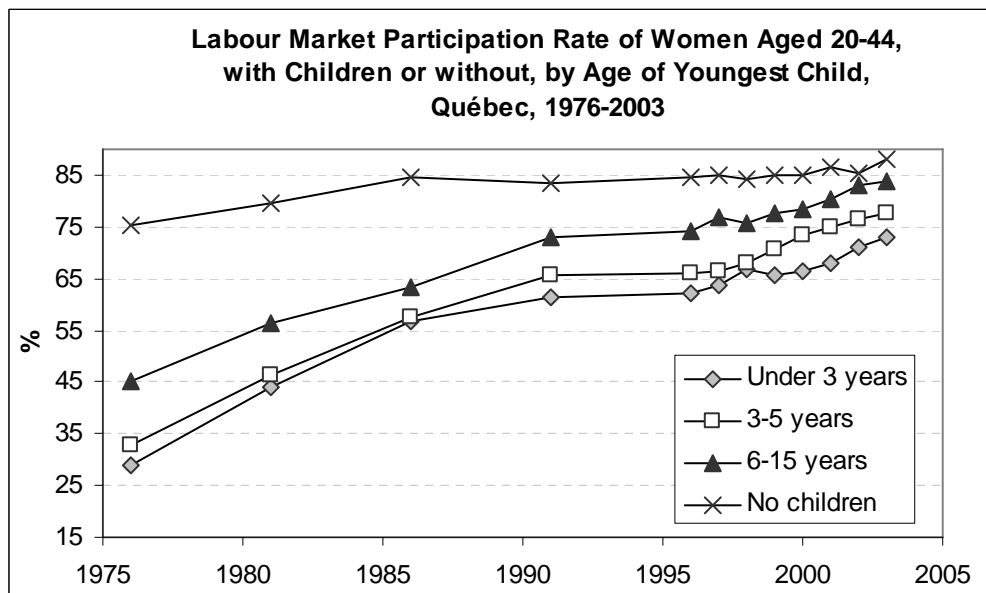
**Figure 40**



Source: OECD website; authors' calculations.

Finally, other data concerning Québec show that the trend to participate in the labour market is such that having small children stops fewer and fewer women from working. It is clear from Figure 41 that the activity rate curves for women with and without children are continually converging.

**Figure 41**



Source: Ministère de la Famille, des Aînés et de la Condition féminine (2005), Table 4.2, p 243.

To sum up, the data reflect a very rapid change in Québec women's behaviour, especially in the younger cohorts, in terms of participating in the job market—so much so that they have caught up to their counterparts in Ontario and Canada. Their level of participation is almost on a par with that of women in France and the German-speaking countries, and nearing that of Nordic women. Moreover, with the exception of the latter, Québec women achieved greater equality with men in the job market than women in most of the other countries studied. The growing numbers of working women with young children reflects the strength of the trend in Québec.

In closing, note that none of the comparisons takes into account the quality of women's jobs, which can vary from country to country. By quality we are referring to the type of employment (part-time, voluntary or not), level of remuneration and the gap between men and women's pay.

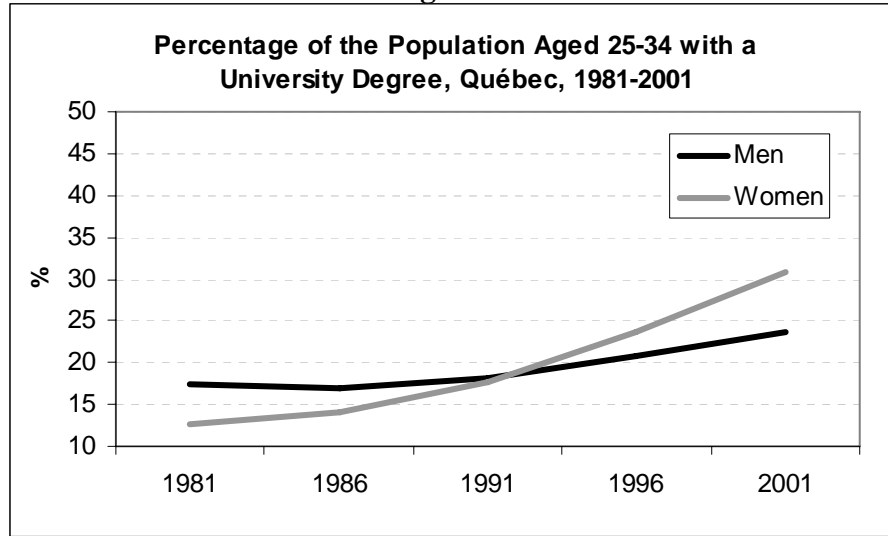
- **Increased levels of educational attainment**

Women's increasing level of education and their wish to enter the labour market go hand in hand with new areas of self-realization apart from motherhood. Many studies have shown that educational level is a determinant of fertility. Schooling may have the effect of raising the direct and indirect costs of withdrawing from the job market to have a child (Bélanger and Oikawa, 1999); it may delay household formation and childbearing; and it may reduce descendance (Lapierre-Adamcyk and Juby, 2000). Tsuya (2003) discusses the crucial role of educational attainment in changing the status of women in society. Women's increased education transforms family life in different ways, by changing parent-child relations and gender relations at home.

Since we were unable to obtain the time series with which to compare Québec with developed countries, we present, first, the evolution of women's education in Québec.

Figure 42 shows the rapid increase in women's level of educational attainment over the past two decades. The proportion of women who obtained a university degree rose from 12.6% in 1981 to 30.8% in 2001. Then, around 1990, women with degrees began to outnumber men and the gap has widened ever since. Data from the 2001 census illustrate the scale and speed of these changes among couples. When older couples (those who have only adult children living at home) are compared with younger ones (those with children under five years old), the proportion of couples wherein the mother's educational level is higher than the father's rises from 19.3% to 32.5%, respectively (Table 5).

**Figure 42**



Source: Statistics Canada website, 2001 Census of Canada, compilation conducted by the Ministère de la Famille, des Aînés et de la Condition féminine, based on data from historical tables in catalogue 97F0017XCB2001002.

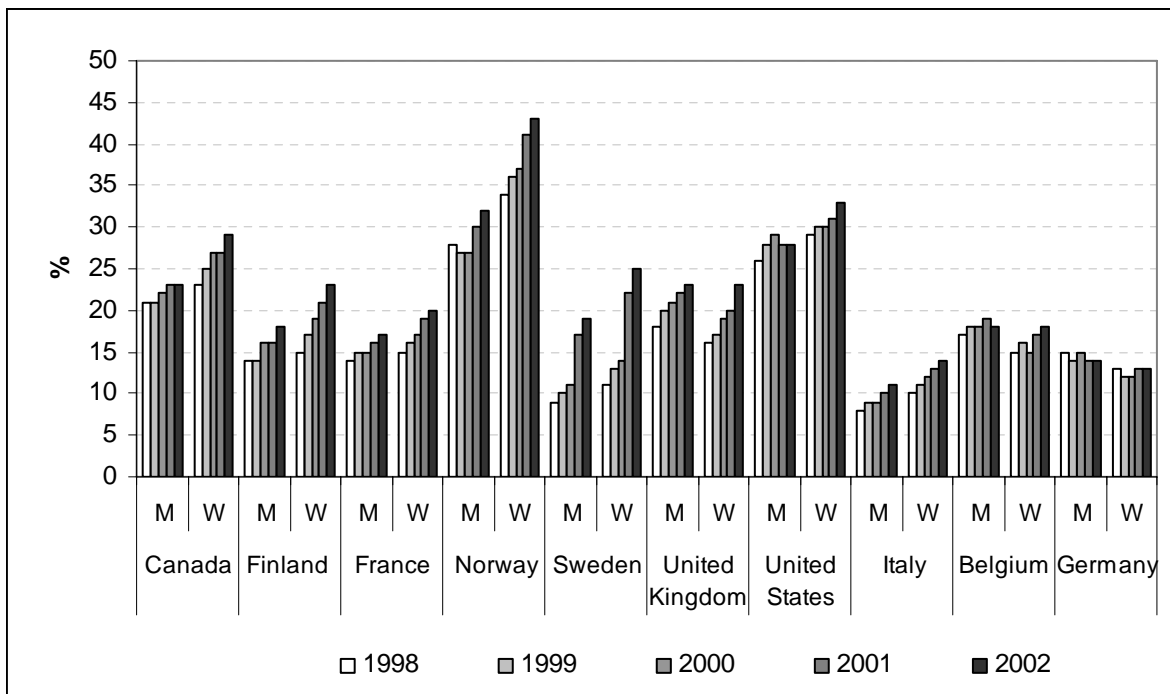
**Table 5**  
**Proportion of Two-parent Families Where the Mother Has a Higher Educational Level than the Father, by Children's Age, Québec, 2001**

Family types	Percentage of families where mother has more schooling than father
Families with at least one minor child and whose youngest child is 0-4 years old	32.5
Families with at least one minor child and whose youngest child is 5-17 years old	27.4
Families with only adult children (18 years old or older)	19.3

Source: Ministère de la Famille, des Aînés et de la Condition féminine (2005), p 126.

The same trend in women's levels of educational attainment is seen in the other OECD countries, with rare exceptions such as Germany (Figure 43). In the brief period from 1998 to 2002, moreover, the gap between young men and women grew, with the latter overtaking the former. Among the countries presented, Belgium and Germany are the exceptions. Tsuya (2003) notes that the change favouring women in the Nordic countries began in the mid-1970s, long before it occurred in Québec.

**Figure 43**  
**Proportion of the Population Aged 25-34 Having**  
**Tertiary Type 5A/6 Education (University Degree),**  
**by Sex, Some Developed Countries, 1998-2002**

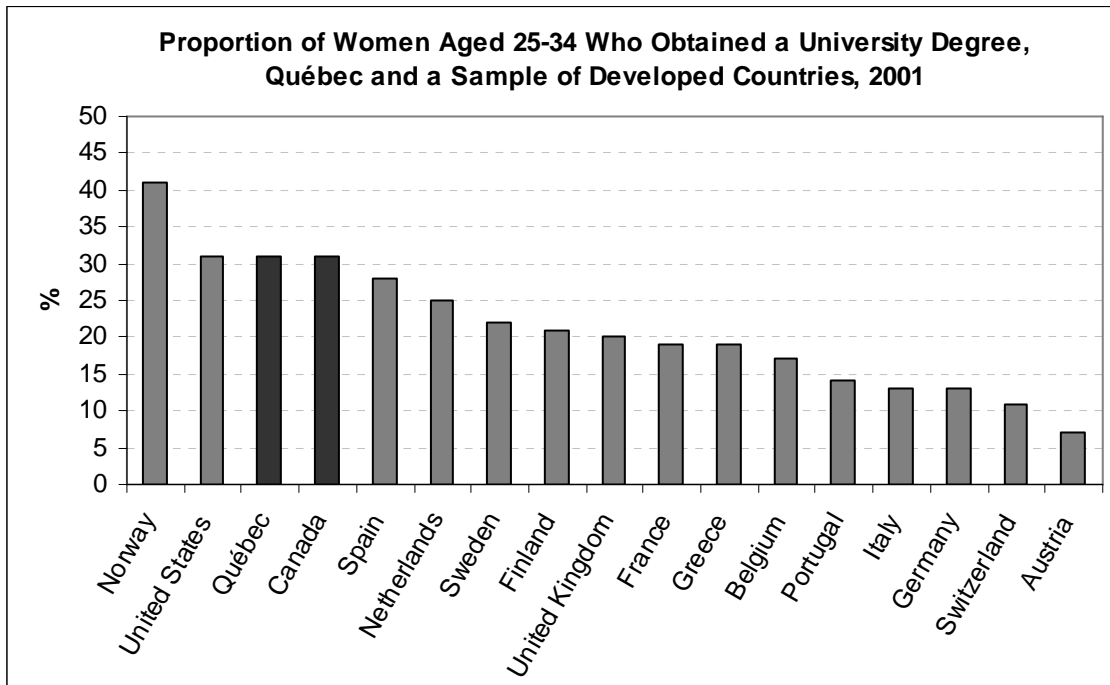


Sources: OECD; Ministère de la Famille, des Aînés et de la Condition féminine (2005).

For the year 2001 (Figure 44), we can compare the proportion of Québec women aged 25 to 34 who obtained a university degree with women living in OECD countries who had an equivalent education (Tertiary Type 5A/6 Education) [Ministère de l'Éducation, 2000].

As the *Ministère de l'Éducation, du Loisir et du Sport* (2005) pointed out, the findings must be viewed with reservations due to the varied structure and scope of education programs across countries and the quality of the data. Having said this, the comparison illustrated in Figure 44 suggests that the women of Québec rank third among countries where the proportion of women with university degrees is highest. Norway and the United States top the list, while Austria, Switzerland, Germany and Italy come last.

**Figure 44**



Sources: For the OECD countries, OECD website, Table A3.4c; for Québec and Canada, Statistics Canada website, 2001 Census of Canada, compilation conducted by the Ministère de la Famille, des Aînés et de la Condition féminine, based on data from historical tables in catalogue 97F0017XCB2001002. For Québec and Canada, the variable used was “highest level of schooling.”

In sum, the increase in women’s level of educational attainment and the rise in their activity rate are two main factors marking not only their lives but those of families as well, giving society a new look. Not only does Québec mirror the trends seen elsewhere in terms of education level, it actually stands out among countries where the proportion of women with university degrees is highest.

- **Sharing household tasks and childcare**

Another factor that goes hand in hand with women’s increased educational attainment and participation in the job market is spouses’ equal sharing of household tasks and childcare. Most researchers, including Beaujot and Bélanger (2001), conclude that finding a spouse who will share in household work and caring for the children is a minimum precondition set by young women when deciding to have a child. Others (e.g., McDonald) argue that this is a basic condition for reconciling work and parenthood. In short, this variable becomes important in societies with a growing proportion of two-income earners. Tsuya (2003) observed that, in Nordic countries, men began to be more involved in household and parental tasks in the 1970s, when growing numbers of women were joining the workforce.

The measure generally used to study this question is the average number of hours per week that men spend on household tasks and looking after their children. Table 6 presents Tsuya's findings for the Nordic countries and Japan, to which we have added those of Robinson (2004) for the United States, Canada and Québec.

**Table 6**  
**Mean Paid Hours and Mean Hours Spent on Household Tasks per Week,**  
**by Sex, and Men's Share in Housework and Childcare,**  
**Québec and a Sample of Developed Countries, 1995-1998**

Country	Paid hours		Hours spent on housework and childcare		Men's share in housework and childcare (%)
	Men	Women	Men	Women	
Sweden 1990-1991	41.1	27.3	20.2	33.2	38
Denmark 1987	<b>35.0</b>	<b>21.8</b>	<b>11.2</b>	<b>22.5</b>	<b>33</b>
Norway 1972	40.0	14.4	6.9	37.2	16
1980-1981	34.2	17.1	9.2	29.8	24
1990	30.8	19.3	18.3	30.6	37
Finland 1979	30.0	21.8	11.7	25.6	31
1987	<b>31.7</b>	<b>23.1</b>	<b>12.6</b>	<b>24.4</b>	<b>34</b>
Japan 1976	42.4	23.5	0.9	23.1	4
1981	42.5	22.3	0.9	23.7	4
1986	<b>41.8</b>	<b>21.2</b>	<b>1.3</b>	<b>24.3</b>	<b>5</b>
1991	40.8	19.5	2.8	27.1	9
U.S.A. 1975	41.5	15.6	9.1	32.9	22
1985	<b>36.1</b>	<b>17.9</b>	<b>11.5</b>	<b>29.5</b>	<b>28</b>
1995	37.3	23.8	14.7	27.1	35
Canada 1986	<b>40.7</b>	<b>17.4</b>	<b>13.9</b>	<b>33.8</b>	<b>29</b>
1992	38.8	19.4	16.8	34.0	33
1998	39.5	22.6	17.3	31.7	35
Québec 1986	<b>40.0</b>	<b>16.6</b>	<b>13.0</b>	<b>33.5</b>	<b>28</b>
1992	35.7	17.0	14.9	32.8	31
1998	36.4	21.3	18.0	30.6	37

Sources: Tsuya (2003); Robinson (2004).

The findings are similar for Québec, Canada and the United States, on the one hand, and the Nordic countries, on the other, but with a ten-year time lag. For comparable years

(shaded rows in the table), the data show that the Nordic countries—especially Denmark and Finland—are significantly ahead of Québec, the United States and Canada.

Tsuya (2003) points out that Nordic men's share in household tasks and childcare is greater than in most developed countries. Once again, the Southern European countries register the smallest proportions: Italy, 19% in 1988-1989, and Spain, 18% in 1991.

A more recent study by the European Commission and Eurostat (2004) compares men's and women's use of time from 1998 to 2002 in ten countries: Belgium, Germany, Estonia, France, Hungary, Slovenia, Finland, Sweden, United Kingdom and Norway. The findings here are similar to the previous ones. Of all these countries, it is in Sweden and Norway where women with children under six years of age spend the least time doing housework and men spend the most.

Robinson's work (2004) allows for comparisons between how parents spent their time in the United States, Canada and Québec in 1986, 1992 and 1998. Active fathers in Canada and Québec continued to increase the time they spent with their children—an hour more a week in Canada and two hours more in Québec—while, more recently, active mothers have tended to spend less. The same general finding applies to the United States. It follows, Robinson says, that the gap between men and women has narrowed significantly. An interesting finding is that Québec's working fathers spend more time with their children than their Canadian counterparts. Robinson calls Québec fathers of young children "post-modern fathers" since, of all North American parents, they have made the most progress in terms of the time they spend with their children.

To sum up, fathers in Québec follow the pattern of fathers in the Nordic countries by doing a larger share of housework and childcare, but they are still lagging behind. Even so, young Québec fathers are ahead of their counterparts in the rest of Canada and the United States.

It is important to point out that the Nordic countries' more advanced position does mask major instances of gender inequality. Women look after their children and take part-time jobs more often than men do. Nonetheless, the Nordic countries are indeed ahead of others where gender equality is concerned, and Québec is not far behind them.

By way of conclusion of this chapter, two main observations emerge from the analyses comparing Québec with developed countries. First, Québec's fertility level ranks in the lower half of the sample. Its total fertility rate is close to that of Germany, Austria and Italy, but is lower than the overall rate for the Nordic countries. Second, the comparison of fertility-related factors suggests that Québec has undergone social changes that bring it closer to the Nordic experience. Of course similarities exist with other developed countries—France in particular—but there are fewer of them.

Having said that, we must highlight the following: Although over the past few decades Québec and the Nordic countries have evolved in similar ways with respect to fertility-

related factors, ultimately the fertility levels in the two regions do show significant differences, both in terms of the TFR and cohort completed fertility.

In the following chapter, we discuss different theories and assessments in an attempt to provide an explanation.



## **2. THE PRINCIPAL DETERMINANTS OF THE EVOLUTION OF FERTILITY**

To explain varying fertility rates in developed countries and differences in the development of these countries, researchers have identified several major determinants encompassing what we have previously referred to as associated factors. Not all researchers agree, however, on the significance or influence of each of these elements.

Joachim Vogel (2000) is the researcher who has probably been most successful in incorporating the different elements into a single theory. He believes that fertility-related behaviour is influenced by three determining elements in particular: the family, the labour market and the State. The effect of each of these elements, and especially their interrelationship, would, among other things, explain variations in fertility from one country to another.

Without following Vogel's model to the letter, we nevertheless drew on it to shape our understanding of contemporary variations in fertility observed among developed countries and in Québec.

We were inspired by this model because it incorporates different explanations and theories researchers have offered over the last years (McDonald, Lesthaeghe, Chesnais, Fernández Córdón and Sgritta). According to this model, fertility is affected by the type of family, corresponding to the "value orientation and life course transitions" theory, advocated principally by Lesthaeghe. Vogel also places great importance on the context in which families live and evolve. This context, he believes, conditions the decision to have children, thus determining fertility levels and trends. Two elements contribute to creating a more or less favourable environment: first, access to employment and working conditions; and second, governmental intervention and family-friendly measures.

Several studies have already researched the influence of each of these elements in developed countries. We draw on the findings for European countries to establish where Québec stands in relation to them. We will also attempt to ascertain if the theories elaborated for these countries apply to Québec and North America.

This chapter begins with what might be qualified as the most obvious aspect connected with fertility: economic prosperity (section 2.1). We then examine the link between values and fertility (section 2.2). Last, we describe the role of State institutions as a support or barrier to fertility, depending on the situation (section 2.3).

## **2.1 Economic Factors and the Evolution of Fertility**

Literature on the subject confirms that employment continues to be the foundation of social and professional integration, and that weak job prospects, like the growth of atypical employment, are not incentives for having children.

The question of how economic factors affect fertility should be studied in light of the aspirations of childbearing-age cohorts. In addition to the economic context, expectations with respect to consumption and changing aspirations about education provide an indication of the extent to which people's aspirations are being satisfied.

In this section, then, we present a brief portrait of economic theories respecting fertility, associated research findings, and economic indicators on fertility for Canada and Québec.

Because the purpose of this paper is to explain variations in fertility rates among developed countries in order to trace an overall picture in which we can situate Québec, we only briefly review economic theories about the generalized decline in fertility rates since the 1960s. We instead focus more on the economic factors explaining differing fertility rates in these countries today.

### **2.1.1 *Economic approaches to fertility***

- **Human capital theory**

Human capital theory refers to expenditures directly related to children (known as direct cost) and the loss represented by work time that is sacrificed to children, in other words, the loss of paid work that childrearing may impose (known as indirect cost).

The indirect cost, then, is an absence from the workforce during a parental leave or to care for children, and the time that is devoted to household production rather than employment. The pronounced and continuing increase in the education of women since the 1960s, combined with their expanded participation in the labour market has resulted in a considerable increase in the shortfall represented by indirect costs in developed countries.

Since the indirect cost increases with women's income, under this theory the number of children born is inversely related to women's income. Beyond the loss of income occasioned by maternity leave, the time parents devote to their children represents a potential loss of income. This loss is principally experienced by women because it is mostly women who care for children and perform household tasks.

In addition, rising family incomes resulting from the investment in human capital (training) may encourage parents to aspire to a higher quality of life for their children.

Typical parents enjoying a comfortable lifestyle, for example, will choose private school over public school for the first two children instead of having a third child (Martel and Bélanger 2000).

The provision of generous parental leave would therefore be a way to reduce costs generated by the mother's absence from the workforce. Similarly, generous family allowances would compensate, at least in part, for the cost associated with providing an improved quality of life for children.

- **The relative cohort size theory**

According to the theory of relative cohort size, the Depression in the 1930s affected baby boomers' parents by generating low expectations in terms of the labour market. The period of economic vitality following the Second World War offered remarkable employment opportunities, often surpassing their expectations. The baby boom, under this theory, is the normal reaction of childbearing-age adults of this period, given that their income largely surpassed their previous expectations.

Reciprocally, under this theory the relative increase in the proportion of young adults in the population will in the long term result in a congested labour market and, consequently, downward pressure on young people's wages. Since most young people were raised with the expectation that their standard of living would be higher than that of their parents, the challenges they encounter in the labour market force them to compromise between their desired family size and the standard of living fewer children would enable them to maintain with some degree of success.

- **The risk aversion theory**

According to McDonald (2000), whereas the human capital theory states that child-related costs are well-known, the risk aversion theory, in contrast, states that child-related costs and benefits are variables that are difficult to identify with certainty. In a context where a person's economic, social and personal future is perceived as uncertain, that person may adopt strategies to reduce his or her exposure to risk.

The eventual cost associated with the arrival of a child, whether economic, social or psychological, is an example of a risk factor. In the economic sphere, uncertainty has increased since the 1980s, manifesting itself by greater job instability. In such a context, the risk aversion theory posits that, all things being equal in other respects, an individual is more likely to invest in strategies that will increase her or his economic security: education, increased savings and additional work hours to satisfy the employer's expectations and increase the chances of maintaining employment.

Such strategies to compensate for possible risk drain energy that could have been spent on starting a family. These behaviours are unlikely to act favourably on the decision to have a child, because in a society that rewards production, a person who has chosen the

path of risk aversion would be ill advised to devote time or money to human reproduction.

Human reproduction demands altruism; in other words, it requires that one devote time and money on others or on society as a whole. For anyone looking to avoid risk in a market economy, altruism is a synonym for recklessness. The family is the centre of human reproduction and it is here that altruism reigns.

In the social and personal domains, risk aversion also implies other very legitimate concerns: fear that a child will place additional stress on marital relations; fear that children's behaviour will generate numerous problems for parents; fear of separation, its impact on the child and the added burden on the custodial parent; fear of a growing "No Kidding" phenomenon; and fear that State financial assistance will be cut (McDonald 2000).

Increased risk (instability) is another factor that has grown in significance in the 1980s and 1990s, and its impact depends on how risk is distributed in each country. On this subject, Macunovich (1999) points out that the way Nordic countries have distributed the downward pressure on wages—by spreading it over the entire workforce and not principally on the young—may have diminished the negative effect of the recessions of the last 25 years on fertility rates in these countries. Note that during the recession of the 1990s, the drop in the per capita GDP in Sweden and Finland was much greater than in Canada (OECD 2005).

Last, to the extent that it reduces peoples' exposure to economic risk, State intervention may allow people to devote fewer resources to protecting themselves against risk. This would leave more room for more altruistic projects like starting a family. Social protection programs (in the broad sense), then, could have a positive impact on fertility. Some authors have formulated arguments in this regard, but there exists no really comprehensive evaluation of the effect of social protection on fertility. On the other hand, there are numerous assessments of specific programs, as we will see in section 2.3.

- **Other economic approaches**

Several authors have noted that the lack of adequate job protection measures in a context where it is relatively difficult to find a job makes it very hard for working women to decide to have children. The strong probability that they will lose their job and the difficulty in finding another one after the maternity period likely means that women will abandon, or at least defer their plan to have a baby.

This is one of the main factors invoked by Del Boca (2000) to explain Italy's low birth rate. Fernández Córdón and Sgritta (2000) also mention this factor in the cases of Italy and Spain. High youth unemployment in these two countries combined with the rarity of part-time work make it very hard to balance work and family.

In contrast, Kohler and his collaborators (2005) mention that the U.S.'s high fertility rate is partly due to the great flexibility of that country's labour market. When numerous jobs are available, returning to the labour force after an absence poses no problem. The variety of possible arrangements of parents' work schedules and parents' willingness<sup>4</sup> to place their children in daycare are other factors listed by these researchers to explain the higher fertility rate in the U.S.

However, since women's pay in the U.S. is often considered a secondary income, the sacrifice of one of the breadwinners does not represent a major cost. In other words, the situation is different from that which prevails in a context of gender wage parity or stable employment.<sup>5</sup> For career women, leaving a job to have a baby means they will be unlikely to find equivalent employment when they return to the workforce. The flexibility of the U.S. labour market is probably a positive factor only for women who are relatively undemanding with respect to their paid work.

In a context of full employment, a reciprocal situation to that of the flexible labour market in the U.S. can be found in Sweden, where 90% of jobs are unionized and covered by collective agreements (OECD 2005). In such a context, maternity leave with job protection clauses becomes necessary, because without it, the decision to have a child spells loss of employment.

### ***2.1.2 Illustrations of the link between economic prosperity and fertility***

Although there are certainly several illustrations of the influence of economic factors on fertility, we must remember that this is just one of the fundamental determinants. We should not be surprised, then, if the relation is not always evident. The general level of economic prosperity, nevertheless, does have a definite effect on fertility, as the following illustrations demonstrate.

- **Québec in the Canadian context**

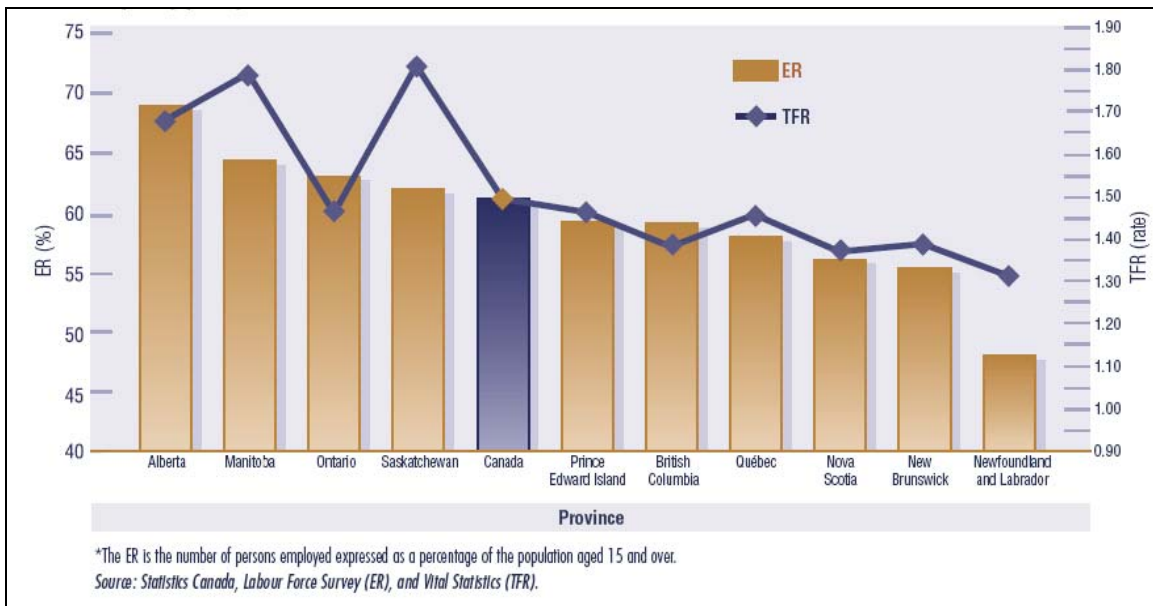
The influence of economic factors on fertility can be illustrated simply by showing the relation between the employment rate (relation between the number of jobs and the total population in the same age group) and the total fertility rate. Figure 45 shows this relation, as presented by Tudiver and Senzilet (2004).

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4. When asked the question, "Do you believe that a pre-school-age child suffers from the fact that her or his mother works?" only a minority of Americans answered in the affirmative ( $\pm 30\%$ ), while the vast majority of Germans held this opinion (75%) [taken from Kohler et al. 2005].

5. In May 2005, the World Economic Forum published a study of the situation in 58 countries entitled *Women's Empowerment: Measuring Gender Gap*. With respect to the gender gap in economic opportunities, the United States ranks 46, while Canada ranks 27. Nordic countries are ranked between 1 and 17.

**Figure 45**  
**Links Between 2001 Provincial\* Employment Rates (ER) and 2002 Provincial Total Fertility Rates (TFR), Canada**



Source: Tudiver and Senzilet (2004).

Except for Saskatchewan and Manitoba, the 2001 employment rate and the 2002 TFR are very closely linked. According to the authors, the higher fertility rate found in the two Prairie provinces can be partially explained by the fact that Aboriginal people, who exhibit a much higher fertility rate (the TFR of the Aboriginal population in Canada was 2.9 children per woman in 2000) represent 13.5% of the total population there.<sup>6</sup> This proportion is at least four times higher than that observed on average in Canada (3.2%) and much higher than that of Québec (1.1%). This data helps explain about half the gap between the TFR of Québec and that of Manitoba and Saskatchewan.

It must be kept in mind that Figure 45 is only an illustration of the importance of the labour market to fertility; a number of other factors may also come into play (values, culture, urbanization, education, etc.), but they are not the same from one province to another. The case of the Aboriginal population is just one example.

- **Québec in the international context**

Numerous researchers (Kohler et al. 2005; Fernández Cordón and Sgritta 2000; Sgritta 2000; Del Boca et al. 2004; Vogel 2001; McDonald 2000) consider young people's uncertain economic prospects as one of the main factors determining a low fertility rate. Similarly, the labour market and Canada's less favourable economic prospects, when

6. Data from Statistics Canada 2001 Census:  
<http://www12.statcan.ca/english/census01/products/highlight/Aboriginal/Page.cfm?Lang=E&Geo=PR&Code=0&View=1a&Table=1&StartRec=1&Sort=2&B1=Counts01>.

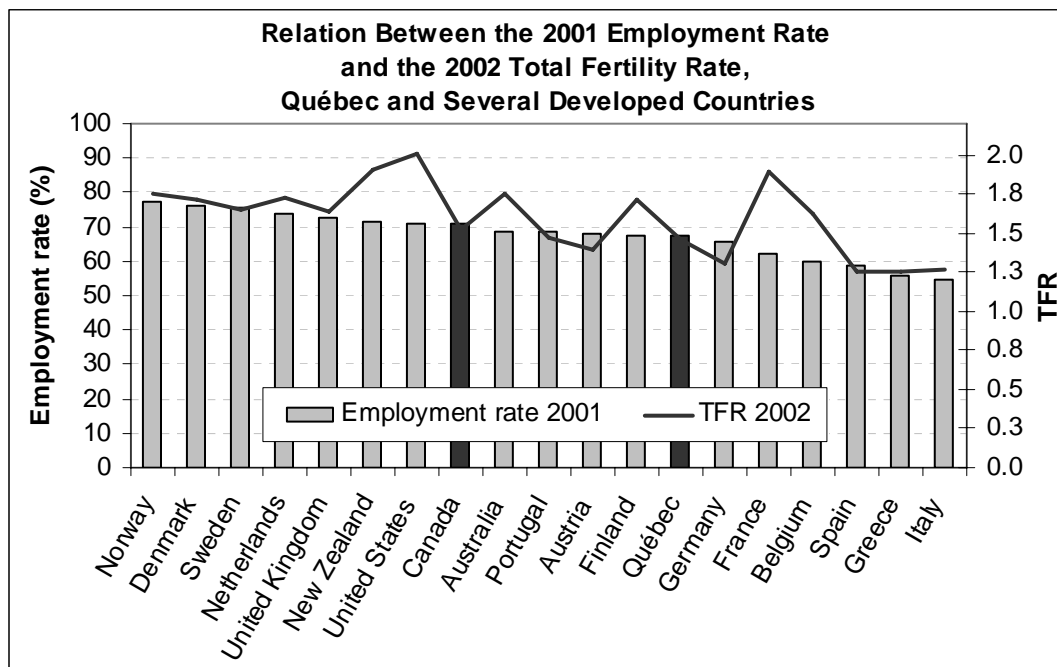
compared with the United States, are factors invoked as contributing to the two countries' differing fertility rates (Bélangier 2002).

In Europe, the issue of young people's economic difficulties in the face of their consumption aspirations has been cited frequently as an aggravating factor in the low fertility rate, especially in countries in the South like Spain, Greece and Italy (Fernández Cordón and Sgritta 2000; Lesthaeghe and Moors 2002; Sgritta 2000; Del Boca et al. 2004)

In this regard, Figure 46 illustrates the relation between the employment rate (employment-population ratio in the 15-64 age group) and the total fertility rate. While this relation can be shown in several regions, including Québec, the Nordic countries and countries in Southern Europe, it is less evident when we consider countries like the United States and France. Other factors, the significance of which varies from one country to another, could explain this gap.

Furthermore, the labour market could at least partially account for differences in the Québec situation and that of Nordic countries. Even if the situation in the Nordic countries is no longer as favourable as in the past, these countries nevertheless enjoy an advantage in comparison to Québec: they post an unemployment rate of 5%, while in Québec the unemployment rate of people aged 15–64 has remained above 8% from 1975 to 2003, and we know that the situation of the childbearing-age cohort is always worse.

**Figure 46**



Sources: *OECD Employment Outlook*, ISBN 92-64-10812-2; OECD (2005), *Society at a Glance: OECD Social Indicators*, 2005 Edition.

As we mentioned earlier, the ambiguous link between the employment rate and fertility could indicate that other factors are in play. This is particularly true when we compare Canada (Figure 45) and other developed countries (Figure 46), where the link is much less obvious still.

The presence of diverse social and institutional factors specific to the country or region may explain these "gaps." The larger proportion of traditional couples in some countries and a strong family policy are among factors that should be studied to explain these differences, as we will see in the next sections.

## **2.2 Individual Values and the Evolution of Fertility**

The main point of this section is that even within societies that are economically and socially developed, values associated with traditional behaviours positively influence fertility, while the reverse is true for behaviours that are outside the traditional norms. The link between values and fertility has been extensively described in European scientific literature. Using this as our starting point, we will then report on the first similar research findings in Canada. Next, we will illustrate this trend as it is manifested in the United States and the rest of North America, using regional data on fertility and values.

It must be kept in mind, however, that this link is theoretically and historically valid only if the "institution of the family" is studied in an isolated fashion, with the other factors (labour market and the State) remaining constant. The impact on fertility of changes in the other institutions is the subject of section 2.3.

We decided to observe how the institution of the family has evolved by examining the values and attitudes of the adults of which it is composed. Generally speaking, we use the "traditional-modern" dichotomic classification adopted by many authors and draw on the approach of the European Values Survey and the World Values Survey (for more details see section 2.2.2).

### **2.2.1 *Religious practice***

Religious practices and beliefs are among the most frequently studied behaviours in terms of values and attitudes linked to fertility. Before the 1960s and 1970s it was common knowledge that Catholics had more children than Protestants because of the Catholic Church's ban on contraception. Things have changed a lot, because many countries exhibiting very low or low fertility rates are traditionally Catholic, although religious practice is much less widespread than before. This is the case of Austria, Italy, Spain and Québec. Among developed countries with a Catholic majority, only Ireland and France still maintain moderately high fertility rates.

In addition, majority Protestant countries like the United Kingdom, United States, Australia, New Zealand, the Netherlands and the Nordic countries exhibit higher fertility



rates than most prosperous Catholic countries. Adhesion to a particular religion no longer appears to be a determining factor.

Researchers have observed, however, that the degree of religious practice, or to be more precise, participation in religious services, seems to be strongly linked to the likelihood of having children or having a larger number of children.

Several authors have studied the relation between degree of religious participation and women's participation in the labour market (Heineck 2004) and between religious practice and fertility in Spain, the United States and the Netherlands (Lehrer 2004, Adsera 2004a, Sobotka and Adigüzel 2002). It was found that regular religious practice is associated with a diminished female workforce and increased fertility rates. An interesting aspect of these analyses is that they neutralize potential bias associated with age, education and urbanization.

Moreover, Adsera (2004a) mentions that, in contrast to what was observed 30 years ago in Spain, when the vast majority of people were actively religious, religious practice is now a determining factor in terms of fertility. The explanation offered is that given the marginal nature of contemporary religious practice, it more likely corresponds to deeply held convictions and thus incites believers to follow the Catholic Church's orientation with regard to contraception.

As for Québec, in 1998 it tied with British Columbia<sup>7</sup> for the areas showing the lowest rates of religious practice in the country. This is confirmed by a survey conducted in 2004 by the Centre for Research and Information on Canada (Opinion Canada 2004). According to this source, British Columbians and Quebeckers are least likely to acknowledge the importance of religion in their lives.

It is tempting to link this with the fertility rates in these two provinces—among the lowest in Canada. However, more extensive proof is necessary to establish a link between values and fertility.

### **2.2.2 *The values surveys***

To study the link between fertility and values and attitudes in general, we need much larger indicators than religious practice. While relevant, this indicator provides only a glimpse of an individual's values.

- **The European and World Values Surveys**

There is relatively little data that enables us to compare the values and attitudes of people in different countries. In Europe, the Eurobarometer has been used since the early 1970s to monitor public opinion on a vast array of subjects. It was not until 1981, however, that an instrument was created that would enable the comparison of values and attitudes of the

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7. According to Statistics Canada's *General Social Survey 1998*.

inhabitants of different countries: the European Values Survey. This survey covers a multitude of topics, including religion and morality.

Inspired by the European Values Survey, in the same year, the World Values Survey (WVS) also appeared. Together, the two organizations that conduct these surveys poll the populations of over 65 countries, representing over 80% of the world population. The principal topics addressed (roughly 160 questions) can be grouped as follows:

- the importance of work, family, friends, free time, politics and religion;
- attitude to governments and religion, including frequency of participation in group activities within religious and government organizations.
- perception of particular economic, ethnic, religious and political groups and feelings of trust or "identification" with these groups;
- assessment of the relative importance of major global problems and the desire to participate in resolving them;
- self-evaluation of degree of happiness and social belonging;
- demographic and socioeconomic data including: family income, household size; urban agglomeration size; housing ownership; region of residence; occupation; personal characteristics of respondent (age, sex, occupation, schooling, religion, membership in a political party or union, etc.).<sup>8</sup>

As a way of summarizing the findings and facilitating representation and comparison, the political scientist Ron Inglehart developed a graphic representation along two axes of all the responses (Figure 47): the "traditional vs. the secular or rational axis" and the "survival vs. self-expression axis." According to information available on the World Values Survey website, "These two dimensions explain more than 70 percent of the cross-national variance in a factor analysis of ten indicators-and each of these dimensions is strongly correlated with scores of other important orientations...."<sup>9</sup>

The Traditional/Secular-rational values dimension reflects the contrast between societies in which religion is very important and those in which it is not. A wide range of other orientations are closely linked with this dimension. Societies near the traditional pole emphasize the importance of parent-child ties and deference to authority, along with absolute standards and traditional family values, and reject divorce, abortion, euthanasia, and suicide. These societies have high levels of national pride, and a nationalistic outlook. Societies with secular-rational values have the opposite preferences on all of these topics.

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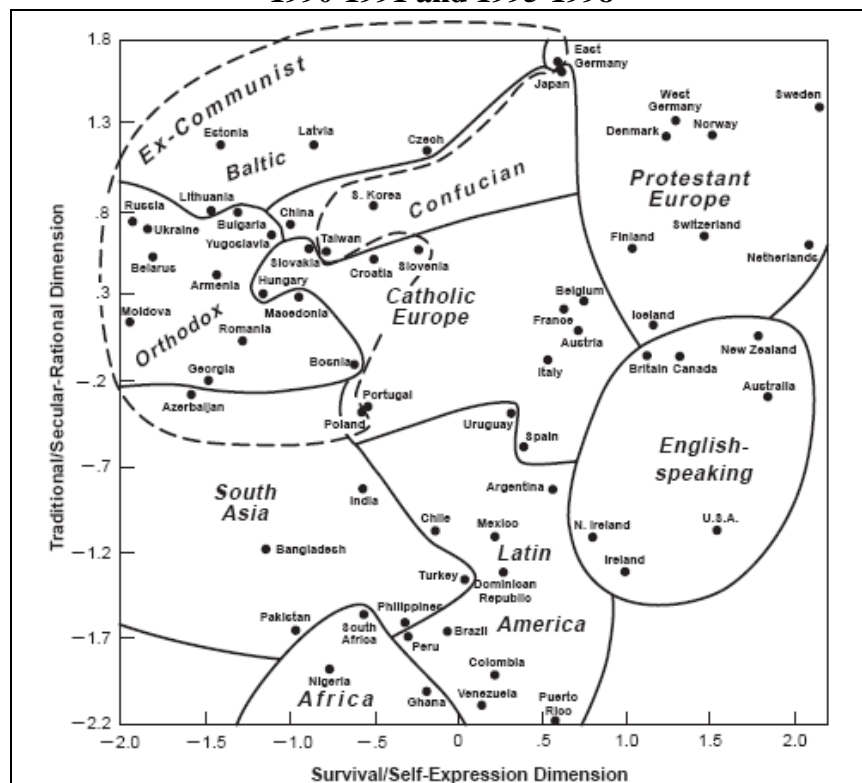
8. Inter-University Consortium for Political and Social Research, [www.webapp.icpsr.umich.edu/cocoon/ICPSR-SERIES/00062.xml](http://www.webapp.icpsr.umich.edu/cocoon/ICPSR-SERIES/00062.xml).

9. [www.worldvaluessurvey.org/library/main\\_illustrations.asp](http://www.worldvaluessurvey.org/library/main_illustrations.asp).

The second major dimension of cross-cultural variation is linked with the transition from industrial society to post-industrial societies-which brings a polarization between Survival and Self-expression values. [based on Maslow's Hierarchy of Needs]...

A central component of this... [is] a cultural shift that is emerging among generations who have grown up taking survival for granted. Self-expression values give high priority to environmental protection, tolerance of diversity ... including [tolerance of] foreigners, gays and lesbians and gender equality. This movement ... also includes a shift in child-rearing values, from emphasis on hard work toward emphasis on imagination and tolerance as important values to teach a child.<sup>10</sup>

**Figure 47**  
**Countries' Position According to the World Values Survey,**  
**1990-1991 and 1995-1998**



Source: taken from [www.worldvaluessurvey.org](http://www.worldvaluessurvey.org).

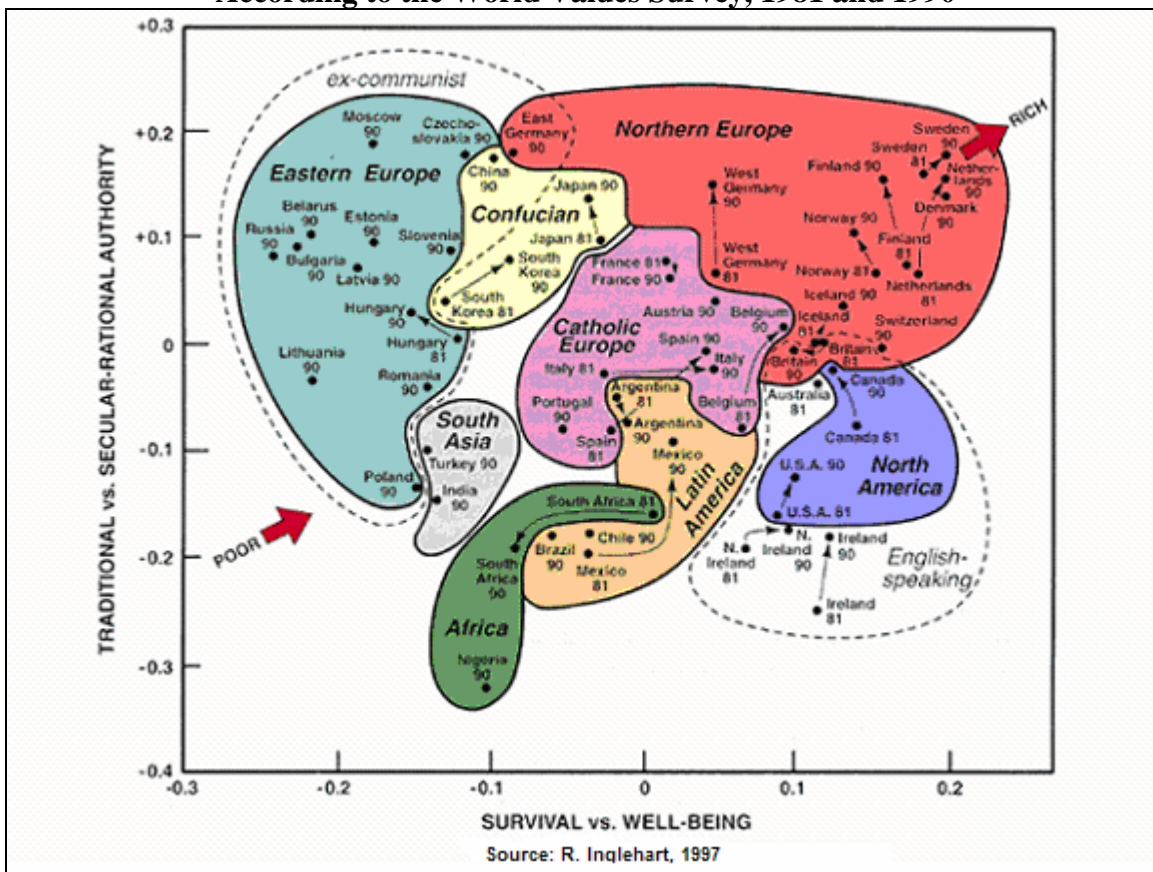
As we can see in this illustration depicting two dimensions of values, when countries gain in material wealth they become more preoccupied with what Maslow terms the "higher" needs (he places self-actualization at the highest level), where individuals acknowledge their individuality and eventually question the traditional notion of authority. Thus, as well-being increases, countries slowly move from the lower left-hand corner of the illustration toward the upper right. This is mirrored in Figure 48, comparing the countries' position according to the 1981 and 1990 surveys. Most countries moved toward the upper

10. Ibid.

right-hand corner of the illustration; and rich countries are generally closer to this position than poor countries.

Data from the World Values Survey illustrates social trends for a given country—overall, by sex or by age group. It does not reveal regional trends. The Canadian company, Environics, however, does enable us to make this distinction; it uses a similar approach to establish a profile of trends and attitudes in the regions of Canada and the United States.

**Figure 48**  
**Comparison of Countries' Position**  
**According to the World Values Survey, 1981 and 1990**



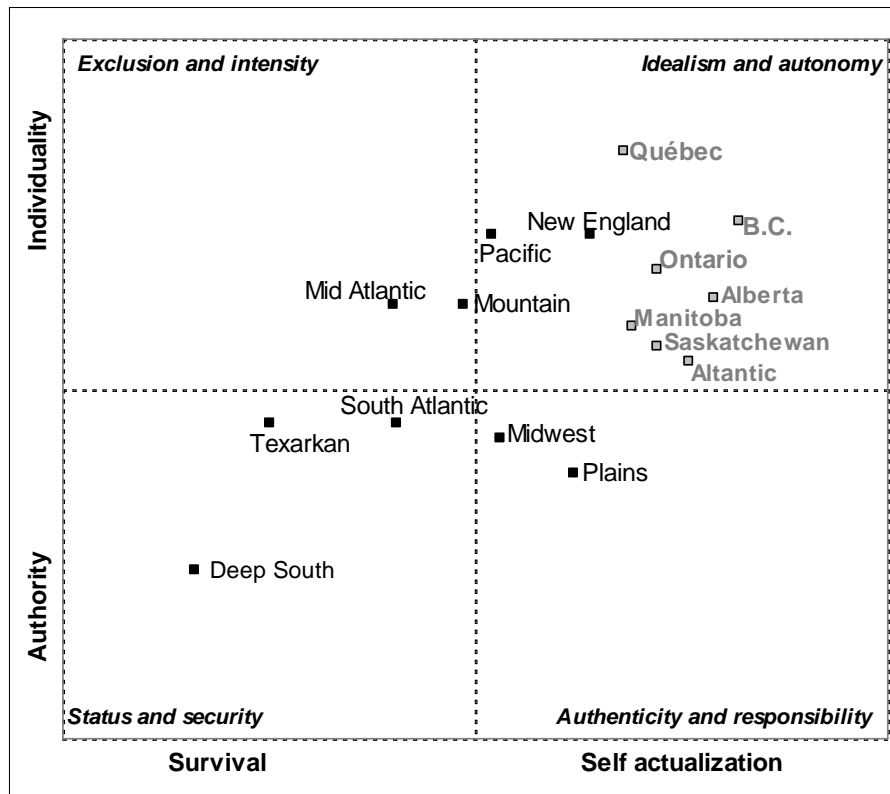
Source: taken from [www.worldvaluessurvey.org](http://www.worldvaluessurvey.org).

- **The "Fire and Ice" survey**

The Canadian company, Environics, periodically conducts its Fire and Ice Survey to map values in Canada and the United States. They addressed most of the topics included in the European and World Values Surveys. The questions are different, but overall, the aim is to measure the same phenomena. The similarity between the two approaches enables us to roughly situate Québec with respect to the findings of the World Values Survey (Figures 48 and 49).

While the World Values Survey contains numerous questions on life in society (volunteerism and political involvement, etc.) and poses few questions about sexual equality issues, the Fire and Ice Survey, in contrast, emphasizes the notions of sexual identity and roles, but pays little attention to civic participation.

**Figure 49**  
**Values Map of North American Regions**  
**According to the "Fire and Ice" Survey, 2000**



Source: Adams (2003), p 81, 191-199.

**B.C.:** British Columbia

**Deep South:** Tennessee, Alabama, Mississippi

**Mid Atlantic:** New York, New Jersey, Pennsylvania, West Virginia

**Midwest:** Ohio, Kentucky, Michigan, Indiana, Wisconsin, Illinois

**Mountain:** Montana, Idaho, Wyoming, Colorado, Utah, Nevada, New Mexico, Arizona

**New England:** Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island

**Pacific:** Washington, Oregon, California

**Plains:** Minnesota, North Dakota, South Dakota, Iowa, Nebraska, Missouri, Kansas

**South Atlantic:** Delaware, District of Columbia, Maryland, Virginia, North Carolina, South Carolina, Georgia, Florida

**Texarkana:** Arkansas, Oklahoma, Louisiana, Texas

The axes in this illustration are somewhat differently named than those of the World Values Survey, but they correspond to the principal concepts. Environics' "authority-individuality" axis corresponds to the World Values Survey's "traditional-secular" axis

and the "survival-self-actualization" axis represents the hierarchy of needs as formulated in the 1950s by U.S. psychologist Abraham Maslow.

The main conclusion we can draw from these illustrations (Figures 47 to 49) is that in 2000, Québec was positioned in the zone that in 1990 was mostly occupied by the countries of Northern Europe.<sup>11</sup> In comparison with the United States, the behaviour of Quebeckers (and Canadians in general) is much less influenced by the traditional authority-based models and based more on individual needs.

Given that Québec values are in general distant from the traditional values, it is not surprising to see that gender equality is a more central issue in Québec than it is for our neighbours to the South. It is also striking to observe that average working hours is lower in Québec than elsewhere in North America, manifesting the importance accorded to other, more personal, aspects of life.

In short, the relative positioning of Québec values leads us to conclude that Quebeckers' fundamental attitude toward authority makes them more likely to defend their personal preferences concerning employment, working conditions and programs, as opposed to people whose more traditional attitude toward authority leads them to adapt more readily to the conditions imposed by traditional institutions. To reflect this distinction between traditional and modern values, the term "expressive individualism," denoting modern values, is commonly used in the literature. For many authors, the "expression of individual choice" is synonymous with "modern values."

In the following sections (2.2.3 to 2.2.5) we will first present research showing how values influence household formation and fertility in Europe. We then attempt to verify if the same relation can be applied to North America.

### ***2.2.3 Values, household formation and fertility in Europe***

In section 1.1 we mentioned the phenomenon in developed countries in which childbearing is deferred to a later age. If the birth rate at a later age is insufficient—most frequently the case—fertility rates will be lower than previous rates.

Moors (1996) had already, based on German longitudinal studies, linked the notions of "traditional vs. modern" values and women's degree of autonomy at childbearing age with the likelihood of having a child, and concluded that greater autonomy in the public sphere (importance of paid work and financial independence) and distancing from the traditional roles in the private sphere are two factors that reduce the likelihood of parenthood.

In addition, more recent research indicates that new household formation modes involve more stages than before, which is the reason why the first child is born so late. (Lesthaeghe and Moors 2000; Surkyn and Lesthaeghe 2004). These new modes are

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11. Although this is only a rough approximation.

clearly associated with changing values that began manifesting themselves 30 or more years ago, depending on the country.

Drawing on research conducted by Van de Kaa, Lesthaghe, Moors, Surkyn and Neels from the late 1980s until the present, Surkyn and Lesthaeghe (2004) associate "post-materialist" values with changes in household formation, which in turn cause delayed childbearing.

They refer to six values:

1. Secularization, or diminishing participation in traditional religions;
2. The new political left, in particular, the tendency to vote for green or liberal left parties, a tendency toward protest action, distrust of institutions, and more generally, anti-authoritarianism;
3. Egalitarianism, or gender equality, tolerance of minorities, rejection of class distinctions;
4. Unconventional morality and social ethics, particularly tolerance for abortion, suicide, and euthanasia;
5. Accentuation of expressive values, showing a stronger preoccupation with individuality and self-fulfillment;
6. Unconventional relationships and marital ethics, emphasizing the quality of the relationship rather than the conventional and institutional foundations of marriage and family; there is also the question of tolerance of deviations from a strict marital morality.

Using data from the European Values Survey of 1999<sup>12</sup> for three country groups—Scandinavia (Sweden and Denmark), the West (Germany, France and Belgium) and the Iberian Peninsula (Portugal and Spain), the authors demonstrate that these values influence the types of households and transitions. More precisely, they study the following situations: "living with their parents," "living alone," "co-habitation (common-law) without child," "co-habitation with children," "married without child," "married with children," "separated or divorced and single."

The principal conclusion of their work is that the "shorter" modes of household formation, i.e., moving directly from "living with parents" to "married," are clearly associated with more traditional values that are distant from egalitarianism, secularization and unconventional morality. On the other hand, the "longer" modes of household formation are clearly associated with "modern" values and are also the most common. Modernity can thus be linked with the deferred childbearing phenomenon identified by Lesthaeghe and Moors (2000) in earlier studies.

These findings are confirmed in every country group. Thus, when people with common characteristics living in different countries are compared, we see few notable differences

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12. In 1999, the European Values Survey also included questions about the previous state of the household, enabling the study of transition from one type of household to another.

in values; in other words, common-law couples hold similar values regardless of the country they live in.

Overall, however, the differences in values of the different groups are less noticeable in Scandinavian countries than in the other countries. This can doubtless be attributed to the diffusion effect, since the transformation in values in Nordic countries preceded that of countries to the South.

We must conclude, then, that all things being equal in other respects, the popularity of common-law unions and the complexity of the transition from adolescence to adulthood are clearly associated with values that diverge from traditional norms.

Note that Surkyn and Lesthaeghe conducted the same study in the countries of Eastern Europe and arrived at the same results. The extent of the phenomenon was the only thing that varied from one country to the other (Lesthaeghe and Surkyn 2004).

#### **2.2.4 Values and fertility: conclusions applied to North America**

If distance from the traditional values explains the postponement of childbearing in Europe, can we discover indications of the same phenomenon in North America?

While not claiming to a rigorous demonstration, we nevertheless believe it is possible to illustrate the existence in North America of the European phenomena described by Surkyn and Lesthaeghe, using regional data on fertility and relative values.

We decided to use regional data because we believe that in countries as vast and diversified as Canada and the United States, it would be amazing if there were no significant variations from one area to another of these territories. The Deep South of the United States, for example, is much more conservative than the North East (New England).

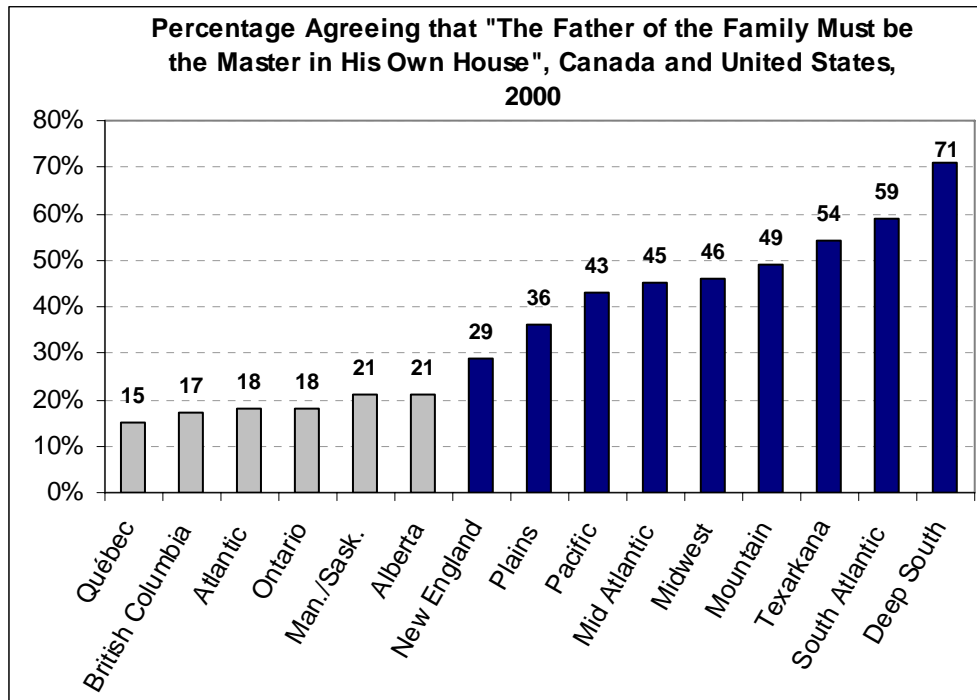
- **First illustration, based on the concept of gender equality**

One of the questions of the Fire and Ice survey is particularly revealing of the attitude to gender equity. "Do you agree with the following statement: "The father of the family must be the master in his own house"? Figure 50 shows that people in Canadian provinces give more or less the same answers. In contrast, answers vary greatly according to region in the United States. Geographically speaking, the evolution of gender relations in this country seems to follow a South-North axis.

We compared these answers with the total fertility rate (TFR) for the same regions in the same reference year, 2000. Figure 51 shows the result, illustrating the expected close association between TFR and the perception that families should be led by the father.



Figure 50\*



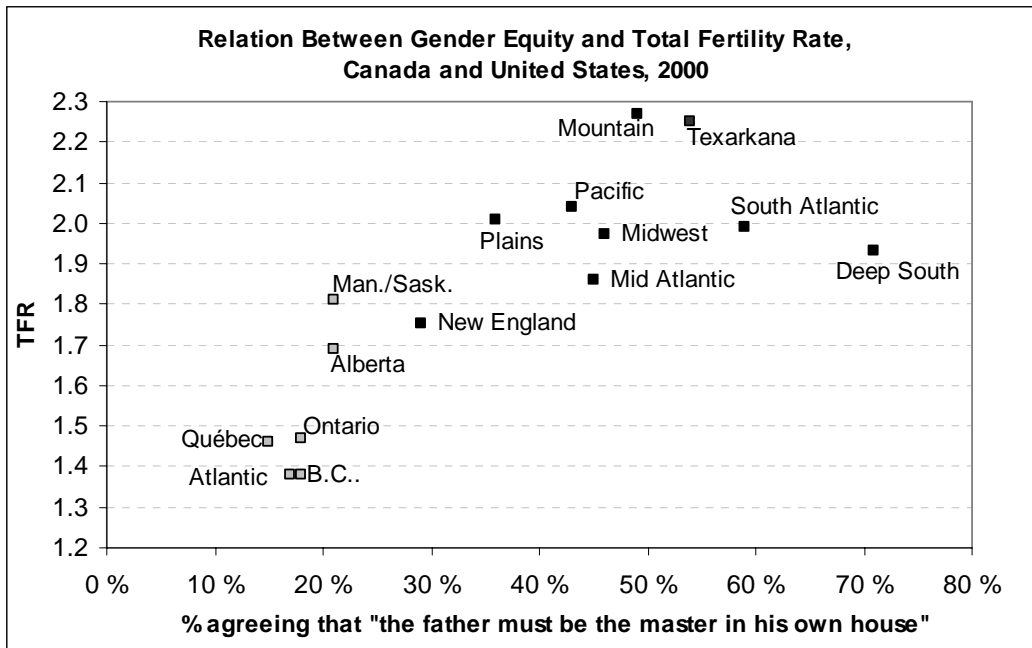
\* See the list of North American regions, p 63.  
Source: Adams (2003), p 87.

The situation in the U.S. South is particularly striking (Texarkana, South Atlantic, Deep South).<sup>13</sup> In the South, according to the answers to this question, the male role is more traditional; it is also in this region that we find some of the country's highest fertility rates. While not providing formal proof that male-female power relations influence fertility, this illustration would nevertheless seem to echo the conclusions of Surkyn and Lesthaeghe. At one extreme we have the U.S. South, a society that is still very traditional, both in terms of gender relations and fertility. At the other extreme of the spectrum of North American behaviours are Québec, Ontario, the Maritimes and British Columbia.

These four regions exhibit both the lowest fertility rates in North America and the lowest percentage of respondents who believe in father-led families

13. See the list of North American regions, p. 63.

Figure 51\*



\* See the list of North American regions, p 63.

Sources: Adams (2003), p 87; Sutton and Matthews (2004); Statistics Canada; authors' calculations.

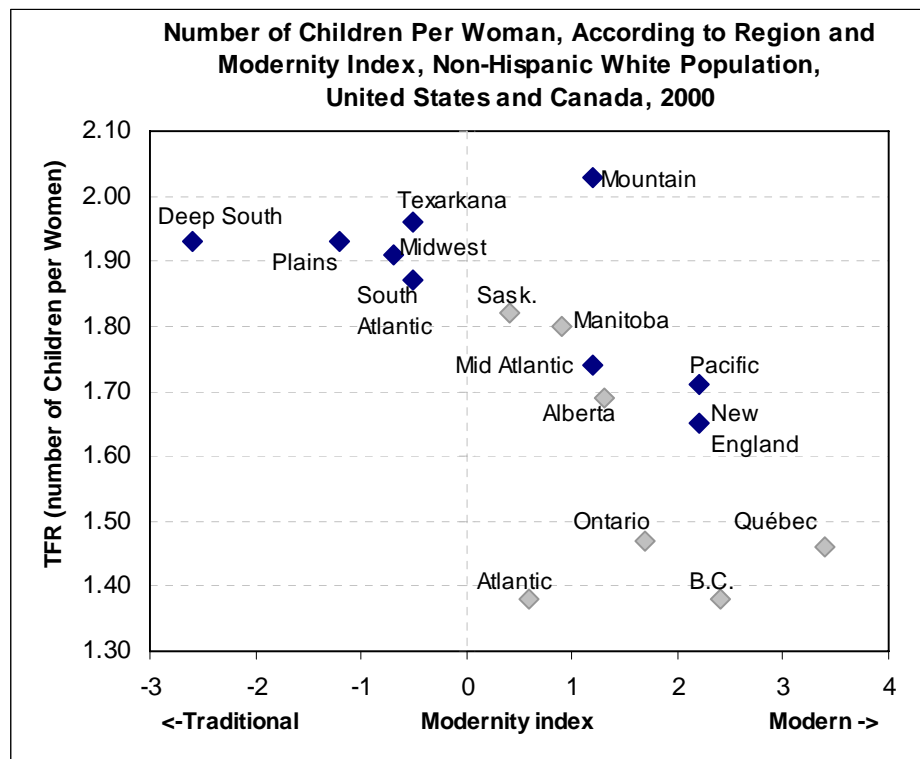
- **Second illustration based on the complete Fire and Ice questionnaire**

For a thorough examination of values, we need additional indicators, not just the answers to a single question. But Environics does not publish detailed descriptions of its survey findings. Still, by combining the "traditionalism-modernity" index<sup>14</sup> with the total fertility rate of each region, we see a similar relation to that observed earlier.

Figure 52 illustrates this relation. This time, we used the total fertility rate of non-Hispanic Whites in order to obtain more comparable fertility data for the different regions. Once again, a fairly close relation can be observed between the traditionalism of populations and their fertility rate. This time, the only data that seems to diverge from this relation are those from the Canadian Maritime provinces (Atlantic) and the U.S. Rocky Mountain region (Mountain). In the last case, the presence of the Mormons in Utah—with their much higher than average fertility rate—may partially account for this.

14. In fact, one dimension of "modernity" is used. It is the authority-individuality dimension used by Environics to present the overall survey results.

Figure 52\*



\* See the list of North American regions, p 63.

Sources: Adams (2003), p 81; Sutton and Matthews (2004); Statistics Canada; authors' calculations.

- **Third illustration, with delayed childbearing in the United States**

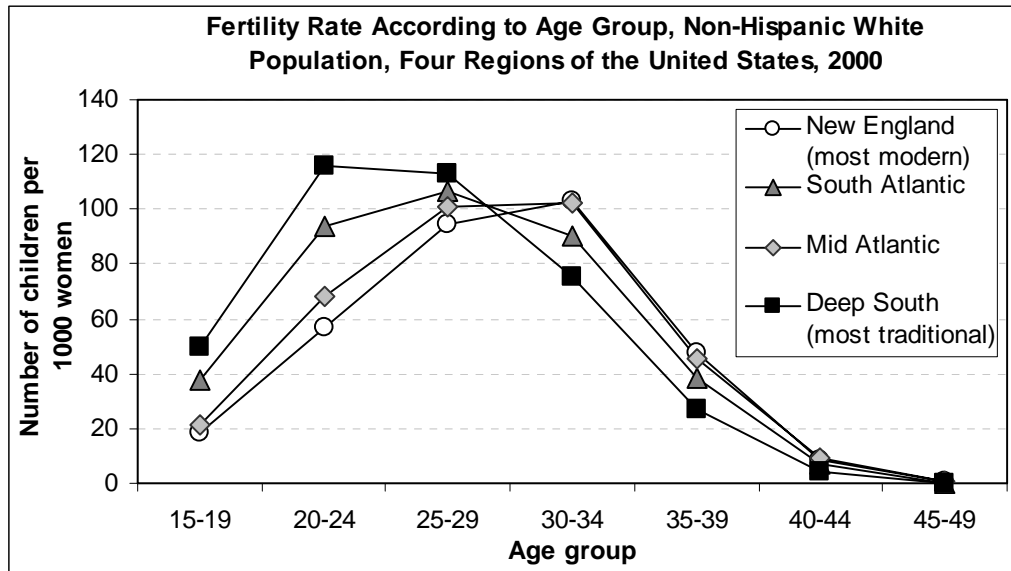
Up to this point, we have shown that there is a relation between people's values and their fertility rate. As populations shift from "traditional" to "modern," fertility diminishes. It is interesting to verify whether a relation also exists between values and the postponement of childbearing to a later age. The example of the United States is enlightening in this respect.

While according to Surkyn and Lesthaeghe (2004), "modernity" is associated with late childbearing, the statistics presented in section 1.1 indicate that in the United States overall, the phenomenon of delayed childbearing has not yet appeared, as it had originally been presented by Lesthaeghe and Moors (2000). In contrast, regional data for the United States seems to trace a different picture, as shown in Figure 53.

Figure 53 presents age-based fertility rates for four regions of the United States. These regions are representative of the distribution of "traditional-modern" values across the United States. The "Fire and Ice" survey classes New England as the most modern and the Deep South as the most traditional region. Between these two extremes are the Middle Atlantic, considered as less modern than New England, and the South Atlantic, classed as slightly less traditional than the South. The gradation of values in these regions thus represents the "traditional-modern" spectrum in the United States.

To ensure comparability of birth data from one region to the next, only data concerning non-hispanic whites women was used. It would also have been preferable to weight data to neutralize the effect of the size of the region of residence and extent of schooling, but this was impossible with the statistics we were able to obtain.

**Figure 53\***



\* See the list of North American regions, p 63.  
Sources: Sutton and Matthews (2004); authors' calculations.

If the expected relation exists, i.e., if modernity leads to delayed childbearing as is the case in Europe, data should reveal a mounting incidence of delayed fertility as populations shift from traditional to modern. This is indeed what is shown in Figure 53. In the more traditional regions, births are concentrated more in the younger age groups with the reverse being true in the so-called modern regions.

Without drawing overly hasty conclusions, we can nevertheless say that our observations nuance those of other researchers, including Lesthaeghe and Moors (2000), who have found indications of postponed childbearing in all developed countries except the United States. These diverging results can probably be explained by changes in the characteristics of the U.S. population over time, changes that have had an impact on fertility. The composition of the population has indeed changed substantially since the 1960s due to large waves of Latin American immigration, a population whose fertility differs completely from that of the non-hispanic white or African-American population. It is important to control these factors before illustrating the impact of delayed childbearing, otherwise time series interpretation becomes problematic.

Further, in a recent article, Lesthaeghe and Neidert (2005) studied the second demographic transition in the United States, without directly referring to the values survey data. Still, they observe that postponed childbearing and other characteristics of

the second demographic transition are indeed present in the United States, although only in certain regions.

Lesthaeghe and Neidert conclude that New England, the Pacific, the Great Lakes and the less religious Western states (Arizona and Colorado) exhibit lower and later fertility as well as cohabitation outside of marriage, similar to the situations in Europe and Canada. In contrast, these phenomena are not present in the Midwest, the Plains region and the Deep South. These regions are also those presenting the highest adolescent fertility rates and greater numbers of evangelical Christians (Lesthaeghe and Neidert 2005).

### ***2.2.5 Canadian studies on the association between modernity and fertility***

Other researchers, using somewhat different methods, arrive at similar results to Lesthaeghe, this time, for Canada. For example, based on a qualitative survey of residents in the London, Ontario area, Erfani and Beaujot (2005) attempted to verify if individuals holding "traditional" values behave differently in terms of family and reproduction to individuals with "modern" values, characterized by a greater degree of individualism.

According to their findings, the greatest observed difference between the two groups is the time that is viewed as ideal for having children. "Modern" individuals are much more likely than "traditional" individuals to prefer parenthood at a later age, i.e., late twenties or early thirties. This said, researchers tend to conclude that these individuals will probably have fewer children in any case, even if they desire almost as many children as those holding more traditional values.

Their research has allowed us to establish that the expressions used in the literature to define the modern or traditional character of individuals' values seems to correspond to the Canadian reality as well, because respondents used the same expressions to define their attitudes to family.

In Québec, research conducted by Évelyne Lapierre-Adamcyk and Germain Bingoly-Liworo (2003) is noteworthy in that it attempted, among other things, to understand how attitudes about the family could help to explain differences in fertility. This research was undertaken by means of two surveys, one in 1984 and the other in 1995. The authors divided survey respondents into three socioeconomic groups and discovered a constant within each group: traditional attitudes are associated with a higher projected birth rate; inversely, modern attitudes are associated with a lower projected birth rate. The most striking finding of this research, according to the authors, is that attitudes about family appear to be important elements underlying childbearing plans.

Last, it is fundamentally important to note the convergence of Erfani and Beaujot's research with that of Lapierre-Adamcyk and Bingoly-Liworo, a convergence with great significance for the future. The first study shows that the so-called modern values are widespread among young families, while the second study shows that groups exhibiting

more traditional characteristics are diminishing in number. It is not surprising, therefore, that fewer and fewer people are planning large families.

### **2.2.6 Conclusion**

Documentation on postponed childbearing in the United States and the findings of Canadian studies on the association of fertility and modernity provide sufficient indications for us to conclude that the phenomena of delayed childbearing and low fertility generated by changing values are not unique to Europe, but can also be generalized to North America.

The growing importance attached to the "expression of individual choice" leads to the postponement of childbearing to a later age, which may be accompanied by a diminished birth rate. This observation holds for the United States, Canada and Québec, the only difference being the scope of the phenomenon, which appears to be closely linked to the degree to which values have changed in the societies.

The relatively high level of fertility in the United States—aside from other factors like the size of the Latin-American community, high adolescent fertility and a more flexible labour market—could thus be attributable at least in part to the fairly conservative values of their population, especially in the South.

Inversely, it is striking that the regions of North America where values associated with "expression of individual choice" are most widespread, i.e., Québec, British Columbia and Ontario, are also those exhibiting some of the lowest fertility rates, with respective total fertility rates of 1.46, 1.38 and 1.47 children per woman in 2000.

Just as was the case for Nordic countries in 1990, we observe that by 2000 modern values had become very widespread in Québec. Québec is not the only province to have begun a values modernization process, but it is nevertheless slightly ahead of the pack. This information parallels to a significant extent the conclusions issuing from the comparison between Québec and developed jurisdictions of factors associated with fertility (preceding chapter). This analysis also enables us to establish that, in comparison with the United States, the behaviour of Quebecers is much less influenced by the traditional authority-based models and based more on individual needs, which could be of great significance when it comes to intervention.

This being said, an important question remains: why are Nordic countries, with their high level of modernity, among the developed countries exhibiting the highest fertility rates? An examination of the third element, family policy, is likely to shed some light on what at first glance would seem to be a paradox.

## 2.3 Family Policies and the Evolution of Fertility

It is well known that the Nordic countries—societies characterized by modern values—exhibit relatively high fertility rates compared with other developed countries. This is paradoxical in light of the demonstrated negative association between modern values and fertility.

To shed light on this, research has identified a third factor—family policy measures that can potentially counteract the assumed negative effect on fertility of postponed childbearing. A family policy that is well adapted to the reality of modern couples could have a positive effect—either to diminish the incidence of delayed childbearing, or enable a larger proportion of postponed childbirths to actually occur. This section reports on current knowledge in this area.

### 2.3.1 *Theories on institutional adaptation to individuals' values*

Many researchers deal with individuals' values in different socioeconomic contexts, seeking to establish a link with the observed fertility in these contexts. While the researchers' approaches differ *a priori*, we can reformulate them, without betraying their thinking, as involving the degree of harmony between individual and institutional values.

In more concrete terms, we can summarize the thinking of various authors as follows: the transition from a traditional to modern society in which the expression of individual choice is given free range in all its forms causes fertility to fall below replacement level due to the phenomenon of delayed childbearing. This decrease in fertility may in some cases bring the TFR to very low levels (1.2 or less children per woman). We have seen, however, that modern values can co-exist with moderately high fertility levels (TFR of 1.7 to 1.9 children per woman) if the values intrinsic to State measures and the labour market correspond with the values of the majority of women and couples. In other words, more than individual values, the key factor is how the State and the labour market adapt to changes in these individual values.

For example, when comparing developed countries exhibiting high fertility rates with those having low rates, McDonald (2000) concludes that wherever there exists a range of measures enabling people to balance work and family responsibilities, fertility is higher. In this regard, he refers to the gender equality theory.

This theory is based on observation of countries that have witnessed a marked increase in women's labour market participation but where there has been no corresponding transformation of traditional behaviours related to the sharing of household tasks and childrearing. In such a context, women's burden becomes far too heavy, potentially diminishing fertility. This could partially account for the extremely low fertility levels currently observed in countries like Spain, Italy and Germany.

Moreover, the Nordic countries, where women's workforce participation is very high and where the sharing of childrearing responsibilities is more advanced, exhibit higher

fertility rates than countries where men's and women's roles within the family have remained traditional and where women continue to perform most of the tasks despite the fact that they too hold a job.

We can conclude that the fertility rate is likely to be very low in countries where women wish to participate in the job market but are faced with the status quo in terms of political measures and men's contributions to family responsibilities. In contrast, when political measures help women to balance work and family responsibilities and men assume a significant share of family responsibilities, having a baby becomes a possibility. In other words, institutional adaptation (family and public) to gender equality values has the effect of limiting diminishing fertility.

Gender equality theory also applies to the institutions that impede progress toward gender equality within marriage. For example, governmental programs that are based, consciously or not, on the male breadwinner model, and the labour market's tendency to view workers (especially men) as individuals with no family responsibilities, are both barriers to increased sexual equality within marriage.

This theory led McDonald (2000) to the conclusion that measures aimed at encouraging an equitable sharing of household tasks and childrearing (in the broadest sense) will have the effect of stimulating fertility, or at least, slowing shrinking fertility rates. The transformation of family- and child-related institutions and programs should also mean a rejection of the implicit male breadwinner model, a model on which many programs in Western nations are based.

McDonald (2000) affirms that the possibilities for institutional adaptation to the family are numerous. For the labour market, it means integrating work and family balance measures; the State, for its part, can institute remunerated parental leave with the right to return to work; parental leave reserved for fathers; subsidized quality daycare; taxation that does not penalize working women, etc.

This resembles Jean-Claude Chesnais' view (1998), who affirms that the desire for children is present in all developed countries, with the number of desired children almost equalling the replacement rate. The level observed in some countries (Spain, Italy, etc.) is far from the expressed desires because barriers to childbearing are enormous and the economic sacrifices women would be forced to make are viewed as too onerous. Based on historical evidence, he states that a family policy that corresponds to public expectations in terms of its social orientation and economic content provides a lot of leeway while generating a potential return to higher fertility rates. He further affirms that if women have access to similar training and employment opportunities as do men, and if these opportunities are then seriously compromised by the eventual arrival of a child or children, women's resulting behaviour will in the long term translate into an extremely low fertility rate (Chesnais 1998).

Other researchers support this hypothesis. Bagavos and Martin (2000) emphasize the importance of gender equality. According to them, in jurisdictions where political action enables women to better balance their work and family lives and men to participate more



in household tasks and child care, couples can more easily realize their desire to start a family. As is true in European Union countries, the modernization of institutions, in some cases, can exert a positive influence on fertility. The case of the Scandinavian countries demonstrates that plans to start a family are more likely to be realized if efforts to create ongoing job growth are accompanied by a policy that, at least in part, favours gender equality.

These researchers' approach is very similar to that of Vogel (2000) with regard to the "welfare mix" in European countries. This author points out that the welfare mix is the product of a functional division of roles among three fundamental social institutions: the family, the labour market and the State.

In his analysis, Vogel hypothesizes that a significant and growing majority of young women want both a career and a family. If they are unable to meet this goal, it is because labour market conditions and State programs do not allow it. Fernández Cordon (2000) believes that in every country in Western Europe people are clearly indicating that their values are increasingly egalitarian (at least in terms of women's desire for financial independence), but that institutions are slow to adapt to these changes. He in particular cites the countries of Southern Europe. In other words, in these countries, the values intrinsic to the labour market and the State are not adapted to changing individual and family values. In his view, the slowness of the labour market's and State's adaptation to new family values is limiting fertility.

For their part, Lesthaeghe and Moors (2000) and Surkyn and Lesthaeghe (2004) affirm that modern values engender new transitions to adulthood, bringing about postponed childbearing and in the end, diminished fertility. These researchers have also observed that in some countries this decrease could have been mitigated by family support policies offering not only parental leave and daycare, but also financial support for students. Thus, for Lesthaeghe and Moors, policy adaptation to changing values will have a positive, if limited, impact on fertility.

Last, similar to what has been affirmed by Vogel, McDonald and Chesnais, Van Peer (2000) and the OECD (2005), assert that generous maternity leave, adequate subsidized childcare and flexible work schedules are adaptations that release women from the choice between work and having children.

We must now determine if this theory on institutional adaptation to individuals' values has been confirmed by empirical evaluations.

### **2.3.2 *Empirical evaluations***

Evaluating the impact of family policies on fertility is a huge challenge for researchers, in part because of the potential of many other factors to affect the phenomenon under study. These other factors, whether economic, political, or cultural in nature, may reinforce, or on the contrary, neutralize the policies' effect, making it all the more difficult to isolate the impact of a particular measure on fertility. The context in each country at the moment

a measure is introduced may by itself account for variation in findings from one country to the next. It could also account for why one type of measure is effective in one country and less so in another.

Researchers generally use two analytical methods to evaluate the impact of family policies. The first group, among them McDonald, Chesnais, and Bagavos and Martin, have opted for a comparative approach by country. By comparing countries with high, medium and low fertility rates, they manage to deduce the part played by family policies in fertility differences among countries. Other researchers have instead chosen a statistical approach to evaluate the effect of one or more measures introduced at a particular time in a specific national context. Clearly, these two approaches can produce significantly divergent results.

In order to study the results of the second approach, we will review J.E. Sleebos' (2003)<sup>15</sup> summary of the principal research findings on this question. She examined 42 empirical studies on policy impacts on fertility over the past 30 years. Table 7 is her list of the main findings. The evaluated impacts are associated with two categories of measures: financial assistance measures and work-family reconciliation measures. The first measures include direct financial assistance and tax measures. The second category main includes maternity or parental leave and childcare services. The table presents the effect of these measures on the total fertility rate, the timing of childbearing, birth rank, maternal age and other individual characteristics.

Sleebos begins by studying the effects of these measures on the TFR or the average number of children. Most studies measuring the impact of direct financial assistance on TFR conclude there is a small but positive association. Canadian research by Duclos, Lefebvre and Merrigan (2001) indicates there is a more significant impact. Sleebos, however, asserts that most studies show that the measured impact is slight and varies depending on the country. Positive impacts of tax measures were noted in the United States and Canada.

According to Sleebos, evaluating the impact of work/family reconciliation policies on fertility is more complicated. A number of studies based in Austria, Canada, Hungary, Italy, the Netherlands, Norway, Sweden and the United States conclude that work/family reconciliation measures like maternity/parental leave and childcare subsidies have a positive impact on fertility. Here too, the estimated impact is weak. Other studies, however, have opposite findings. She refers to the study conducted by Gauthier and Hatzius (1997), which concludes that neither the duration of, nor the advantages connected with maternity leave can significantly account for variations in fertility among OECD countries. The availability of jobs that correspond to mothers' needs also positively influences fertility. The impact of childcare services on fertility also varies from one study to another. In general, the impact is positive, although rather weak.

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15. In fact, Sleebos essentially reports on earlier work from Gauthier (2001) to which she adds some information.

**Table 7**  
**Principal Findings of Empirical Studies**  
**Regarding the Impact of Policies on Fertility**

	<b>Total Fertility Rate</b>	<b>Timing of Childbearing</b>	<b>Birth Rank</b>	<b>Mother's Age</b>	<b>Other Individual Characteristics</b>
<b>Direct financial assistance</b>	Positive but weak impact in most countries	Policies have more impact on the timing of childbearing than on the number of children	Contradictory findings; unclear if impact is stronger on first births or subsequent births	Positive but weak impact or contradictory findings regarding the effect of support policies on childbearing in teenagers	Some evidence that the impact of family policies differs according to ethnicity.
<b>Tax policies</b>	Positive impact in the U.S. and Canada				
<b>Work/family balance policies</b>	Positive impact of part-time work and flexible schedules		Little or no impact on the likelihood of having the first child		
<b>Childcare service offer</b>	Positive but weak impact in most countries				Some evidence that the impact of accessibility and cost of childcare services differs according to mothers' job status

Sources: Sleebos (2003); Gauthier (2001).

Like others, we can question whether these policies actually affect the total fertility rate or if they simply encourage women to have their children earlier. Research tends to indicate that the impact is felt more in terms of the timing of childbearing than on the number of children. Another question is whether the effect of these measures varies with birth rank. For example, would the effect of the policies be different for childless couples than for couples who already have children? Overall, studies reveal that impacts differ depending on birth rank, but the findings are not unanimous in this respect.

Other research has attempted to determine if these policies' impact varies according to maternal age. For example, do financial assistance programs have a particularly strong impact on childbearing in young women? Results vary, from insignificant to a positive but weak impact. Finally, studies have shown that the measures' impact varies based on the characteristics of individuals, i.e., whether women are employed or unemployed, and on socio-economic group.

In short, Sleebos concludes from these studies that the most effective approach to fertility would be to offer a range of measures rather than a single, isolated or one-time measure. In contrast, she fails to make a distinction that would seem to be important to the understanding of the impact of these policies on fertility: the periods when the measures were introduced. The same measures applied at different periods can have different effects. In this respect, two major trends seem to emerge from the empirical studies:

- Earlier evaluations found that family allowances were, to a certain degree, responsible for increased fertility. Almost all the studies covered the periods of the 1980s and early 1990s.
- As women's workforce participation increases, the factors that appear to have the most impact are gender equality programs. These programs minimize the constraints facing couples that force them to adopt strategies that penalize women's career prospects. They are the following:
  - parental insurance, a part of which is reserved for the spouse;
  - subsidized childcare services;
  - the guarantee of being able to return to work;
  - the opportunity to work part time.

It must not be forgotten that studies that have discovered a positive relationship between family policy measures and fertility also highlight the importance of employment. Thus, most studies conclude (Engelhardt, Rønsen, etc.) that maternity leave has an impact on fertility, but it is quite weak and conditional on adequate access to childcare and the possibility of gradually returning to work through the availability of part-time work.

Similarly, Engelhardt (2004) proposes that work schedule arrangements are determining factors in Germanic countries for women who already have a child. Childbearing intentions are influenced by the accessibility of childcare service and parental insurance. Still, the most important factors for parents of young children are flexible working hours and more part-time work opportunities.

In a somewhat similar vein, Del Boca (2000, 2004) determined that the shortage of part-time jobs constitutes a major barrier to realizing the desire to have a child in Italy. Since the great majority of jobs in this country are full time, with childcare organized accordingly, balancing the roles of mother and worker is very difficult, especially for mothers with young children.

Women's return to the labour market is also largely determined by maternity leave and other institutional conditions. For example, in countries with well developed childcare systems and availability of part-time jobs, the return to work is relatively rapid (Rønsen 1999). On the other hand, where there is no well established childcare system and few part-time work opportunities, women tend to remain on maternity leave for longer periods, as is the case in Germany (Ondrich et al. 2003). This is eloquent proof that conditions facilitating the return to work are major determinants of the length of leave.

### **2.3.3 *Opinion surveys on European family policies***

In addition to the findings of empirical evaluations that reveal the measures appearing to have the most impact on fertility, surveys on these questions can also be a useful source of information.

People's preferences in terms of family policy measures can vary depending on the country. In this respect, Fahey and Spéder (2004) report on the results of a Eurobarometer opinion poll conducted in 2002 showing that people in countries with a high per capita GDP prefer measures like flexible working hours and access to childcare services. In countries with a lower per capita GDP on the other hand, people are more interested in the amount of family allowance and more generous parental insurance.

The authors also observe that labour market vitality is directly linked to people's preferences. In countries with high employment, the people who were polled accorded more importance to flexible working hours and access to childcare services. On the other hand, when unemployment is high, financial assistance programs like family allowance are more popular, as is reduced unemployment, it goes without saying.

Clearly, individual preferences are influenced by already existing measures that, to some measure, are taken for granted. This is particularly true for the richest countries that have low unemployment.

### **2.3.4 *Family policies—supply and demand***

The relative difference between the dominant individual values and those conveyed by State policies and the labour market may be represented by a supply and demand model of family policies.<sup>16</sup> If family policy “supply” does not correspond to the demand, fertility will be relatively low, and the reverse is also true.

We synthesized certain explanatory models found in the literature on fertility in order to formulate a qualitative diagram of family policy supply and demand.

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16. Although we are not referring to a supply and demand model in the economic sense, it is nevertheless true that the terms *demand* and *supply* clearly describe the population's needs versus the State's response.

- **The demand**

Regarding the demand (Figure 54), the dominant values correspond to two trends represented by the two principal types of families (caricaturized) in society: the traditional family (male breadwinner, sexual division of tasks) and the modern family, or what Lesthaeghe terms “post-modern” (two incomes, gender equity).

Based on our observations in sections 1.2 and 2.2, we can affirm that both types of families exist in all developed societies, but in varying proportions among countries. Since their respective needs differ widely, their relative weight will have considerable influence on what type of policy enjoys the most popular support.

For example, the typical traditional families usually want financial support and want the State to stay out of what are viewed as strictly “family” decisions. “Give us the money. We know best how it should be spent for our children.” These families demand home childcare allowance and a generous family allowance.

The concerns of two-income families are quite different. In the first place, work is often considered by women as a precondition to realizing the desire for children: “Career first, children later.” Furthermore, because there is less time for household tasks, childrearing and personal interests, the need for measures to help to balance time constraints is much more pronounced. These families will naturally tend to demand generous maternity leave with a guarantee of returning to work, accessible and affordable childcare services, and a series of measures to facilitate time management for parents and children and the equal sharing of caring and domestic labour between spouses. This last requirement is a very important condition in the decision to have a second child.

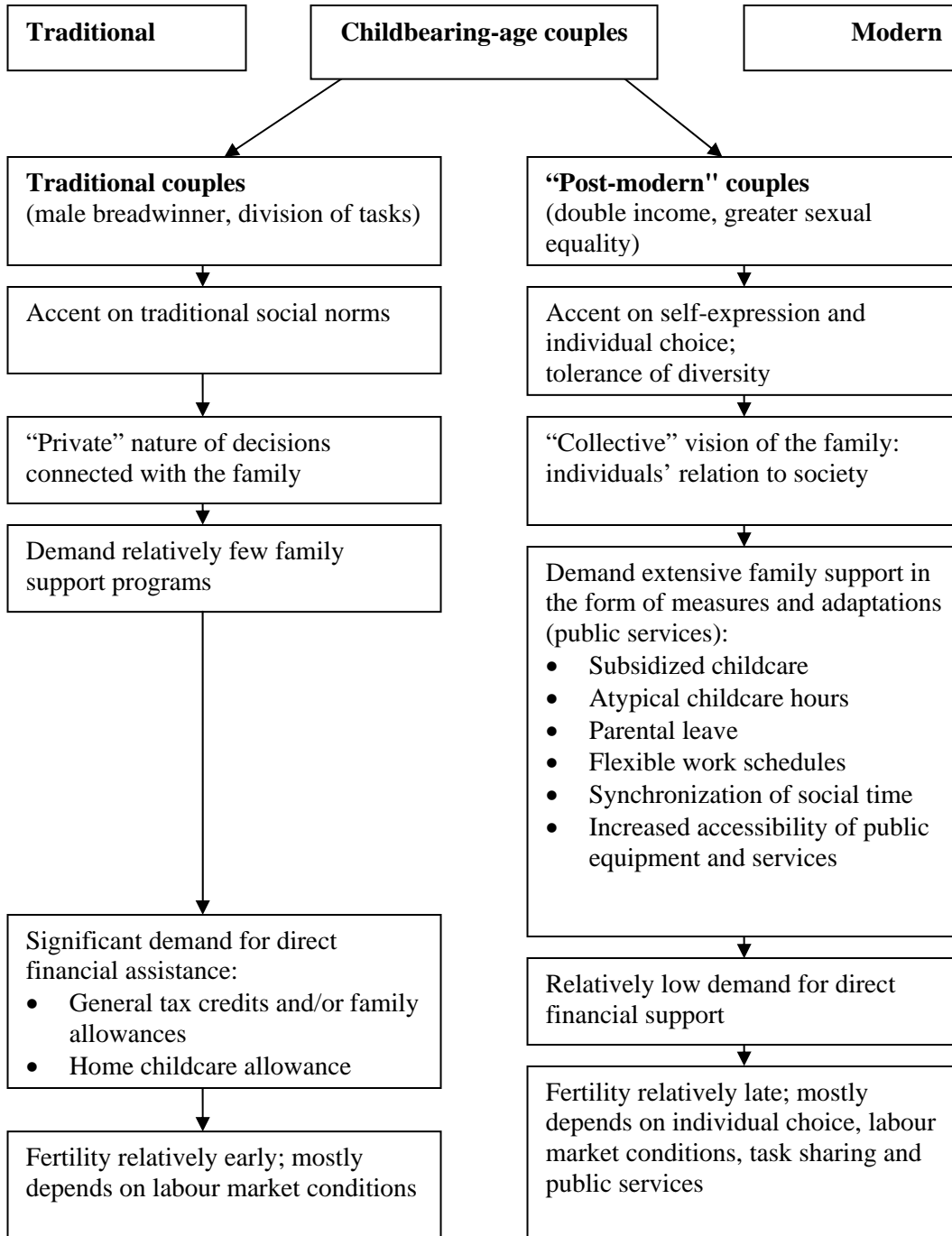
- **The supply**

Regarding the supply (Figure 55), Gauthier (2002) suggests a framework—by type of State—of the policies that existed in different countries before European Union directives minimized the differences between States (we will come back to the European Union directives a little later).

Although in the long term, State intervention tends to adapt to the needs of the population, it is obvious that a number of factors conditions the State response, first among them being institutional history, for example,

- the influence of religion on the institutions' basic orientation;
- political parties in power or that have already exerted an influence on the government;
- pressure groups from the community or business sector, or representatives of special interest groups (Manow 2004; Powell and Barrientos 2004).

**Figure 54**  
**Demand for Family Policies–**  
**Diagram of Individual Values, Policies Demanded**  
**and Associated Fertility Behaviour**



Sources: Synthesis based mostly on Gauthier (1996b, 2002), McDonald (2000), Vogel (2000), Fernández Córdón and Sgritta (2000), Henripin (2000), Carlson (2005), Fahey and Spéder (2004).

**Figure 55**  
**Family Policy Supply—**  
**Family Policies in the late 80's and early 90's, by Type of State**

<b>Type of State (policy regime)</b>	<b>Overall Characteristics</b>	<b>Cash Support</b>	<b>Support for Working Parents</b>	<b>Countries</b>
<b>Social-Democratic State</b>	Characterized by universal state support for families, and a high commitment to gender equality.	Medium-level of cash support for families in the form of universal cash benefits, but high level of other forms of support that result in low levels of child poverty	Medium-level of cash support for families in the form of universal cash benefits, but high level of other forms of support that result in low levels of child poverty	Denmark Finland Norway Sweden
<b>Conservative State</b>	Characterized by a system of state support for families that tends to vary according to the parents' employment status, and that also tends to be driven by a more traditional view of the gender division of labor.	Medium-to-high level of cash support.	Medium-level of support. Relatively long parental and childcare leaves (in some countries), but more limited childcare facilities.	Austria Belgium France Germany Ireland Luxembourg Netherlands
<b>Southern European State</b>	Characterized by a high degree of fragmentation along occupational lines, and a mix of universal and private services and benefits. It is also a regime characterized by no national guaranteed statutory minimum income scheme	Low level of cash support that results in high levels of child poverty.	Low level of support.	Greece Italy Portugal Spain
<b>Liberal State</b>	Characterized by a low level of support for families, support that tends to be targeted at families with greater needs, and support that leaves room to the market, especially with regard to the provision of childcare facilities.	Low level of support for all families, relatively higher for families in greater need.	Low level of support for all families, relatively higher for families in greater need.	Australia Canada Japan New Zealand Switzerland United Kingdom United States

Source: Gauthier (2002), p 39.

This “conditioning” of the State can in theory generate different short- and medium-term responses to similar popular demands from one country to the other. These differing responses depend in part on the country’s membership in four categories Anne H.



Gauthier has identified as the “Social-Democratic State,” “Conservative State,” “South European State” and “Liberal State.”

- **Interaction of supply and demand**

According to this model, the interaction between supply and demand in the area of family policy determines a given society’s fertility rate. If a group of potential parents believe the State is not responding favourably to their expectations in terms of programs or labour market legislation, they will react by having fewer children because of the difficulty of working and having children at the same time. Some parents will reduce their participation in the workforce in order to have a family, while others will do the opposite, which, taken together, will limit the birth rate and women’s participation in the labour market (OECD 2005).

The supply and demand model applied to family policy is significant because it highlights three phenomena:

1. The demand for direct financial aid policies (generous family allowances, home childcare allowance, etc.) is mostly associated with the presence of conventional couples.
2. The demand for services addressed to families and the individuals who compose them (parental insurance, subsidized childcare services, etc.) is above all linked to the presence of “modern” or two-income couples (the more equal the incomes, the higher the demand for these services).
3. Lower fertility rates are in part due to a gap between the State’s implicit values and the dominant values in the population. This is why, in the medium and long term, family policies must be “modernized” in countries where modern couples are increasingly in the majority.

In short, the observations that have been drawn from the supply and demand model of family policy are essentially another way of grouping together the conclusions of numerous researchers. It is nevertheless important to stress the link between women's participation in the labour market and the type of policy that is most likely to facilitate their desire to have children.

In this respect, the most recent evaluations conducted in countries exhibiting the highest women’s participation rate show that the policy offer with the most significant positive impact on fertility is a combination of generous maternity leave with job protection, affordable childcare and the opportunity to work part time.

This contrasts with studies of the situation in the 1980s when women's labour force participation rate was lower and a generous family allowance was thought to be the most effective solution.

Clearly, adaptation time depends on the State's capacity to detect the fundamental changes underlying the more egalitarian attitudes of couples and the marked increase in women's participation in the workforce. Many States exhibit difficulty in this respect, as reflected by how the family policy offer is categorized.

For example, a "liberal" State might be very reluctant to introduce family support measures despite the needs expressed by a population composed largely of "modern" couples. In the long run, it is very likely that the State will finally bend to popular pressure, but the adaptation time may be quite long.

The population of Québec is increasing positioned near the pole of "modern" families. Most families are calling for support in the form of services. With respect to the supply, Québec could be categorized as a "Social Democratic State," as shown by a simple description of its actions over the past 10 years:

- Heavily subsidized educational childcare services that are close to full deployment;
- A parental insurance program (since January 2006) the length and generosity of which resembles measures offered in the countries of Northern Europe.
- A universal program of direct financial support (child support), the maximum amount of which (or nearly) is granted to families with close to median incomes.

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Furthermore, Québec is showing signs of improvement and to an extent is even pioneering in terms of the sharing of household tasks and gender equality in general, although progress in Québec is slow as it is elsewhere.

In Québec, the State would appear to be moving toward a certain balance between supply and demand when it comes to family policy. Since Québec is a society that is somewhat more advanced in the process of modernization of individual values, it is normal that the State here has been among the first to adapt its institutions. In contrast, in the United States there is not as much pressure, as this society is characterized by more traditional values. Québec, as a "Social Democratic" State, is acting in a North American "liberal" context, characterized by limited intervention, especially when it comes to services.

It would also appear that the States' tendency to be sluggish in adapting to the population's changing values may have changed (at least in Europe) over the past decade due to the intervention of the European Community, and more recently, recommendations of the OECD (2005). These two organizations are constantly calling for family policies that are better adapted to the expanded presence of women in the workforce. Given that

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17. Even though there is a minimum amount of cash support payable to any family in Québec, it is not as generous as in most countries of Northern Europe.

the trend of dual income families is generalizing throughout developed countries, will the attitude of the States to these families converge in the long run? The next chapter looks at future prospects for the evolution of family policies and fertility in developed countries and in Québec.



### **3. FUTURE TRENDS IN FAMILY POLICIES AND FERTILITY**

According to Lesthaeghe, every European country has, at different stages, witnessed signs of the second demographic transition. It would seem likely then, that this is a manifestation of the same process, albeit at different stages of development, with the Nordic countries at a more advanced stage than other countries. We might conclude that we are witnessing a converging of policies and fertility among all developed countries. Nonetheless, family policies and fertility evolve in each country according to the historical context of that country. This is the case of the Nordic countries to which we have been comparing Québec throughout this paper.

In this chapter we will first present the history of the demography and family policies in Nordic countries before studying several contextual elements indicating that this experience may be generalized to other countries. We will then highlight the points that Québec and the Nordic countries share in common, mention other conditions that Québec must meet, and finally, suggest several elements of an answer to the first question: will Québec follow the footsteps of the Nordic countries with respect to fertility?

#### **3.1 The Nordic Countries' Experience: An Exportable Model?**

The Nordic countries are a reference for the analysis of fertility trends, firstly, because they were the first countries to undergo transformations many other countries are only now experiencing in terms of family life and women's participation in the workforce, but mainly because, long before the rest, these countries implemented policies that enabled women to successfully defer childbearing to a later age. For Québec, these countries are even more interesting because we resemble each other in many respects.

In presenting the experience of the Nordic countries we will refer to Sweden. Although each of these countries has developed in its own particular way in terms of fertility trends and family policies, Andersson (2003) affirms that their experiences are similar for the most part. This is why the Swedish experience is the one most often presented to describe the situation of all Nordic countries. We will carry on in the same vein.

##### **3.1.1 *Historical background***

The Swedish model springs from a particular national context characterized by late industrialization, high poverty levels, and major demographic challenges posed by emigration and declining fertility.

According to Hoem and Hoem (1996), Sweden encouraged women as early as the 1930s to join the workforce, in contrast with other countries that were legislating to prevent married women from obtaining paid employment. The need for female workers and low fertility contributed to the emerging notion that State intervention was needed to help families raise their children. The demonstrated capacity to reconcile natalism with feminism encouraged the development of gender equality policies in Sweden. Even

though during the 1940s and 1950s single-breadwinner families once again became the norm, the idea persisted that women should be able to balance work and family.

The years between 1965 and the early 1980s marked a turning point with respect to the presence of women in the labour force. In the mid-sixties, a threatened labour force shortage once again resulted in women being encouraged to join the workforce, whether or not they had children. The activity rate of women aged 25 to 54 shot up from 65% in 1970 to over 80% in 1980.

According to Hoem and Hoem (1996), when mothers arrived in droves in the labour market, people began to want changes in other areas as well. The traditional complementary roles of women and men in the family began to be seriously questioned. The media highlighted women's lack of equality with men both in the home and the workforce. Demands that women's roles be changed extended to men's roles as well. Public policy gradually included measures to encourage gender equality and dual-income families.

During this period, a major series of parental leave reforms was enacted to facilitate the balance between work and family for mothers, and get fathers involved in similar changes. From 1974 until 1989 (Hoem and Hoem 1996) a series of reforms was adopted. Major investments were made in the childcare system, financial assistance to mothers was replaced by parental assistance payable to both parents (1974); and, in 1978, measures were introduced making it possible for parents of young children to work part time.

While family policies had begun to develop in the 1960s and 1970s, the pace did not really pick up until after the 1970s. It was in this period that work-family life balance problems began to emerge and it was harder than ever for parents to fulfill their responsibilities. As previously mentioned, this period was marked by a major decline in fertility; in the Nordic countries this was mainly attributed to delayed childbearing. Tsuya (2003) associates this delay in family formation to several factors, including the rapid increase in women's activity rate and the still limited availability of parental leave and childcare. The period was also a time of much debate about sexual equality and the need to incorporate this principle in public policy.

The years from 1980 to 1990 saw a remarkable increase in fertility.

Tsuya explains that the main factor behind the growth in fertility and its subsequent maintenance was the rapid improvement of parental leave measures accompanied by generous allowances and the development of childcare services, because the activity rate of women of childbearing age continued to grow until the late 1980s and remained high in the 1990s. According to this author, men's increased involvement in household chores is another factor explaining the rise in fertility after 1985. Hoem and Hoem (1996) also attribute this resumed growth of fertility to massive investments directed at families, higher incomes and a feeling in the population that things were only going to get better.

**Table 8**

**Sweden's Sociodemographic Development, 1930-1990**

<p><b>1930-1945</b></p>	<ul style="list-style-type: none"> <li>• Awareness of demographic decline and labour shortages</li> <li>• Need to enable women to work and have children simultaneously</li> </ul>
<p><b>Approximately 1960-1975</b></p>	<ul style="list-style-type: none"> <li>• Support for a new policy on sexual equality</li> <li>• Women's increased participation in the workforce</li> <li>• Difficulty balancing the roles of mother and worker because of lack of support from the State and husbands</li> <li>• <b>Falling birth rate</b></li> <li>• Continuing changes in values: the male breadwinner model is no longer considered to be the only model to follow. Upheaval in traditional power relationships both in society and within the couple. The feminist movement becomes widespread. These changes pave the way for the next stages.</li> </ul>
<p><b>1975-1990</b></p>	<ul style="list-style-type: none"> <li>• Demands for equality in the home (sharing household tasks and caring work) and the workforce</li> <li>• Gradual development of the family policy</li> <li>• Very gradual involvement of men in domestic labour and caring, although sexual inequality persists</li> <li>• Completion of the family policy (generous maternity leave, complete offer of childcare services, flexible work hours, etc.)</li> <li>• <b>Increased birth rate</b> (total fertility rate of roughly 1.7; lifetime fertility of 2.0 children per woman)</li> </ul>

Over the years this development in the Nordic countries has resulted in family policies constructed around three elements (Tsuya 2003): family allowances, parental leave and childcare services. These three main components were created in the following order: a family allowance for all children at the end of the 1940s; maternity leave with high levels of income replacement developing mainly from the mid-1970s to the 1980s; and a fully developed public childcare system that came into its own in all four Nordic countries during the 1980s and 1990s. All the services promote gender equality by allowing both men and women to balance their work and family lives. This model therefore favours gender equality both at work and at home.

According to Neyer (2003), family policies in the Nordic countries spring from three goals: facilitate mothers' employment, reduce their domestic burden and change gender relations with respect to caring and paid work. Affordable childcare services for children of all age groups are widely available. Access to childcare services is considered as the social right of every child. Parental leave enables parents to care for their children without jeopardizing their standard of living or job. In general, family support comprises assistance through services rather than money. Also, all the Nordic countries have increased their transfers to families over the last decades.

In describing the effects of these policies, Neyer (2003) states that if a relationship is to be drawn between the type of family policies and fertility rates in European countries, the countries that conceive of their family policies as connected at the same time to labour market policies, to childcare and to gender equity policies would appear to have succeeded in maintaining fertility rates at a higher level than the previous low levels. They employ strategies designed to change the labour market to ensure that both women and men can keep their jobs and income level even if they are raising families. This requires a vast development of childcare services as a prerequisite for parents' employment. It also involves policies aimed at changing the sexual division of labour among women and men in terms of caring labour in the family and in society.

Last, in Möller's (2003) presentation of the Swedish model, she makes an interesting comment on the potential impact of family policy on fertility. In the 1990s, she says, the proportion of women who limited or delayed childbearing was higher among women with little formal schooling and lower incomes.

Women with a higher education and stable employment, in contrast, constituted the majority of those exhibiting higher fertility, representing a new pattern. Indeed, in the past, it was the women with less formal education who had more children than women with more schooling. Among the cohorts of women born after the 1960s, the women with more formal education had at least as many children as those with less schooling. This means that for the first time in the 20th century, it became possible for women to balance family and a career. It would appear to demonstrate the effectiveness of the Nordic family policy system. The question remains: is the Nordic experience in the area of fertility likely to generalize to other countries?

### ***3.1.2 Will there be a convergence of family policies in the developed countries?***

Given all the factors that may vary from one country to the next, can we envision, based on the experience of the Nordic countries, a convergence of family policies in the developed countries?

How long will nations resist the pressure of their citizens before they emulate the family policies of the Nordic countries? The question is perhaps a little naïve—naïve, because it supposes a similar economic, social, even historical context in all the countries. Naïve, too, because it supposes that similar family policies would have an identical impact on fertility in all the countries.

Let us first examine the elements that appear to favour such a convergence.

According to Gauthier (2002), since the late 1970s, United Nations and European Union initiatives on issues like children's rights and the elimination of discrimination against women are the principal convergence factors, each engendering specific actions in the 1990s:



- European Union Pregnant Worker's Directive (1992)

This directive involved the implementation of measures aimed at protecting "pregnant, labouring or breastfeeding" women from risks associated with their job or work environment.

- European Union Recommendation on Child Care (1992)

Member States were incited to enact or gradually develop initiatives enabling women and men to balance professional, family and educational responsibilities linked with child care. The recommendation concerns the cost of childcare, the consideration of parents' needs, the childcare offer and its accessibility to children with special needs.

- European Union Parental/Family Leave Directive (1996)

The goal was to set minimum standards for parental leave and absence from work due to an emergency as an important means of balancing work and family life and promoting equal opportunity between women and men.

- European Union Part-time Work Directive (1996)

The goal here was to eliminate discrimination against part-time workers by improving the quality of part-time work. It consisted in facilitating the development of voluntary part-time work and contributing to the organization of flexible work hours, taking into account the needs of employers and workers.

- European Union Resolution on the Balanced Participation of Women and Men in Family Life and Work (2000)

This resolution recognizes the importance of expanding equal opportunity in all areas, including by making it easier to juggle professional and family responsibilities. The balanced participation of women and men in the workforce and the family is essential to social development.

Although the European Union has no legal jurisdiction over family policy, its jurisdiction in the matter of equal opportunity for women largely encompasses family policy issues (Gauthier 2002). For example, its parental leave directive (1996) was followed by the adoption of policies in countries where such policies had not previously existed (Gauthier 2002).

As for factors limiting policy convergence, Gauthier notes that countries' different institutions, histories and political composition have the effect of maintaining family policy differences among countries. A more detailed temporal analysis of country groupings led her to the conclusion that these differences persist.

Declining fertility since the 1960s was not, therefore, a factor causing an increase in family allowances. Most countries, however, did react to women's increased participation in the labour market, although to a lesser extent in the "liberal" countries. It even appears that recent trends marginalize liberal countries when it comes to support for working parents (Gauthier 2002), this being particularly true of the United States. Consequently, given the liberal context in which Québec is evolving, the future development of family policy in Québec may well be influenced by the choices of our neighbouring States.

## **3.2 Conclusions and Future Prospects for Québec**

### **3.2.1 Québec resembles Nordic countries in many respects**

The original question was this: will Québec follow the Nordic path in the area of fertility? Even if the Québec fertility rate differs substantially to that of the Nordic countries, comparative analyses of the factors associated with fertility, a values comparison of individuals by country, the examination of the development of Québec family policy, and the Nordic experience in this regard, all suggest that the development of Québec and the Nordic countries coincides in many respects.

- **Changes in factors associated with fertility**

In the first chapter we noted that a number of factors are associated with fertility trends since the 1960s and we examined several of these factors. Some of them are thought to account for the drop in fertility between 1960 and 1985, while others may have contributed to the growth observed in Nordic countries beginning in 1985.

Among factors associated with the drop in fertility are changes in household formation and an increase in separations, which could partially account for a delay in family formation; the increased availability of contraception, and, when this failed, the use of elective abortion, which enabled this delay; increased education levels, also partially responsible for delayed childbearing, through rising costs associated with childbearing; and, even more directly responsible for this delay, the major increase in workforce participation among women of childbearing age.

Québec seems to be roughly 10 years behind the Nordic countries when it comes to the development of these factors, and it has adopted a similar response. Table 9 shows, for each associated factor, the period of greatest change in the Nordic countries and in Québec. Generally speaking, there is a 10-year gap between each of the different periods. Furthermore, Table 10 reveals that in 2002, the adoption of these behaviours appears to have been even more generalized in Québec. Indeed, for three of the associated factors, Québec has attained a higher level than that of the Nordic countries.

Also, regarding the factors responsible for rising fertility in the Nordic countries, Tsuya (2003) mentions the growing dissociation between procreation and marriage that has generated a substantial increase in childbearing out of wedlock. It is for this reason that

Québec's fertility rate has not sunk as low that of Italy, in particular. As Festy has observed (2001), "in these countries [Central Europe and Southern Europe] the importance of marriage as the structure for family formation has precluded the development of fertility outside the traditional legitimate form. This has prevented the partial compensation for the drop in legitimate births—more easily achieved elsewhere—by the rise in illegitimate births" [Translation].

**Table 9**  
**Periods During which Major Change**  
**Was Noted in Several Factors Associated with Fertility,**  
**Québec Compared to Nordic Countries**

<b>Factors associated with fertility</b>	<b>Nordic countries</b>	<b>Québec</b>
Decrease in average number of first marriages	After 1965 until 1980	Approximately 1975 to 1985
Rising divortiality	Since 1965 or 1970 depending on the country	Approximately 1975 to 1995
Rising cohabitation rate	From 1970 to 1990	From 1980 to 2003
Women's increased participation in the workforce	1960 until early 1980s	From 1965-1970 to 2000
Men's increased responsibility for household labour and caring	1970s and 1980s	10 years behind Nordic countries
Increased percentage of births outside marriage	From 1970 to 1990	From 1980 to 2003
Introduction of work-family reconciliation measures: - Improved paid parental leave	Late 1970s to early 1990s	New system effective 2006
- Development of childcare services	During the 1980s and 1990s	Accelerated pace from 1997-2006

Another factor favouring increased fertility is men's increased responsibility for household and caring labour. Québec resembles Nordic countries with respect to both these factors. In the first instance (dissociation between childbearing and marriage), Québec surpasses them; in the second (men's involvement in household and caring labour), it is roughly equivalent, but lags 10 years behind. As we can see, Québec has undergone changes of similar or greater intensity as those experienced by the Nordic countries.

**Table 10**  
**Level Reached in 2002 for Several Factors Associated with Fertility,**  
**Québec Compared to Nordic Countries**

<b>Factors associated with fertility</b>	<b>Québec Compared to Nordic Countries</b>
Average number of first marriages	Québec lower than Nordic Countries
Divorce rate	Roughly equivalent
Percentage of births outside marriage	Québec surpasses Nordic countries
Percentage of common-law couples	Québec surpasses Nordic countries
Elective abortion	Québec surpasses Nordic countries
Women's activity rate by age group	Québec close behind Nordic countries
Relationship between men's and women's activity rates	Similar to Nordic countries among 35 and under age group

- **Values held by the adult population**

Values play a key role in the delay of life transitions and postponement of childbearing to a later age. As seen earlier, two surveys group countries according to the stage they have reached in the transition from traditional to modern. In this respect, in 2000, Québec was in a position that had been occupied mostly by Northern European countries in 1990. This corresponds to the observations made just above.

- **Supply and demand of family-friendly measures**

Dual-income families are strongly represented in Québec. On this basis, the majority of them could be qualified as "modern." Consequently, people here are mostly demanding family policy measures in the form of services rather than direct financial assistance. The new family policy provisions announced in 1997 aim to provide a response that is better adapted to families' needs, placing Québec among the "Social Democratic" States—along with the Nordic countries. Here, then, is yet another similarity between the two regions. They are distinguished, however, by the fact that Québec's social democratic State is operating in a North American context characterized by more limited intervention to support families. This context may change, however.<sup>18</sup> People in many Canadian provinces and U.S. states (in the North, among others) are exhibiting increasingly "modern" behaviours, such that pressure may be exerted on their institutions to adapt to new family situations.

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18. The other Canadian provinces, who seemed to want to develop childcare services before the Conservatives came into power in January 2006, must now take a position on a completely different approach. The new federal government is proposing a childcare allowance (taxable) of \$1200 per child under 6 regardless of whether the child attends a childcare service. The response to this proposal has been mixed and elicited very little enthusiasm on the part of the Québec government.

- **Development of family policy**

Among the factors most responsible for increased fertility and its subsequent maintenance in Nordic countries since 1985, Tsuya mentions two work-family reconciliation or gender equality measures: major improvements to paid parental leave and the development of childcare services. The most important factor, according to Tsuya, is the extension of paid parental leave. Although varying from one country to another, the duration and level of income compensation increased significantly between the late 1970s and early 1990s. This measure was followed by the rapid development of public childcare services in all four Nordic countries during the 1980s and 1990s. As for Québec, development of the childcare services network will be completed in 2006 (1997-2006), or a year after implementation of the Québec Parental Insurance Plan.

Québec approaches the Nordic countries in terms of factors associated with reduced fertility and the degree of modernity society has attained. With respect to factors associated with increased fertility, however, Québec lags behind these countries. Still, Québec family policy has reached a level of maturity equalling that of the Nordic countries in the 1985-1990 period. This comprises direct financial assistance (given the passage in 2005 of the Québec Child Assistance Measure), the development of educational childcare services and the Québec Parental Insurance Plan. Québec must implement still another component, however, to reach a level comparable to that of Nordic countries: a work and family life balance policy. In this regard, the measures contained in Québec family policy do not entirely correspond to families' demands.

### **3.2.2 *Other pre-requisites***

Are the similarities noted between Québec and the Nordic countries such that we can expect this province to follow the Nordic lead in terms of fertility? Given the differing historical and political contexts, the answer to this is complex. Still, the Nordic experience does suggest that Québec must meet other pre-requisites if it is to emulate these countries in the matter of fertility. We will describe a number of them here.

- **Perceptions**

The literature is unanimous in this respect: if young people and couples are to decide to raise a family they must feel confident about the future. Researchers like Hoem and Hoem (1996) and Möller (2003), who have studied the factors contributing to increased fertility in Nordic countries during the 1980s, refer to "a generalized sense of optimism in the population" and people's "confidence about future prospects" that prevailed during the period. The Eurobarometer surveys of the European population published in 2005 (European Commission 2005) confirm this observation. Among the 25 countries in the European Union, residents in Denmark, Sweden and Finland (Norway is not a member of the European Union) ranked among the first in their answers to questions about "overall satisfaction with life," "positive assessment of your personal situation over the last

5 years," "satisfaction with your country's practice of democracy," and appreciation of their "quality of life."

This issue of confidence in the future and positive outlook raises several questions for Québec. How do women and men in Québec perceive the future overall? How do they view their personal situation? What is their perception of State support and appreciation of the progress that has been achieved in terms of the implemented family support measures? While we do not have research and data supporting this, Québec society as a whole seems to have trouble appreciating the progress accomplished by its institutions and above all, forming a consensus regarding this progress. An example is the development since 1997 of childcare services at the reduced contribution: the shortage of spaces always makes headlines, while the low fees—among the lowest in the world—are hardly mentioned. Similarly, we have the child assistance measure, which the media continues to represent, mistakenly, as a simple budget re-allocation<sup>19</sup>. Furthermore, when the Québec Parental Insurance Plan was instituted, its relevance was repeatedly questioned in the media.

- **The importance of the family**

During the *Des enfants pour le Québec* conference organized by La Presse and Radio-Canada that was held on December 3, 2003 in Montréal, participants were repeatedly asked to comment on the speakers' presentations. The comment heard most often was that the family is not valued enough in Québec. This raises the following questions: How are children perceived? What place do we accord to families, particularly large families?

The sociologist Simon Langlois (1999) mentioned a few years ago that the relationship to children is without a doubt one of the major changes characterizing contemporary lifestyles. Households in which children and adults interact on a daily basis are less and less common: from 1986 to 2001, the number of families with children increased by 4% in Québec, while childless couples increased by 40% and non-family households increased by 31%. It seems likely that in the long run this will influence society's capacity to tolerate the presence of children, and more generally, the importance it accords to the family.

In a brief on demography and the family, the *Conseil de la famille et de l'enfance* (2002) made the following statement concerning the value placed on the family and parental roles:

"Through its research and consultations . . . the Conseil has concluded that our environment does not encourage people to fulfill their desire to have children. Productivity at all costs, a consumption-based society, individualism, childless people's intolerance, yearly fluctuations in financial assistance for families:

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19. In fact, cash support for children increased 30 % in 2005 due to the introduction of this measure. But opposition parties and press opposed this improvement to childcare fee increase (5 \$ to 7\$ a day) and electricity tariffs higher than inflation hikes.

these are only a few examples of factors discouraging people from having children" [Translation of the French] (p 69).

According to the Conseil, we must change the perception—accurate or not—about the difficulty of starting and raising a family and remind people of the important role it plays “within society, at both the individual and social levels” (p 69).

More recently, in 2003-2004, the same agency addressed the subject again in a report entitled *Les parents au quotidien*

"As we concluded our investigation and reflection about the daily experience of Québec families, the Conseil is convinced that a stronger acknowledgement of the social value of families would serve to encourage people, even parents, to start a family or have another child." (p 79) [Translation].

- **Employment and working conditions**

As many researchers have remarked, employment is a key factor in the decision about whether to have a child. Bagavos and Martin (2000) affirm that the availability of jobs and a foreseeable stable income have a much stronger impact on fertility behaviour than any other financial measure.

In fact, a number of researchers have identified this factor to account for fertility trends in the Nordic countries. More than one researcher (Hoem and Hoem 1996; Möller 2003; and Dribe and Stanfors 2005) affirms that improvement of the economic situation and conditions is a major factor accounting for increased fertility in Nordic countries during the 1980s. Similarly, the deterioration of the Swedish economy during the 1990s was seen as partially responsible for the reduction in fertility observed during those years.

As we saw earlier, the employment situation has always been more favourable in the Nordic countries than in Québec. In addition, in these countries more emphasis is placed on technical training, which increases the chances of obtaining employment, especially a well-paid job. A closer comparison of the labour market and the education of youth in both regions must be conducted to determine what distinguishes Québec from these countries.

Not only must there be more available jobs, working conditions must be favourable for young families. In many respects, these conditions are superior in Nordic countries than in Québec.

For example, the percentage of the labour force that is covered by a collective agreement stands at 30% in Québec, compared to 90% in Sweden (OECD 2005). There are relatively more jobs in the public and quasi-public sectors in Nordic countries than elsewhere, representing some 30% of total jobs (Adsera 2005a). Moreover, parents of young children living in these countries can convert a full-time job into a "quality" part-time job.

For its part, Québec is known for its numerous small and medium businesses (SMBs).<sup>20</sup> Those with fewer than 100 employees represent 97.7% of all employers and supply 43% of paying jobs, and the vast majority of them (65%) have four employees or less. In comparison, employers with 500 employees or more represent 0.5% of all employers and provide 41% of paying jobs.

Several large businesses (over 500 employees) and public organizations in Québec, in particular those featuring high rates of unionization and women workers, have instituted work-family balance measures to support their employees (Rochette 2002). Naturally many small and medium businesses also offer different support measures. But these measures are informal for the most part and experience has shown that it is the official measures that workers tend to use more (Ministère de l'Emploi, de la Solidarité sociale et de la Famille 2004). Also, in 2003 in Québec (Institut de la statistique du Québec 2005), one third of all women holding a part-time job did not voluntarily choose part-time employment. Part-time employment was a personal choice of only one third of the women in that situation.

As mentioned in the consultation document on work-family balance produced by the Ministère de l'Emploi, de la Solidarité sociale et de la Famille (2004), " . . . there has been some progress in the area of work-family balance, but more progress is needed. To rise to this challenge, we must change mentalities and guide values in a pro-family direction. This demands organized and coordinated action, not only in the workplaces but also by family-oriented institutions and organizations.

In short, much attention must be paid in Québec to the questions of training, job availability for young people, and the improvement of their working conditions.

- **The independence of young adults**

As we saw earlier, the young in Québec leave the family home later than do young Scandinavians. In Québec, this phenomenon is growing (Duchesne 2005). While in 1981, 56% of young men and 37% of young women aged 20-24 were still living with their parents, by 2001, these proportions had reached 63% for young men and 47% for young women.

In some countries young people are offered individualized and diverse forms of support to encourage self-sufficiency and independence. Support can take different forms, ranging from housing subsidies to transportation and education. This is the case in the Nordic countries, among others. In Finland, for example, the State subsidizes 20-year-olds who have left home, regardless of their parents' incomes. Young workers have access to a housing subsidy regardless of their incomes (Kartovaara 2005).

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20. According to Statistics Canada's Business Register for 2002 (processed by the Institut de la statistique du Québec).



Beaujot (2004) studied the "delay in life transitions in the young and its consequences." He notes that the impact of the young's delayed departure from the family home can be positive. By leaving the parental home later, young people receive more parental transfers; by continuing their studies, they are better prepared to enter a world in which the labour force is growing more slowly and more emphasis is placed on the quality of workers.

The same researcher nevertheless suggests several measures to reduce this delay. He proposes, for example, "larger social investments in postsecondary education to enable youth to leave home sooner and complete their studies more efficiently, free of the distraction of part-time employment." He also proposes increased investments in the transition between school and employment and in young families. We must start realizing that young childless adults are potential parents who, if fertility is to be increased, also merit appropriate support measures.

These are some of the additional conditions that Québec must consider to better its chances of improving the fertility rate in the image of the Nordic countries.

### ***3.2.3 Future prospects for the evolution of fertility in Québec***

Current fertility levels in Québec are strikingly different from those observed in Nordic countries. This, despite the fact that several of the factors associated with fertility have evolved in a similar fashion and to the same degree in both populations. In both cases, these factors have contributed to reducing fertility.

On the basis of such similar behaviours, we could explain our current low fertility by comparing the time it has taken Québec, as opposed to the Nordic countries, to adapt its institutions to the values and conditions of dual-income families. In other words, if we adopted reforms similar to those of the Nordic countries, we might expect Québec to experience an equivalent adjustment in fertility. This question is all the more important in that Québec has already followed the lead of these countries by instituting similar measures.

The desire to have a child is still present in Québec and can be compared to the situation prevailing in other countries with higher fertility rates. On the other hand, the gap between the desire and the reality is one of the highest among the developed countries. With the recent developments in Québec family policy, one would think that the conditions are in place to enable more couples to turn their desire for children into reality. Additional conditions must still be met, however.

Québec society has undergone profound change, adopting new values that, if not identical to, are comparable with, those of Nordic countries. Consequently, the development of Québec family policy must be completed to ensure that workplaces and institutions adapt to people's values, and not the reverse.

Economic and working conditions must be more favourable to the young to ensure them greater financial security and instil optimism about the future. During the 25<sup>th</sup> International Population Conference demographer Peter McDonald (2005) said, in reference to the young, that it is fundamental to public policy that institutional changes instil a sense of confidence about the future so they can form a family without incurring excessive expenses or compromising their personal aspirations. In this respect, current and upcoming demographic changes might represent an opportunity for the young to improve their situation. The threatened workforce shortage could help them to obtain better jobs and incomes. Doubtless there will be a reduction in involuntary part-time employment. This demographic context could facilitate the departure of young people from the family home. But the workforce must be trained in consequence, if it is to succeed in imposing its conditions.

More time is required to allow for the completion and implementation of Québec family policy. With these stages completed, people will perhaps have a greater comprehension and positive appreciation of the measures. What has been observed in other countries may also occur in Québec: women with more formal education, whose desire to have children is as strong as that of other women but who end up with a lower childbearing rate, could change their behaviour.<sup>21</sup> A family policy that is adapted to modern society (Adsera 2005b; Heiland et al. 2004) reduces the cost of having children for women with more formal schooling. It is possible that we would also see a smaller proportion of women who are childless over their lifetime—a very desirable result, in that Québec has one of the highest permanent infertility rates.

Will this be sufficient to create a generalized sense of optimism? Perhaps all these tensions are simply a reflection of the essential nature of Québec society as a social democratic society within a liberal North American context. Quebeckers are constantly torn by the choice between a competitive taxation system within the North American context and a European-style social safety net that corresponds to their deep-set values. We cannot have both. The capacity to assume the consequences of its choices, as well as recognize the benefits, is linked to the degree of optimism of a society and may, in the long run, affect its demographic future.

Finally, if our observations and the theories we have presented concerning values are validated, there is every reason to believe that the context may change, with more and more couples in the other provinces and some U.S. states demanding that their institutions adapt to families' new realities.

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21. According to Heiland et al. (2004), women with more formal schooling in Western Europe have a greater desire for children than women with less formal schooling, but unfavourable labour market conditions have resulted in their having fewer children than desired.

## CONCLUSION

Before we conclude, we want to return to our simple question at the outset of this project: With a view to its family policy, can Québec aspire to reach the same fertility rate as that of the Nordic countries? As it stands, a gap of 0.3 points separates Québec, with its fertility rate of 1.45 children per women, from the Nordic countries. Closing this gap may at first seem easy, but in reality it could constitute a major challenge. Since Québec resembles the Nordic countries more than any other territory, as much in terms of demographic behaviours as the socioeconomic characteristics of its population, what accounts for the fertility gap?

We have shown that Québec resembles Nordic countries in many ways: new modes of household formation and dissolution; women's participation in the workforce; women's educational attainment; adults' values; and families' demands and the State's offer of family policy measures.

So it would seem that the conditions favouring fertility in the Nordic countries are in large part present in Québec, without, however, the corresponding fertility rate.

We deduce that Québec is still lacking certain elements favouring higher fertility. For instance, employment and working conditions are more unstable in Québec than elsewhere, and this situation undermines people's optimism about their future prospects. In addition, people have difficulty recognizing and appreciating existing policies; the family is undervalued in Québec society; and last, young people are late to establish their autonomy.

The effort required to implement all the desirable conditions would seem very substantial, given Québec's history of the past 30 years regarding both the socioeconomic climate (limited optimism) and the relatively mediocre performance of the labour market (unemployment of 8% or more), to say nothing of the fact that Québec is positioned in a North American context of tax competitiveness. This said, it will take time for the new family policy measures to fully take effect. The recent Québec Parental Insurance Plan, in combination with the existing measures, should enable more couples to realize their desire to have a baby, but this remains to be seen.

In addition, our research reveals that any comparison with our U.S. neighbours is difficult. Québec cannot hope to reach a comparable level of fertility with them without family measures. Different contexts, population composition, economies and values undermine any comparison. In this respect, the theory concerning institutions' (the State and the labour market) adaptation to the dominant values of families and individuals is particularly relevant. The United States, especially the most conservative states, can do without family policies while maintaining high fertility. The evolution of fertility and family policies in the rest of Canada and in the most "progressive" states in the U.S. will reveal whether this theory is valid.

The literature is increasingly clear about societies, including Québec, that have embraced more modern values. Failure to adapt, on the part of institutions and fathers, to the increasingly shared values of gender equity and equality, will only weaken fertility by forcing some women to choose between childbearing and work. Inversely, such adaptation will ultimately allow both parents to have children and work, making it all the more relevant in the long run for a society in the grip of population ageing. Family policy, therefore, must also be seen as integral to employment policy.

It is clear to us, however, that each country is specific to itself and much remains to be done to expand our knowledge about the interrelationships of policy and fertility. Our research does not pretend to provide answers to all the questions about the state of fertility in Québec.

So, although we have showed the importance of three major determinants—the labour market, values, and family policies—in the evolution of fertility, we cannot precisely evaluate the respective impacts of each of them. Empirical research in this field has not yet advanced sufficiently.

We also highlighted several aspects that are specific to Québec and need further examination, one of them being the proportion of couples who remain childless throughout their lives: this proportion is one of the highest of developed countries. While we suspected that individuals with more formal schooling are over-represented in this category, we still lack an accurate profile of this segment of the population.

Similarly, Québec is distinguished by a lower proportion of third or higher ranked births. Non-Native couples in Québec seem to be less and less inclined to raise large families, but there is little comparative data to shed further light on this.

In addition to the fact that the Québec unemployment rate has risen to over 8% during the last 30 years, higher job insecurity levels due to the economic restructuring of the past 20 years is probably another determining factor for Québec fertility. This subject merits further attention by researchers.

We have also mentioned that the size of businesses is a determining factor with respect to the offer and existence of work-family reconciliation measures in these workplaces. This is an essential element of a pro-fertility family policy, especially for parents of young children. Québec is distinguished by the predominance of small and medium businesses. The actual impact of this specifically Québec phenomenon on fertility is not clear to us.

These observations clearly demonstrate the difficulty of making comparisons between States whose contexts may be quite different from one another. It is therefore not an easy matter to give a definitive answer to a question that on the surface seems so simple.

We nevertheless believe we have succeeded in enriching the classical analytical framework, thereby contributing to the comprehension of the evolution of fertility, not only in Québec, but also in all developed countries. Still, the statistical validity of this

framework has yet to be determined, and we hope that this paper will motivate other researchers to do more work in this area.



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