

Ideal family size measured by an adapted Coombs scale – first findings from a Czech survey

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In light of the ongoing very low levels of fertility and population ageing in the developed countries, many studies focus on measuring fertility preferences, ideals, desires and final outcomes. Many researchers point to and discuss the gap between fertility ideals and outcomes (so called fertility gap). As Bongaarts (2001) argues, the measurement of fertility ideals is a strong and valuable tool for both scholars and policy makers and it has a real potential in explaining the various fertility patterns in Europe. Although the Czech Republic is among the countries with the lowest level of fertility, the ideal family size continues to be two children (e.g. Rabušic and Chromková, 2013). Skirbekk and Testa (2006) reflect on the differences between realized and ideal fertility levels and called this phenomenon the *Low-Fertility Trap Hypothesis*. They allege that the low fertility, which has been recorded for the last twenty years in many European countries, leads to the fact that younger cohorts reduce the ideal number of children they want to have resulting in lower levels of realized fertility. Previous studies on Czech population suggest that the low fertility trap hypothesis could be justified even in the Czech environment (see Rabušic and Chromková Manea, 2013). If the ideal family size is correlated with the actual number of children, then given the long term very low fertility level (it has been less than 1.5 since 1994), the new generations of Czechs grow in an environment, where the norm (standard) is a family with a small number of children. This phenomenon, which Goldstein et al. (2003) name the "downward spiral of desired fertility", may affect, as Lutz and his colleagues (Lutz et al. 2006) foresaw, their future fertility intentions and subsequent reproduction behaviour.

However, this mismatch between the desired fertility ideal and realized one could be also caused by the way how we measure ideals and preferences. Hin and colleagues (Hin et al. 2011) argue that the 'two children' might be an expression of indecision or 'I don't know' answer. In their opinion, social undesirability that deviates from the social norm of two, put pressure on people to declare that they would like to have two children.

Given the above arguments, the way how we measure ideal fertility seems to be an appropriate step to be taken and it might throw a shade on the gap between ideals and realized fertility. We believe that

people should be asked about their alternative fertility preferences in order to determine their real ideals.

The goal of this contribution is to explore ideal family size of the adult Czech population by use of an adapted measurement for it. We will use a more elaborated method for measuring the ideal number of children than the ones usually included in surveys. We assume that by using subsequence options for the ideal number of children, we can bring new evidence in understanding the low levels of fertility in the Czech Republic. We work with the following research questions: 1) How do Czech respondents state their subsequent fertility ideals?; 2) What are the main socio-demographic determinants of the ideal family sizes? and 3) Is this methodological tool appropriate to be used when measuring fertility ideals in the Czech Republic?

Methodology - variables

Our measurement is derived for the Coombs scale. The Coombs measures of family size preferences predict subsequent fertility behaviour more accurately than simple single-question preference measures (e.g. Coombs 1974, 1978, 1979). The Coombs scale is coded as an ordinal measure that varies from 1 to 16: 1 reflects preferences for small families and 16 reflects preferences for large families. Using the Coombs scale, for example, one can distinguish between a person who answers at the first question "one child" but for whom 1 is the maximum desired number of children, and a person who answers the first question "one child" but for whom 1 is the minimum desired number of children.

We used the following sequence of questions to be tested:

Q1. What is the ideal number of children for you personally to have?

- 1) 3 children ▶ Go to question **Q2.1**
- 2) 2 children ▶ Go to question **Q2.2**
- 3) 1 child ▶ Go to question **Q2.3**
- 4) I would like to have more children
- please provide the number ▶ Go to question **Q2.4 and answer**
- 5) I do not want to have any children ▶ Go to question **Q2.5**

Q2.1. If you could not have three children because of various reasons, but you can choose between 2 and 4 children to have, how many would you like to have: 2 or 4?

Q2.2. If you could not have two children because of various reasons, but you can choose between 1 and 3 children to have, how many would you like to have: 1 or 3?

Q2.3. If you could not have one child because of various reasons, but you can choose between 0 and 1 child to have, how many would you like to have: 0 or 1?

Q2.4. If you could not have the number of children you mentioned previously in the question Q1 because of various reasons, but you can choose between having one child less or one child more than the one you mentioned, how many would you like to have?

Q2.5. Even though it is your ideal not to have any children and if this ideal cannot be fulfilled, how many children at maximum would you accept to have?

Data

The paper makes use of survey data collected on a sample of Czech people at the end of 2015 (approximately 1 100 respondents). The sample is limited to people aged 18+ years and it is representative for this population. The questions on fertility ideals are part of a larger questionnaire, which focuses on issue of health, fertility and ageing.

Analytical framework

The first part of the analysis is concerned with the extent to which the new measurement is appropriate. Further on, we will look at whether there are differences in fertility ideals by various socio-demographic variables. This analysis is addressed by descriptive statistics and it has an exploratory character.

Findings

Due to the fact that data collection is planned to be completed by the end of December 2015, we are not able to present any preliminary findings. We will be able to work with the data at the beginning of 2016 and the first results will be hopefully presented during the EPC session next year.