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LALITA LETKAUSKAITĖ
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**SOCIAL POLICY RESPONSES TO LOW FERTILITY IN
LITHUANIA AND FINLAND: COMPARATIVE ANALYSIS**

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Supervisor:

(Associate Professor Dr. Vida Česnaitė)

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(fakulteto / instituto, programos pavadinimas)

Studentė _____ Lalita Letkauskaitė
(vardas, pavardė)

patvirtinu, kad šis magistro baigiamasis darbas

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ABBREVIATIONS

BSB – Basic Social Benefit

ECEC – Early Childhood Education and Care

EU – European Union

MSAH – Ministry of Social Affairs and Health

MSSL – Ministry of Social Security and Labour

OECD – Organisation of Economic Cooperation and Development

SDT – Second Demographic Transition

TFR – Total Fertility Rate

UN – United Nations

INTRODUCTION

Since the last quarter of the 20th century, the European population has experienced a significant decline in fertility, when a total fertility rate (thereafter - TFR) has fallen below a replacement rate, which is considered as a “hypothetical level needed for the replacement of generations” (Tanturri et al., 2015:13). In Lithuania and Finland TFR plunged by around one child per woman since 1960s (Eurostat, 2016), as a consequence, their populations are now experiencing the so called “aging at the bottom”, and this period of low fertility has had no precedent so far.

The resounding notions of “baby blues”, “demographic deficit” and “aging society” defining fertility situation of post-modern Europe appeared in scientific literature and public discussions as a result of growing concerns about the trends in Europe’s demographic situation.

The reasons for the shift in fertility rates are widely debated in the scientific literature. Having started with the classical theories of Becker (1960), Hoffman and Hoffman (1973), Ryder (1986), Lutz (1986), Van de Kaa (1987), Azjen (1991), Lesthaeghe (1991), the growing interest in the problem has resulted in many subsequent studies. The studies unveil many different factors, which are claimed to be driving fertility trends and include: societal and cultural context, modernization process, changes in values and attitudes towards family and children in individual life course, women participation in the labour force, life preferences and other.

The concern of low fertility has been visualized through the lens of the socio - cultural values and the concern of it has always been framed by regional or national levels, because there has never been shortages of humans in the world unlike in natural resources (Winter and Teitelbaum, 2013). The reason, according to Pierson (2001), Basten (2013) and other social scientists, because low fertility causing fiscal pressure on the countries resulted from a growing gap between public-consuming and creating parts that affect labour markets, intergenerational ties, gender relations, and social policies. Thus, it can be stated that fertility decline challenges mechanism that allow the society to prosper.

A family policy plays an important role in this topic, because it can influence fertility intentions by creating a context where the decisions are made and therefore it can be used as a tool to make changes in the society. Social scientists (Thévenon et al., 2014; Jancaityte, 2004) state that the family policy has power to affect fertility, because it covers a large scale of state interventions related to many aspects of the life of parents, kids, and, in some countries, even relatives.

However, family policies differ substantially across the countries, there are different degrees of state interventions towards the family: it can be targeted, based on a universal

principle or market oriented, moreover, some models can be pro-natalist, supporting working parents, or more oriented towards traditional families.

In order to make the family policy efficient in regard to demographic trends, a deeper understanding about the population is required. The main **research questions** are: How does the family policy influence a decision making on individual reproduction in Lithuania? Which social policy measures motivate people to have children? Are the contemporary family policy measures beneficial / correspond the needs of families?

The importance of the family policy in ensuring the opportunity *to have as many children as families' desire* implies in the need to continuously study and analyse the area in search of the best strategic solutions and ways of its' implementation.

The **research aim** is to identify the most beneficial features of social (family) policy in response to low fertility through the comparative analysis of situations in Lithuania and Finland.

The **research object** is the state family policy that responds to low fertility.

The **research objectives** were raised to achieve the research aim:

1. To review theoretical approaches on fertility and reproductive behaviour.
2. To analyse family policies concerning low fertility in various welfare state models.
3. To compare family policies encouraging fertility in Lithuania and Finland.
4. To identify most beneficial features of social policy responding to low fertility in Lithuania.

The **research methods**. Scientific literature, legislation and demographic statistics used in the theoretical analysis of situation of family policies concerning low fertility.

During the past decades, scientific interest in European policies addressing fertility issues has significantly increased (Dolowitz and Marsh, 2000). In the present thesis a comparative approach has been chosen as a tool to explore measures adopted by two very different countries to address the problem of low fertility. Finland belongs to the type of Nordic welfare states that provide a comprehensive support for working parents with young age children through a combination of generous leave arrangements after the birth of a child and a widely available childcare services (Bjorklund, 2006), whereas Lithuanian family policy cannot be distinguished as having that wide family policy measure spectrum. According to Jančaitytė (2011:6) maternity, paternity and child care leave systems are well developed, however, child care services and flexible employment forms are yet insufficient. The presumption is that a contrast between policies in two different welfare states will reveal the most effective family policy instruments for coping with low fertility.

For the empirical investigation of family policy impacts on fertility in Lithuania two quantitative surveys conducted. A Statistical Package for Social Sciences (SPSS) software package was used in the stage of empirical data processing.

The paper proceeds as follows: The first part gives a review of theoretical aspects of fertility behaviour. Different theories and determinants are presented to unveil the complexity of fertility behaviour. The second part of the paper deals with theoretical aspects of family policies, which help to draw the map of the different policy interventions towards family well-being: the concept of family policy, typologies of family policy models and effects of family policy on fertility are analysed. The third part of the paper presents comparative analysis of the family policy against low fertility in selected countries: Finland and Lithuania. The last part presents empirical results of the two quantitative surveys – “Quantitative survey of people at reproductive age” and “Quantitative representative survey of the Lithuanian population” on the impact of the family policy on fertility. Finally, conclusions and recommendations are provided. The master thesis end with list of references, summary in two languages, and annexes.

VOCABULARY OF THE CONCEPTS

Age structure pyramid (population pyramid) – the most popular visual representations of data in demography. In its standard form it comprises two histograms rolled on their sides and placed back-to-back, with the youngest ages at the bottom of the diagram and the oldest at the top. Generally, the male population is placed on the left and the female population on the right (Wilson, 2016).

Family policy – a part of social policy of welfare state that is directly affecting the well-being of individuals and families, and it has the power that directly affects new social risks (Jančaitytė, 2004; Thevenon and Neyer, 2014).

Family policy measures – maternity and parental leave and benefits, childcare facilities, indirect cash transfers, direct cash transfers (Golini, 2003).

Total fertility rate – the mean number of children that would be born alive to a woman during her lifetime if she were to pass through her childbearing years conforming to the fertility rates by age of a given year, and surviving (Demographic statistics: a review of definitions and methods of collection in 44 European countries, 2015:89).

Replacement rate – hypothetical level needed for the natural replacement of generations (Tanturri et al., 2015:13).

1. THEORETICAL APPROACHES ON FERTILITY AND REPRODUCTIVE BEHAVIOUR

Parents' decision whether to have a child or not is the conclusion based on many complex factors. Fertility decisions are made simultaneously with other choices of life like career, leisure time, housework time by prioritizing one or another through the allocation of resources (time, finances, energy) among them.

Davies (2013) states that fertility decline is a complex phenomenon – for this reason the theoretical landscape of fertility is wide, there is a variety of explanations for changing fertility patterns in the literature. According to Höhn (2005:40), a broad variety of the theoretical approaches explaining fertility decline includes: economic theories, sociological theories, psychological approaches, ideational and value changes, gender perspectives and proximate (demographic) determinants.

On the one hand, theoretical arguments are intertwined, as Cortina and Castro-Martín (2016) states that individual attitudes are influenced by cultural, economic and structural factors. On the other hand, every theory or the interpretative model gives a wider scenery of the object which in this case is fertility decline.

Further in this section, several other important determinants of reproductive decision making and behaviour will be reviewed.

1.1. Micro and macro levels of fertility determinants

Fertility intention is one of the determinants that affects fertility decline. The theory of planned behaviour explains that intention to have a child or not is influenced by micro and macro levels (Azjen and Klobas, 2013: 206; Philipov et al., 2009). A macro level refers to the conditions that are prevailing in the society: economic, social, cultural and institutional. A micro level refers to the decision making process of individuals.

Social scientists explain that macro level conditions influence fertility through a micro-level, however, this level itself does not affect fertility directly: “<...>*macro level conditions impinge on the decision-making processes of individuals and couples with regard to fertility behaviour*” (Philipov et al., 2009:17), meanwhile, a micro-level influences on fertility behaviour directly, which results in fertility rates (Fig. 1).

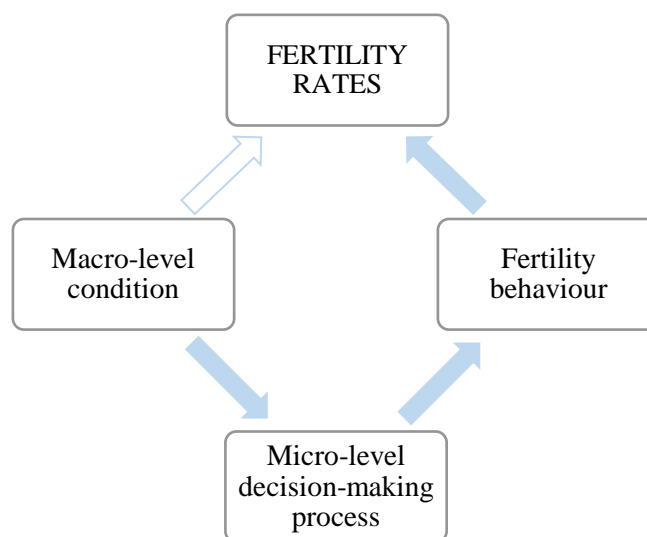


Fig. 1. A macro-micro model of fertility and its determinants

Source: Philipov et al., 2009, p. 17

According to Ajzen's (1991) framework, people's behaviour patterns reflect on their decisions that are characterised as intentions: "*<...>human behaviours are modelled as reflecting decisions, which are characterised as "intentions"*" (Philipov et al., 2009:34).

Three determinants of intentions towards fertility decision making can be outlined (Fig. 2):

1. Attitude to the behaviour. Refers to the evaluation whether certain behaviour will have positive or negative outcome.

2. Social norms. Refers to society support for having a child and other external pressures about persons' behaviour, for example "perceptions that significant others would want them to perform the behaviour".

3. Perceived behavioural control or self-efficacy. Refers to individuals' belief that they are able to perform the behaviour according to enabling and interfering societal factors.

All previously mentioned determinants are influenced by individual (personality traits and values), demographic (age, gender, cultural background, education, income and religion), societal (social norms, culture, economy, political context) and informational factors (past experience, knowledge and media exposure) or other external conditions (Ajzen and Klobas, 2013: 206, Philipov et al., 2009:36).

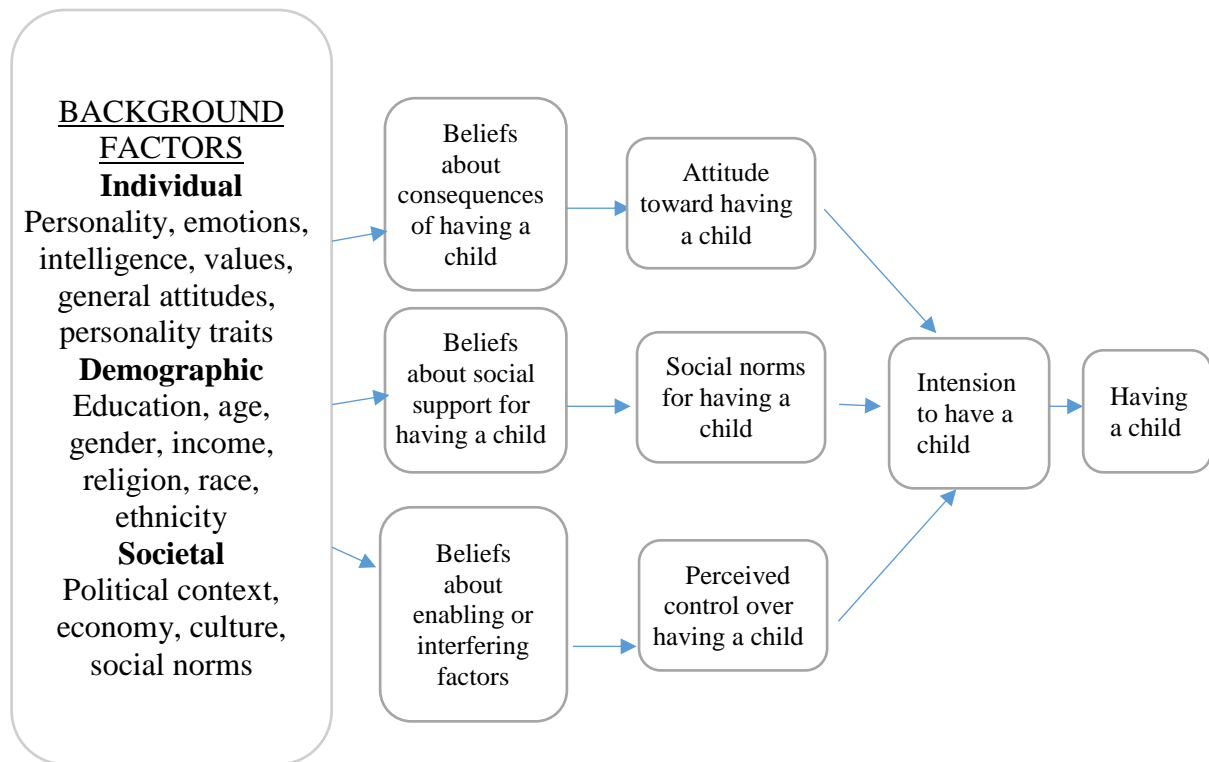


Fig. 2. The theory of planned behaviour applied to fertility decisions

Source: Azjen and Klobas, 2013, p. 206

To sum up, the theory of planned behaviour presents that individual conditions, that define personality, demographic conditions referring to a person’s age, ethnicity and etc. and societal level conditions, like economic, political context, social norms, have an effect on persons beliefs about having a child, further affecting the intentions that lead to a certain outcome – parents’ choice to have or not to have a child.

1.2. Changes of values in the society towards family institute

The prevailing norms in the society can influence fertility behaviour. According to Caselli and co-authors (2006:561), culture can be comprehensive as “*shared and inter-generationally transmitted belief and evaluations about the world and people’s place in it*”, thus, culturally installed norms can affect an individual decision on having a child. Social scientists (Ryder, 1979; Lutz, 1986) who studied fertility decline last century, presumed that norms over time have changed, thus motherhood, family and childbearing have become a matter of preference. Lutz (1986:5) confirms the statement and says that “<...>*family sizes cannot be regarded as being identical across cultures and stable over longer periods of time that include social transitions*”.

Lutz (1986:5) states that cultural or as he calls “immaterial” factors are crucially important in the decision making in the family extension, because it governs the whole process: “immaterial” factors may directly effect the norms about the proximate (demographic) determinants (prohibiting contraception, foster early marriage, etc.), and govern the complete process in which the determination of fertility takes place. For example, Dietz (1984:210) states, that childlessness is most common in the units that have different values or countervailing pressures to pronatalist ones.

According to Beaver (1975), Van de Kaa (1996), Kirk (1996) and other social scientists, the theory of demographic transition offers a paradigmatic framework, where proximate determinants and its underlying concept of natural fertility bears a particular relevance for the situation in (pre-transition) historic populations and in many contemporary developing countries, moreover, psychological choice models and macro or micro level explanation provide a full understanding of fertility and fertility change (Brujin, 2006:550).

The demographic transition model is a classic piece of population geography that aims to explain how population changed over time as a result of economic development on two demographic characteristics – birth and death rates. The stages of the model explain the changes that societies going through from high death and fertility rates to low fertility and mortality rates at some point reach the lowest low levels. Van de Kaa (2002) identifies the essential difference between the first and the second demographic transitions (hereinafter SDT). The traditional demographic transition was a long term consequence of the decline in mortality, however, the second transition should be interpreted as a decline in fertility below replacement level due to a full control over fertility (Van de Kaa, 2002:2).

The SDT model explains a demographic behaviour through the lens of changing values and attitudes that have changed over time in the developed countries because of modernisation process (Fukuda, 2016:20). Lesthaeghe (2014) states, that when basic material needs are satisfied, the rise of higher needs appears – more expressive and existential. The diffusion of “higher order” needs in the society, as described in SDT model: individual autonomy, self-actualisation, expressive work and socialization values, rising symmetry in gender roles, female economic autonomy, flexible life course organisation, multiple lifestyle and open future, went along with the decrease in total fertility rates (Lesthaeghe, 2010:5).

The new family trends that are defined in SDT such as postponement of births, decline in marriages, shift from marriages to cohabitation; increase in divorce rates, changing roles of parents and changes towards pluralistic families and household are linked to the higher needs (Sobotka et al., 2003:252; Van de Kaa, 2002:9).

In general, the decrease in marriage rates, new trends in partnership and postponement of first marriages as well as increase in divorce rates are the significant factors that have influenced fertility behaviours in the developed world, however, it started in different times and unrolled in different pace.

Van de Kaa (2002:9) distinguished steps in the transition in fertility and family formation as experienced by a number of European countries, which has led to a new option chosen by a part of the population, based on observations covering the period 1965-1995 (Van De Kaa, 2002:9-10):

- Substantial decline in period fertility, partly resulting from postponement of births, so that (estimated) cohort fertility of currently reproducing women is expected to reach a maximum value well below replacement.
- Substantial decline in the total first marriage rate associated with an increase in mean age at first marriage.
- Strong increase in divorce (where allowed) and in the dissolution of unions
- Strong increase in cohabitation, even in the countries where this was not a traditional practice.
- Strong increase in the proportion of extra-marital births
- Catalytic shift in contraceptive behaviour with modern means replacing traditional methods.

To sum up, norms that a person is submerged in the context of society has power over the decision making. SDT theory shows the holistic view on fertility decision. The economic, social, and cultural conditions which people face when making decisions have an impact on fertility decline.

1.3. The changing attitudes towards children

Changes in the attitudes towards children is another explanation of fertility decline. The classical theory of the Value of the child developed by Hoffman and Hoffman (1973) explains fertility behaviour through the needs children fulfil for parents (Nauck, 2014:1795). The theory emphasizes a supply side of children, which means that children bring economic, normative or psychological benefit to their parents (Henz, 2008:1454). However, the value of children for their parents may either set barriers or serve as incentives for having children. These values can be grouped in the following categories (Henz, 2008:1454; Nauck, 2014: 1796):

- Adult status and social identity.
- Expansion of the self, tie to a larger entity, “immortality”, which is related to social norms regarding the desire to have children as a "natural" thing to do.
- Moral act (religion, altruism, good for the group, norms regarding sexuality, action on impulse, virtue).
- Primary group ties, affection.
- Stimulation, novelty, fun.
- Achievement, competence, creativity.
- Power, influence, effectiveness.
- Social comparison, competition; parents can get a competitive advantage from having children.
- Economic utility.

Children, according to the New Home Economic theories, in the developed society are no longer seen as an economic utility to their parents, based on economic point of view, (Fukuda, 2016:17) but they are considered as a “consumption goods” that bring utility to the parents through well-being ("the quality") of children. In this theory fertility is considered as the outcome of rational choice by weighting direct (quality of children life) cost and indirect cost (time, leisure) of children. G. Becker had presented his seminal paper in 1960, where the researcher applied the demand for consumers’ durables framework to analyse the demand for children. Authors state that each family has a perfect control over both, the number and spacing of its births, and the choice is made as a rational decision (Becker, 1960: 210). This theory is based on economic calculations: as the income increases the spending on quality of goods increases. Becker states “<...> *the price of children to rich parents is the same as that to poor parents even though rich parents spend more on children. The rich simply choose higher quality children as well as higher qualities of other goods*” (Becker, 1960:214).

According to Becker (1960), parents get utility from their children as from other consumer durables depending on “tastes” of parents, which can be determined in the frameworks like family religion, race, age. Moreover, the utility derives from the quality of children or, in other words, well-being of children, which means expenditure on children (separate bedroom, school, colleague and etc.). Additional expenditure produces additional utility or satisfaction. Rise in income would increase the amount spent on children and the increased expenditures on children would consist of an increase in the quality of children (Becker, 1960:212).

To sum up, the theory of Value of the Child explains fertility behaviour through utility or needs that parents fulfil or do not by having a child (from psychological, normative or

economical perspective). The demand theory explains fertility decline through a rational decision that parents make in accordance to the cost of the child.

1.4. Female labour force participation and lifestyle preferences

The substantial increase of female labour force participation is one more explanation of fertility decline. From the 1970s gradually a new partnership emerged together with new female employment aspirations in the European countries and by the 21st century gender differences in labour force participation and educational attainment decreased greatly (Oláh, 2015).

Dursun and Denктаş (2017) state that after socio-economic changes in the twentieth century women adopted different lifestyles and preferences, however these roles may contradict with the traditional ones. Social scientists (Kasarda et. al., 1986) state that women employment allowed them to contribute financially to household, gain sense of independence and become managers of their own life's, thus they gained more power to influence a family related decisions including to have a child.

According to the information presented by the United Nations Department of Economic and Social Affairs, based on a comparative analysis of 18 studies in low fertility countries, where prevailing long working hours, short entitlement to annual leave, and lack of provision of sick leave proposed for parents when a child is sick, aggravate the reconciliation of work and family, thus women tend to be reluctant to have children. Conversely, the countries with flexible and decent conditions in job timetable, low unemployment rates, shorter working hours, and flexibility to re-enter the work after raising a child tend to facilitate fertility. Moreover, women tend to have more children when sharing more responsibility with their partners in the household and where gender equality in workplaces is higher (Cross-cutting issues and policies in countries experiencing low fertility, 2015).

The choices or preferences of women lifestyle is explained by the Hakim's preference theory developed by the British sociologist Hakim. The author (Hakim, 2000) states, that there are three distinctive types of women (home centred, adaptive and work centred) that have different preferences to have children.

Home-centred woman is a woman who is devoted to the family and household and prefers staying at home and to grow up children as long as it is necessary for family budget to work. According to Hakim (2003), governmental social policies, family wealth are crucially important factors for the childbearing in this group. In contrast, *work-centred women*, are those, who better see themselves at work rather than realising themselves through the family; they are mostly childless or have less kids. *Adaptive woman* is a combination of the first two groups: they combine their preferences between home and work. This group is concerned about such

policy measures as: income tax, social welfare benefits, educational policies, school timetables, child care services, public attitudes towards working women, legislation promoting female employment, trade union attitudes to working women availability of part-time work and similar work flexibility, economic growth and prosperity. According to Hakim (2003), this type of women encompasses a major part of all women in the society (Table 1).

Table 1. Distinctive types of women based on the preference of their lifestyle

Home centred	Adaptive	Work-centred
20% of women (varies 10%-30%)	60% of women (varies 40%-80%)	20% of women (varies 10%-30%)
Family life and children are the main priorities throughout life	This group is most diverse and includes women who want to combine work and family, plus drifters and unplanned careers	Childless women are concentrated here. Main priority in life is employment or equivalent activities in the public arena: politics, sports, art, etc.
Prefer not to work	Want to work, but not totally committed to work career	Committed to work or equivalent activities
Qualifications obtained as cultural capital	Qualification obtained with the intention of working	Large investment to qualification/training for employment or other activities
Number of children is affected by government social policy, family, wealth, etc.	This group is very responsive to government social policy, employment policy/ propaganda, economic cycle/ recession/ growth, etc.	Responsive to economic opportunity, political opportunity, artistic opportunity, etc.
Not responsive to employment policy	Such as: Income tax and social welfare benefits, educational policies, school timetables, child care services, public attitudes towards working women, legislation promoting female employment, trade union attitudes to working women availability of part-time work and similar work flexibility, economic growth and prosperity and institutional factors generally	Not responsive to social/ family policy

Source: Hakim, 2003, p. 54

1.5. Summary

Summarizing this literature overview of different determinants of fertility behaviour, the following conclusions can be made: various approaches have been proposed to explain fertility behaviour. On the one hand, the behaviour is considered as a private decision, on the other hand, it is shaped by norms that prevail in the society, as well as social context.

The theory of planned behaviour includes both previously mentioned aspects and shows their interaction through a macro and micro influence on fertility intentions, which works as a certain process, where macro level factors like social norms, culture, economy, political context, race ethnicity, religion, income, age, gender, education, general attitudes, values,

emotions, personality, affect a decision making process or beliefs about consequences of having a child, social support and ability, which ultimately affects intention to have a child (Ajzen and Klobas, 2013: 206).

Caselli and co-authors (2006:561) point out a very important factor about the individual decision, by putting emphasis on the ongoing transition in cultural norms to explain childbearing behaviour. The theory of the Second Demographic transition explains changes in the higher needs and changes in families.

Hoffman and Hoffman (1973) developed the theory on Value of the child which draws our attention to the economic, normative or psychological needs of parents that, consequently work as an incentive or a barrier to have a child.

New Home Economic theory developed by Becker (1960) explains that parents can gain psychological satisfaction through the “quality” or well-being they provide to their children.

The theory developed by Hakim (2000) looks more closely at the changes in women lifestyle preferences: whether they are more career or family oriented, which gives us a glimpse to social policy measures that can be valuable reconciling these two aspects. One aspect of this theory will be used in the empirical part of this thesis.

2. FAMILY POLICIES AGAINST LOW FERTILITY IN VARIOUS WELFARE STATE MODELS

Low fertility stands under the label of “new” social risks in regard to social policies. New challenges and risks for social policy encompass inequality, changes in family structure; ageing society, etc. The notion by itself refers to the perceived changes that differentiated present situation from the past situation (i.e indicating high fertility rates in the past and indicating low fertility level in the present moment) (Ilcheong Yi, 2015).

A decline in fertility rates is a prominent pattern of the European countries, which appeared in the last century. According to the Eurostat, in 2015 the total fertility rate in the European Union was 1.58 (Eurostat, 2015:tsdde220) that is far lower than replacement rate.

The decline in fertility and improvement in life expectancy determine that the European Union (thereafter – the EU) structure has become older, however, the problem that the EU countries are facing is rooted in the declining fertility rates, not in the increased longevity, which is the index of healthy society.

The age structure diagram of the EU (Fig. 3) shows that there are less people in a pre-reproductive age group than in a reproductive one, thus, it can be predicted that population will grow more slowly as a number of people reaching a reproductive age decreases. A smaller size of the more recent birth cohorts reflects decreasing fertility rates.

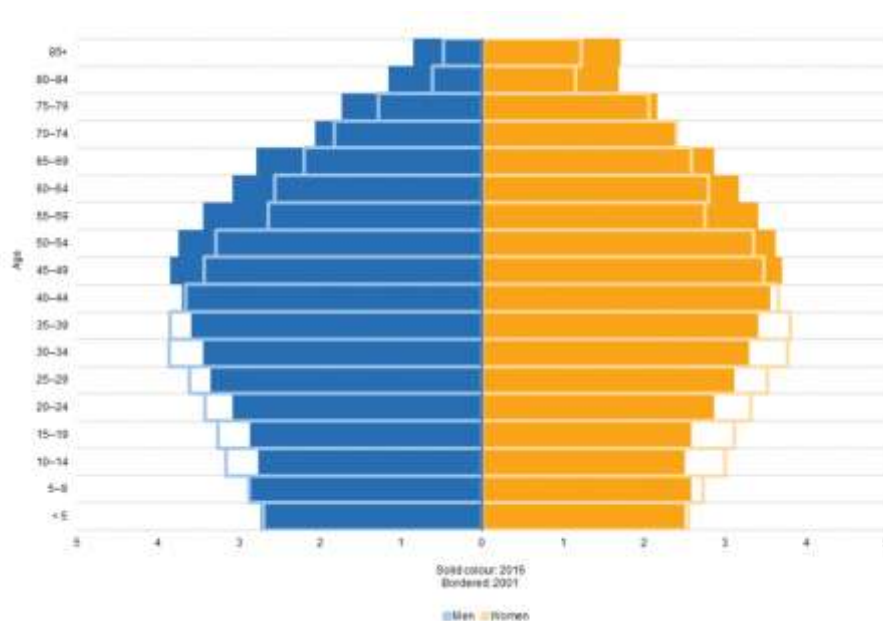


Fig. 3. Population pyramids, EU-28, 2001 and 2016 (percentage age of the total population)

Source: Population structure and ageing (2017)

A significant shift in the age distribution towards an older population has impact on collective welfare and, as a consequence, indirectly affects people’s lives (Merviö, 2014:186). According to scholars (Pierson, 2001:94, Basten et. al., 2013), low fertility causes fiscal

pressure with additional increases of spending costs (i.e. additional increase in pension and health care), growing a gap between public-consuming and creating parts, population aging, affects labour markets, intergenerational ties, gender relations, and social policies.

Changes towards “new” social risks gradually become a new challenge for social policies revealing the limitations of existing policies and institutional settings (Ilcheong Yi, 2015), thus, further it is reasonable to analyse structural elements and different typologies of family policy considering recent fertility ratios.

2.1. The concept of family policy

The notions and content of family policy differ substantially across the EU countries. In general, family policy is a part of social policy of welfare state that is directly affecting the well-being of individuals and families, and it has the power that directly affects new social risks (Jančaitytė, 2004; Thevenon and Neyer, 2014). Family policy covers a large scale of a state intervention related to many aspects of life of parents, kids, in some countries even relatives (Thevenon and Neyer, 2014). According to Golini (2003:449), “<...>in most countries of the European Union, family policy is a concept that is not perfectly defined, used to refer to legislative and financial measures and services addressed to families with the precise intention to improve their well-being”. Neyer and Andersen (2008:701) refer to a feminist researcher approach which supplements the family policy notion with several aspects:

1. Family policies constitute a central part of the welfare – state context of a country.
2. Family policies structure society through structuring private relationship (partnership, motherhood, fatherhood).

The conceptualization of family policy in scientific literature varies and in scientific discourse it is considered ambiguously. First of all, the ambiguity of the concept appears because measures of family policies such as health care, social security, housing, welfare, taxation, civil law, and so forth are often included in other policy areas and family policy in comparison to other policy fields does not necessarily constitute a separate one (Neyer and Andersson, 2008:700). Thus, family policy can be divided into two types (Fig. 4):

- Broad family policy. Policy that combines all public policy fields that affect family life, for example: family law, education, health, employment policies and others (Maslauskaitė, 2005), or in other words family policy that encompasses all policy activities related to the family.
- Narrow family policy. Gauthier (1996) relates it to couples with children and/or single parents and benefits, allowances, privileges and services.

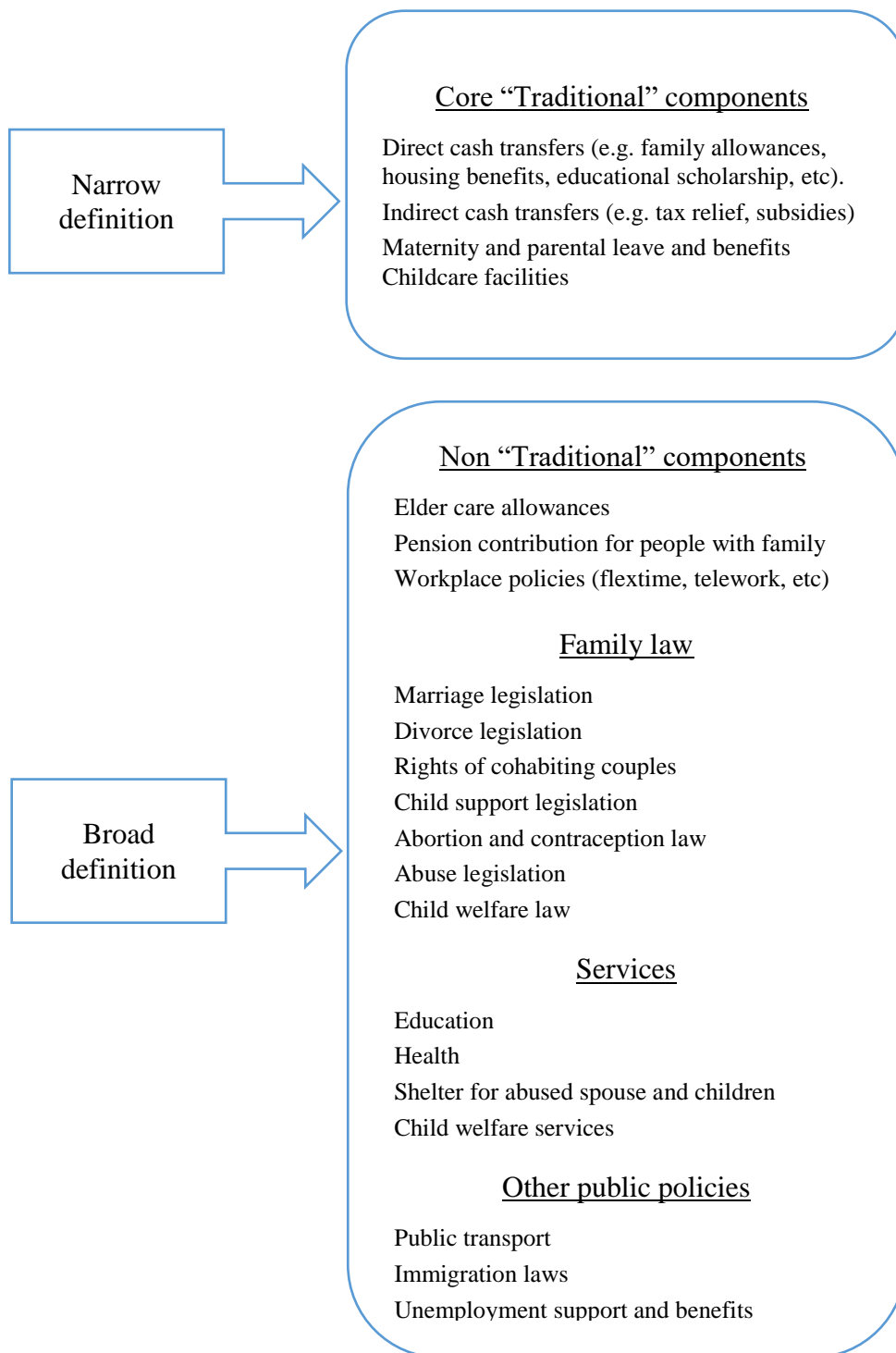


Fig. 4: Two main definitions of family policy and its components

Source: Golini, 2003, p. 450

Second, the definition and concept of family policies vary from country to country. These variations are governed by the predominant social welfare model (Stankūnienė et. al., 2001:12).

Third, according to Thévenon (2011:58) family policies are more heterogeneous than it is suggested by a standard analysis of welfare state regimes and vary because of different

balance of main objectives of family policy – *“the balance among these six policy objectives differs among countries, in turn shaping the policy measures employed”* (Thévenon 2011:60).

Main objectives according to contemporary family policy are as follows (Thévenon 2011:60):

1. Poverty reduction and income maintenance.
2. Direct compensation for the economic cost of children.
3. Fostering employment.
4. Improving gender equity.
5. Support for early childhood development.
6. Raising birth rates.

Family policy can be described as progressive in nature. The changing societal values, evolving labour market, educational opportunities and lifestyle of people make family policy move forward or as Thevenon and Neyer (2014:2) puts *“the “pluralisation” of families’ lifestyles call for a “modernization” of family – support policies”*, which means that policies should become more effective in reconciling different objectives. Unaffected family policies can discourage individuals, for example, to start or enlarge their families.

To sum up, the analysis of the scientific literature on the topic reveals that there is no general definition of family policy. The family policy notion can differ substantially across the countries. Distinct patterns of national family policies in Europe depend on predominant welfare state model and strongly rely on the balance between family policy objectives. Family policy measures can be applied in accordance with modern world needs, thus, it is progressive in nature.

In order to guarantee a conceptual clarity, the term “family policy” in this thesis will be used in a narrow sense referring to its core “traditional” components, which are presented in the Fig. 4.

2.2. A typology of family policy regimes

In order to understand cross-national differences of family policies, scholars have grouped the countries according to certain criteria or types. The aim of these typologies is to map the variations or, as Ebbinghaus (2006:2) outlines “*construct the theoretical models of causal relationship between institutions that represents a model of reality*”. The next section will draw attention to Gauthier’s (1996) and Korpi’s (2000) typologies, concentrating exclusively on family policies.

In the ground-breaking paper of 1990, Esping-Andersen presented a welfare regime typology that represents different categories of state intervention to people's welfare, which are based on the degree of *de-commodification* that refers to services rendered as a matter of right without reliance on market (Esping-Andersen, 2013:139), *stratification* refers to the equality status in the country (Arts and Gelisson, 2002:141) and *state-family market* that refers to the balance of welfare provision between the state, families and the market. According to Isakjee (2017:6), the models institutionalised a set of class preferences and modes of political behaviour. However, the typology was developed based on cross-national differences in the fields of pension, sickness, and unemployment benefits, thus, it was criticized for neglecting gender dimensions and family policies (Gauthier, 2002). In addition, it didn’t take into account different lifestyles of men and women. This led scholars (Korpi, 2000; Gauthier, 1996) to develop gender regime typologies for the study of welfare provision in the framework of family policies, which helped to understand family policy subject more deeply in its types and intensity of provided support.

Family policy regimes can be defined in terms of policies that offer child care services and benefits to working parents and direct financial assistance/ cash support to families with children. Based on the level of provided support (Fig. 5) Gauthier (1996) classifies family policies into four types in accordance with the nature of government intervention:

1. Pro-natalist;
2. Pro-traditional family policy;
3. Pro-egalitarian family policies;
4. Pro family/ non interventionist

MODEL / LEVEL OF SUPPORT	Provision of cash benefits	Benefits for working parents	Supply of child care services
Pro-natalist	high	medium	medium
Pro-traditional	medium	medium	low
Pro-egalitarian	medium	high	medium
Pro-family	low	low	low

Fig. 5. The nature of government intervention and the corresponding level of state support

Source: Authors' computation based on A Cross-National comparison of Family Policy, 2008

Pro-natalist model. The main concern and explicit task of this policy is to raise fertility. Support of the family is seen here as the responsibility of government. For this purpose, family policy set up is oriented to broad range of policy measures that encourage families to have children. In order to achieve growing fertility rates, family policies: 1) provide high level of cash support (in terms of child allowance and tax credits for working parents); 2) child care facilities are provided by generous subsidies in the family policy budget; 3) high level of support for maternity and paternity leave; 4) cash subsidies, particularly for the third child; 5) by changing general attitudes towards the idea of having children. In this way, conditions are created that work and childbearing does not contradict. France is the best example for this policy model. France renewed pro-natalist policy because of low fertility rates in the 20th century and till this day it has maintained the highest TFR (2.04) in the EU (Stănescu, 2014:21; A Cross-National Comparison of Family Policy, 2008:49-50).

Pro-traditional model. The most important concern is to preserve and maintain a traditional family, where father is a breadwinner and mother's responsibility is to raise a child. Under this model, a low level of child care, short maternity and parental leaves, cash support as well as benefits for working parents are medium. Summing up, under this model, governments take some responsibilities in the family support. Families by themselves and voluntary organisations (community organisations, the church) are regarded as the most important sources of material support. Germany can serve as an example of this model. The TFR in Germany was 1.47 (Stănescu, 2014:21; A Cross-National Comparison of Family Policy, 2008:49-50)

Pro-egalitarian model. The main concern of this model is gender equality. The government creates environment which helps women balance employment and family life more easily and increases the role of the father in childcare by creating policy measures. This model is “gender-free” or gender neutral, both parents are perceived as equal breadwinners. In this model a state support for child care and working parents is strong: a high level of benefits for working parents and child care services is provided and a medium level of cash support. Examples of this model are Denmark and Sweden. In terms of effect on the birth rate, it is lower than the pro-natalist model but around 1.69 in Denmark and 1.88 TFR in Sweden in 2014 according to Eurostat (Stănescu, 2014:21; A Cross-National Comparison of Family Policy, 2008:49-50).

Pro-family/ Non-interventionist model. In this model, the support of the government is meant for families in need – at risk of poverty or social exclusion. This model emphasises the family as a self-sufficient institute. The level of support in terms of cash transfers, benefits for working parents and child care services is on a very low level. Working benefits for mothers are regarded as the responsibility of the market (private companies). This model has no aim regarding the birth rate. Britain and United States can be given as examples of this model (Stănescu, 2014:21; A Cross-National Comparison of Family Policy, 2008:49-50).

The typology suggested by Korpi (2000) distinguishes family policy along two broad ideal-typical policy dimensions of general family support and dual-earner support. On the basis of these dimensions, four different ideal-typical family policy models are discerned. Fig. 6 illustrates the family policy models along the two underlying analytical dimensions.

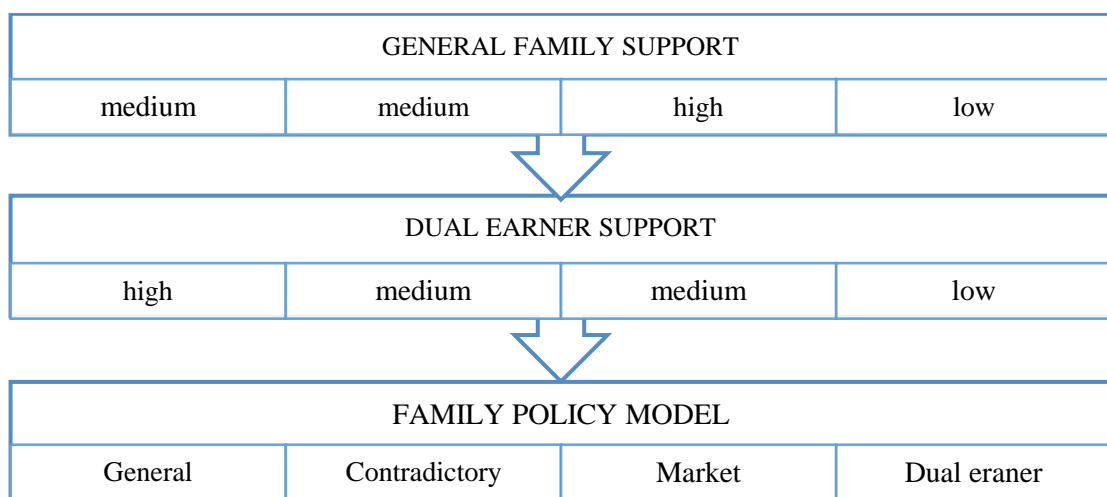


Fig. 6. Dimensions and models of family policy.

Source: Elaboration from Korpi, 2000

Dual earner support model includes policies encouraging women's participation in the labour market, policies enabling both parents to combine parenthood with paid work, and policies that attempt to redistribute caring work between men and women. **General or traditional family policy** supports the nuclear family. **Market oriented policies** leave individuals to find private solutions within the context of their market resources and/or family relations (Korpi, 2000:144). Feranini (2003) claims that “cross-national institutional designs have diverged”, therefore, family policies in different countries vary and have both well-developed traditional family and dual earner support schemes, that is why the fourth model is called contradictory.

Basing the analysis on institutional family policy indicators Korpi's multi-dimensional institutional approach allows to measure varying family policies.

According to Wesolowski (2015:4), Korpi's (2000) approach differentiates the gender-egalitarian, that supports gender equality in paid and unpaid work, from traditional gender-division of paid and unpaid work: “*general family support <...> being neutral to whether or not wives have the primary responsibility for caring and reproductive work within the family and only enter paid work on a temporary basis as secondary earners*” (Korpi, 2000:144).

To sum up, the presented models introduce different family policy interventions that promote different goals of family policy from explicitly pro-natalist to pro-egalitarian or dual earner policies that help to balance work and family.

2.3. Family policy and fertility

In general, there are many theoretical approaches explaining how the state support influences fertility. However, empirical evidences and scientific publications analysing family policies and fertility present ambiguous results. There are many publications concluding that there is an interaction and a link between fertility and family policy, though there are, also, quite many publications stating that there is no direct link between these two phenomena. In this section, family policy influence on fertility will be reviewed.

The study conducted by Luci-Greulich and Thévenon, (2013) has empirically tested 18 OECD countries in the period of 1982-2007 and concluded that there is an interaction and a link between fertility and family policy. According to presented results each family policy measure on average has a positive effect on fertility (paid leave, childcare services and financial transfers).

The provided support for families can reduce the cost families with children experience, can promote families' well-being in general and help parents' to balance work and life, moreover, it can promote gender equality and reduce child poverty (Luci and Thévenon, 2013,

Thévenon, 2015). Hence, family policies can affect the timing of births, raise fertility intentions and can facilitate the realisation of fertility intentions (Thevenon & Gauthier 2011).

According to Da Roit and Sabatinelli (2006:8), family policies can reduce cost of children (food, clothing, childcare, education, housing, etc.) and loss of income due to reduced working hours or exit of work in order to take care of the children.

As per information presented by the United Nations Department of Economic and Social affairs, the leave policies (maternity, paternity and parental leaves) can provide income security and have positive influence on fertility behaviour if it is paid at a high level of wage replacement and for moderate time avoiding human capital deterioration; financial benefits for families with children (tax-credits, benefits in cash) compensate the part of cost generated by birth and care of children, thus it has more limited impact on fertility (Davies, 2013). Institutional factors – the available and affordable high quality childcare services that reduce parental-work incompatibilities contribute to a higher fertility by reducing costs (Luci and Thévenon, 2013). According to Greulich-Luci and co-authors (2016) in low-fertility countries a work-life balance conflict is stronger. Easier obtainable and independent housing (rented or owned) in the younger age stimulates childbearing at the time of their choice like in early age, thus resulting in a bigger family size (Cross-cutting issues and policies in countries experiencing low fertility, 2015).

It is worth noticing, that family policy acts on the level of facts and perceptions, which means that policies play the role of reflecting and constructing the norms that policy-makers intended to create, maintain and strengthen or at least support. Hence they apply their impact on fertility through normative and symbolic function (Neyer and Andersen (2008:701,703).

Irrespective of the existing concept and model of family policy, all EU Member States provide various assistance to help families have and raise children, however, each policy obtains different results. Even if raising fertility is not an explicit objective of family policies, the policy measure can influence fertility behaviours (Thevenon and Gauthier, 2011:201; Jančaitytė, 2011:3). The authors (2011) divide these measures into:

1. The support a pregnant woman receives during pregnancy until delivery (medical care, counselling, hospitalisation).

2. The support a family gets for a childbirth (e.g., a baby kit, vouchers, lump sum paid on the birth of a child).

3. The regular financial assistance to families to cover the direct cost of children (e.g., family allowance, welfare benefits indexed the number of children, tax breaks for families with children, or support to cover some education expenses).

4. Work and family reconciliation tools (e.g., leave entitlements for the birth of a child or sick children, childcare and education facilities, financial benefits and tax breaks linked to employment).

5. The support for parents who are not in paid employment or who stop working to care for young children.

The effect of family policy is influenced by several factors: a consistent system in time perspective and amount of compensation for families with kids. For example, according to Frejka and co-authors (2008:12) the impact on the fertility level depends on a holistic approach to family policies, a comprehensive range of policies and a consistent system, which can either sustain or modify fertility level. Neyer and Andersson (2008: 701) state that the effect may depend on a particular plurality on family policies comprising three aspects: quantity, coherence and timing.

1. Quantity refers to the effect of family policy on fertility that depends on a spectrum of family policy measures. Neyer and Andersson (2008:701) state that *“even two countries have a very similar measure in place, the effect of this measure on demographic behaviour and demographic outcome may be quite different depending on whether it is stand – alone family policy or one policy measure among the battery of others”*.

2. Coherence refers to compatibility and complementation of policy measures. *“Policies may counteract each other by having different aims or requirements, or they may reinforce each other by being based on the same underlying logic”* (Neyer and Andersson, 2008:701).

3. Timing refers to the implementation and sequence of family policy measures. *“Effects are likely to differ between a situation in which policy development lags behind broader social change and one in which it acts rather as a forerunner in societal development”* (Neyer and Andersson, 2008: 701).

To sum up, family policies can raise or even lower fertility through normative and symbolic context by strengthening certain values, moreover, it creates economic context with a larger or smaller economic support for parents and it creates conditions which balance work and family life. The effect of family policy can depend on a particular plurality of family policy measures.

2.4. Support for families and fertility trends in Europe

Support for families as well as fertility trends are not uniform in the European countries. According to Basten and colleagues (2013:8), a key differentiating characteristic of family policies across countries is whether they emphasise financial assistance, entitlements to leave work after a birth or the provision of childcare services. Frejka and Sobotka (2008:17) state that “<...>larger European regions seems to form relatively coherent units, within which different countries experience similar fertility levels and trends”. In this section a general preview of the prevailing family policy models in European countries will be presented based on Thevenon (2011) and Gauthier (2002) by noticing what TFR are prevailing in these regions (based on Eurostat online data code: demo_frate).

The Nordic countries (Denmark, Finland, Iceland, Norway and Sweden) belong to social democratic family policy regime (Gauthier, 2002,) that has one of the highest TFR (e.g. in 2015 Norway – 1.72, Iceland – 1.80, Denmark – 1.71, Finland 1.65, Sweden – 1.85) in comparison with other EU regions. Family policy in this group of countries can be characterized by a universal state, support, comprehensive – high level of support for working parents with children of all age groups through a combination of generous parental leave arrangements and widely available childcare services. This allows to combine-work and family life by enabling parents to work and take care of their children. These countries demonstrate a strong commitment to gender equality (Thevenon, 2011; Gauthier 2002:452).

English-speaking countries (Ireland and United Kingdom) are characterized by a targeted support to families with greater needs and pre-school children. According to Thevenon (2011), these countries provide much less support in time and in-kind for working parents with very young kids. In 2015, TFR in the United Kingdom was 1.80, in Ireland 1.92, which is one of the highest rates across other countries.

North-Western European countries (like Germany, the Netherlands, France) that are characterized by a conservative family policy regime (Gauthier, 2002; Thevenon, 2011) are more focused on a traditional view, thus, in-kind support to small children (under 3) to dual earners is more limited. The focus is more on financial benefits. However, according to Thevenon (2011), France doesn't fall under the general group characteristics, because it has stronger work and life reconciliation policies. In 2014, the TFR in Germany – 1.50, Austria – 1.49. France demonstrated the highest TFR in the EU – 1.96.

Thevenon (2011) attributes Eastern European countries to the similar group as Western continental countries that lie between the Nordic Countries and the English Speaking countries, as they have a quite similar support pattern to families with children. The TFR rates are quite similar as well.

According Gauthier (2002) the Southern European countries (Italy, Portugal, Spain, Greece) are 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”. In 2015, TFR in such countries as Cyprus, Greece, Portugal, Spain, and Italy was around 1.3.

To sum it up, there are different patterns of provided support to families with children. The English-speaking countries and the Nordic countries had the highest TFR in 2015, and most comprehensive measures of family policy. In the next section the family policies of two countries belonging to different Europe regions will be discussed.

3. FAMILY POLICIES IN SELECTED EU MEMBER STATES: LITHUANIA AND FINLAND

Most of European countries are concerned with the persistent decrease in the fertility rates, thus considering policy measures to raise it by reducing obstacles to childbearing and childrearing. In some countries such decrease has become an explicit reason for policy changes, the main goal of which is to reduce the gap between the intended and the actual fertility rate (Thévenon, 2015, Neyer et. al., 2017). Even though family policies in European countries are diverse and not moving towards the same direction and scenarios to solve the same problem may differ, according to Thévenon (2015:103) the recent demographic trends “*pressed policymakers into action <...> often with the aim of promoting demographic renewal and/or reducing barriers to family formation so that adults can have as many children as they desire*”.

In this thesis, the cases of Finland and Lithuania have been chosen purposefully, because Finland has a long standing, developed and unique system of family policy earmarked by certain distinctive features characteristic exceptionally to the Nordic country group. According to Jokinen (2014), Northern countries, including Finland, can be described as representing something modern in their family policies: the principle of universality guarantees, independence of families, gender equality and well developed flexible services for children allow both parents successfully reconcile work and family responsibilities. In Lithuania, family policy formation started only after restoration of the independent of the State in 1990. Although the country has introduced a quite good system of maternity and paternity leaves, child care services and flexible employment forms are still insufficient (Jančaitytė, 2011:16). The following section will shortly go through fertility rate statistics in Lithuania and Finland, the development of modern family policies and possible measures to maintain the policies.

3.1. Birth rates in Lithuania and Finland

Lithuania and Finland belong to different regions of Europe that are cardinally different in their birth levels. After the Second World War, Finland, along with many other European nations on the Western side of the Iron Curtain, had a baby-boom and its fertility rate increased significantly (Kulu et al, 2007:258). However, in the second half of the 20th century, the country experienced a rapid decline in the fertility rate to the number below the natural replacement level. Finland’s official statistics reveals that in 1949, the fertility rate in Finland started to gradually decrease from the peak of 3.43 children per woman to the bottom level of 1.5 child per woman in 1973. In the 1980s, the fertility rate began to regain. However, the period of 1980 – 2002 faced several ups and downs followed by a gradual increase in 2002-2010. Finland’s TFR rose from 1.72 in 2002 to 1.87 in 2010. In the first decade of the 21st century, the trends

in fertility change were evaluated as “high even according to Western standards”, but, from that point till now, fertility statistics has exposed negative patterns to drop to the rate of 1.65 in 2015.

In Lithuania, according to Eurostat, the period from 1960 to 1970 was marked by a stable TFR which stood close to the level sufficient to ensure natural population replacement. For the first time, fertility dropped to the below replacement level in 1978. Later, however, it recovered to the previous value and started to progressively drop only in 1989 to reach the lowest point of 1.23 children per woman in 2002. From 2002, the fertility rate has been growing until it reached the value of 1.7 in 2015 (Fig. 7).

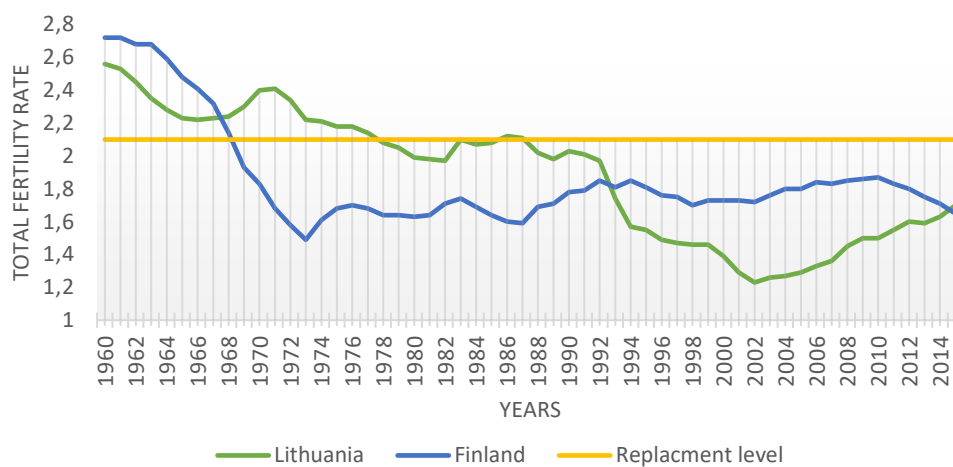


Fig. 7. Changes total fertility rates in Finland and Lithuania, 2011

Source: Eurostat online data code: demo_find

Scholars believe that such reduction in the total fertility rate is attributable to the shift towards a later parenthood. According to Lieskovál (2013), postponement of parenthood “has an impact on declining number of children born to one woman during her reproductive period”. According to Eurostat data, Lithuania falls into the category of countries that have the youngest average ages of mothers at the birth of their first child in Europe. In 2015, 67 perc. of women in Lithuania and more than half (56 perc. of women in Finland) gave birth to their first child in their 20s, while 26 perc. Lithuanian and 42 perc. Finnish women became mothers for the first time in their 30s. Difference in the age of young mothers in the two countries is evident. In 2015, the majority of women became mothers in Lithuania between the age of 25-29 (43 perc.) followed by the age group 20-24 (24 perc.), whilst in Finland, the majority of women became mothers between 25-29 years (33 perc.) and almost same amount (30 perc.) became mothers between the ages of 30-34 (Eurostat online data code: demo_fordager).

It is important to highlight the shifting childbearing patterns to older ages of the mothers giving their second birth. The considerable shift can be recorded in Lithuania. In 2001, the

majority (65 perc.) of Lithuanian mothers had their second child in their 20's and 32 perc. in their 30s, while in 2015, less than half, i.e. 43 perc., of women had their second child in their 20's and the greatest perc. of women (54 perc.) in their 30's. In Finland, the age group distribution did not change much from 2001 to 2015 (52 perc. and 59 perc respectively). (Eurostat online data code: demo_fordager).

As it has been mentioned above, TFR in both countries is in a lower level than it is sufficient for the replacement of population. Hence, it is reasonable to view the ideal number of children that people would like to have. The data presented by Eurobarometer survey in 2011, reveals that the ideal number of children was slightly above the population replacement rate in all Eurozone countries for both men and women, namely 2.25 children. In Lithuania, the ideal number of children was lower than the average in the Eurozone – 2.2 children, while in Finland, the average was 2.37 children (Fig. 8, Fig. 9). The ideal number of children increases with the age: 40-64 – year-old men and women tend to have a higher ideal number of children than people of the age 15-39. This is clearly seen in the case of men between 15-39 have a much lower ideal number of children, which is not the case with women. The ideal number of children in Lithuania does not depend on the gender meanwhile the ideal number of children for Finnish women is higher than that of men (2.47 children and 2.27 children respectively).

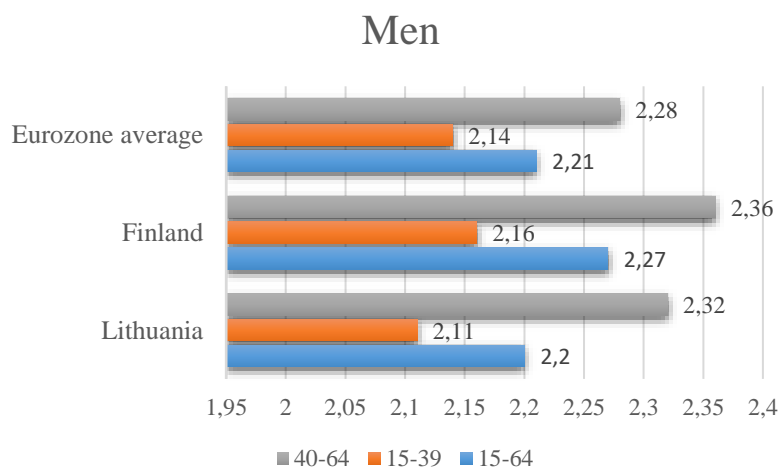


Fig. 8. Mean average personal ideal number of children, 15 to 64 year olds, by gender and age group in Finland, Lithuania and Eurozone average, 2011.

Source: OECD. Ideal and actual number of children. Family database, SF2

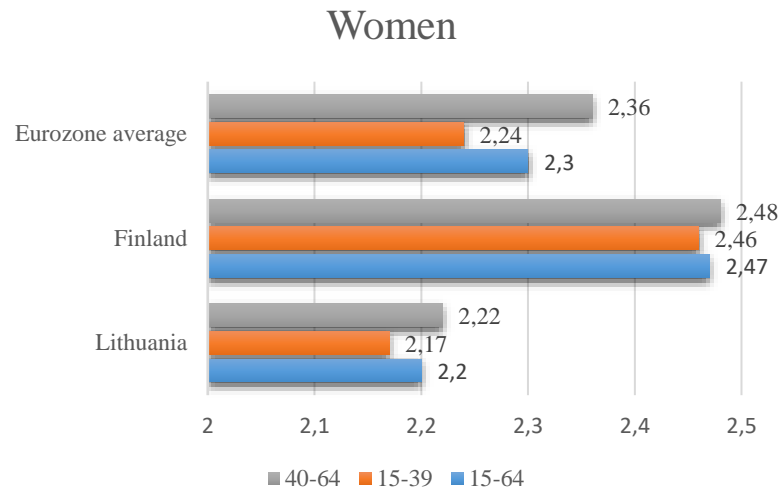


Fig. 9. Mean average personal ideal number of children, 15 to 64 year olds, by gender and age group in Finland, Lithuania and Eurozone average, 2011.

Source: OECD. Ideal and actual number of children. Family database, SF2

The overall ideal number of children for woman aged 15 to 39, who are the most likely to procreate, was three or more children (46 perc.) and two children (42 perc.) in Finland and two children (57 perc.) and three children or more (28 perc.) among Lithuanian women (Fig. 10).

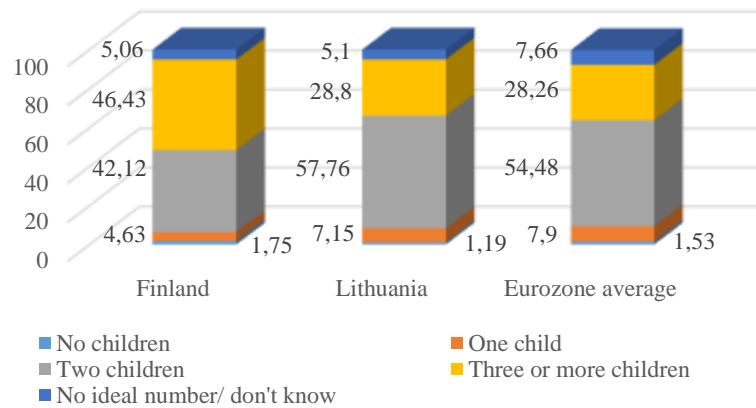


Fig. 10. Distribution (perc.) of women (15-39) by general ideal number of children in Finland, Lithuania and Eurozone average, 2011.

Source: OECD. Ideal and actual number of children. Family database, SF2

The majority (50.1 perc.) of families in Lithuania as well as in Finland (45 perc.) had one child in 2015, while two children had 36 perc. of families in both countries. Three and more children was the case in 19 perc of Finish households and 8.7 perc. of Lithuanian households (8.7 perc.) (Table 2).

Table 2. Distribution (%) of households with children by number of children

Number of children/Years	Lithuania			Finland			Europe Union (28 countries)		
	2005	2011	2015	2005	2011	2015	2005	2011	2015
1 child	54.8	55.9	50.1	43.8	43.6	45.0	:	50.5	50.1
2 children	34.7	34.8	36.3	37.9	38.8	36.1	:	38.2	37.8
3 children	8.1	7.3	6.4	13.5	12.1	13.2	:	8.9	9.3
4 children or more	2.5	2.0	2.3	5.3	5.5	5.7	:	2,4	2.8

Source: Eurostat online data code: ilc_lvph05

To conclude, changes in birth rates have been uneven in the selected countries, but at the present moment both countries stand on the same step with almost similar fertility TFR (1,70 in Lithuania and 1,65 in Finland). In 2015, families with one or two children consisted the biggest amount of households with children in both countries (81-86 perc.).

The majority of women in 2015 had their first child in their 20's, but Finish women had their first child in older ages, when comparing age groups. It is noticeable, that significant delay for the second child can be seen in Lithuania.

Even though TFR is below replacement level, in accordance to overall ideal number of children, more than half (51 perc.) of Finish women would like to have three or more kids, but it is not the case in Lithuania (only 33 perc.).

3.2. The development of family policy

Both, in Finland and Lithuania, the context and design of the family policy are the results of changes in the development of countries and their welfare systems predetermined by bargaining success and compromises achieved by pressure groups, economic and political changes in the countries and particular historical contexts (Forssén 1998:23–25, Stankūnienė and Jasilionienė). This section will discuss the development of a modern family policy in Lithuania and Finland and the approaches that both countries have towards fertility trends in the context of family policies.

3.2.1. Modern family policy in Lithuania

The first step of the development and implementation of Lithuania's contemporary family policy can be attributed to the restoration of state independence, implementation of market economy and democratisation (Stankūnienė and Jasilionienė, 2008).

Since the re-establishment of independence, the goal of the state policy has been to focus on the welfare state model, according to which the state becomes responsible for the welfare of citizens (Dromantienė and Šalaševičiūtė, 2006). According to the experts, during the first period of independence, the main direction of social protection was towards preservation of the

universal social guarantees and strengthening of the role of the state as the main welfare provider (Aidukaitė et al., 2012). During this period, child allowances have been enlarged several times, families were encouraged to grow their children at home, mothers were supported by the state and the family support was increasing (Išoraitė, 2005). However, because of the poor economic situation in the country and the dominating idea of a corporative welfare state model, the welfare provision was limited (Liudvinovičienė and Guogis, 2004, Aidukaitė et al., 2012).

In the next two decades, the family policy underwent significant changes. From 1990 to 1994, the child allowances were non-means tested. From 1995, the system of support for families was modified to adapt to changes caused by the country's economic situation, budget deficit and rising unemployment. The state started to support families in need (Tartilas, 2005). From 1997, the state started to support families with more than three children. Between 2004 and 2008, the state was supporting all children under the age of 18 years. The economic crisis of 2009 made the country to change its social support system again. In 2018, the country is about to introduce universal child benefits. The intended regulation is expected to become a powerful instrument to support families and promote fertility.

According to social scientists (Stankūnienė and Jasilionienė, 2008; Purvaneckienė, 2010; Frejka and Gietel-Basten, 2016), directions of the family policy have been frequently alternating from conservative-corporatist in pursuit to preserve traditional one income family to the socio-democratic model (a dual-earner family). Most of the time, the implemented policies differed from the traditional political right and left wing ideas. According to Frejka and Gietel-Basten (2016:28), the support for the male-breadwinner family model has been supplemented by policy measures to maintain gender equality, a work-family balance and better employment opportunities.

Admittedly, the family policy was flawed by the lack of strategic planning. The directions and values that Lithuania took in family policy formation can be described as fragmental, depending on the ruling political party and economic conditions as Frejka and Gietel-Basten (2016:28) describes "family policy measures have been subject to frequent adjustments". As a result of the discontinuity of family policy implementation, the potential of measures of the family policy was diminished to achieve desirable goals. According to Stankūnienė and Jasilionienė (2008:738), family policies were formed without having a clear vision and strategy or a desirable model of the family policy. According to a policy analyst Thévenon (2015), unstable policies have negative effective on households' decisions because it is more difficult to make long-term decisions when individuals are not sure about the context.

In Lithuania, the authority responsible for the development, implementation and monitoring of the family policy is the Ministry of Social Security and Labour (thereafter – MSSL). Family welfare is one of strategic demographic policy goals of the country. The State family concept of Lithuania (2008) states that the family policy makers have to take into consideration demographic problems the country is facing when designing and implementing family policy measures and developing legal instruments and organizational measures to create a family-friendly environment favourable to positive demographic trends. Unlike in Finland, the purpose of the family policy in Lithuania is to enable the family to become an independent and self-sufficient institute – “to envisage and implement the common policy supporting and strengthening the common institution of family, which would guarantee the common conditions in providing differentiated aid by the state and public organisations to the family in all areas, seeking to ensure conditions for being an autonomous, responsible, firm, stable, active and independent institution capable of comprehensive fulfilment of its functions” (State family concept of Lithuania, 2008). At present, the family policy and the fertility issue are at the top of the political agenda. In the Concept of the national family policy (2008), low fertility is emphasized as one of the problems of family development and family life. In 2017, the Parliament of the Republic of Lithuania enacted the Family strengthening law (2017). The main aim of this law is to strengthen the family institute and establish institutions that would be responsible for the formation and implementation of family policy tools.

The fact that low fertility has a negative impact on the national economy has encouraged the Parliament of the Republic of Lithuania to prepare a strategy of the birth promotion and migration for 2018-2027. Moreover, MSSL has initiated programs to acknowledge importance of families by awarding large families and organising events for families, where families and the society have opportunities to gain new knowledge and share their experiences in order to change public perceptions about the concept of a family and child rearing.

To sum up, modern family policy in Lithuania can be described as fragmental, policy measures experienced lots of adjustments, according to ruling political ideologies and prevailing economic conditions. The fertility decline and other demographic problems are standing on top of political agenda.

3.2.2. Fertility promotion in Finland’s family policy

Finland belongs to the group of the Nordic welfare countries. The concept of the modern family roots in the Mid-War period, when the society became concerned about the threat of country’s depopulation (Hiilamo, 2002). Social scientists (Askola, 2016; Hiilamo, 2002) state

that ideas of pro-natalism that arouse from depopulation fear was one of the reasons of family policy introduction in the country.

Family policy realm shifted in a relatively short time starting with the emphasis on poverty relief (being a means-tested) and gradually developing into a comprehensive universal family policy system based on the paradigm of social rights (Forssén, 1998; Forssén et al., 2008). The system was fully developed in the early 1980s (Nygård et al, 2013:11) and has been internationally recognized as having “encompassed and empowered family policies” – a dual-earner family model with low levels of poverty and high female employment (Forssén et al, 2008: 76, Nygård et al, 2013).

Finish family policy is internationally recognised by child care services. Its success started in the middle of the 20th century after an increase in the number of women involved in country’s labour market and the introduction of public day care services that allowed women to combine their work and family life. The main feature of Finish childcare policies is a choice given to parents to make decision according to their needs and preferences. The system grants different kinds of public support: a child home care allowance, a private day care allowance (some municipalities offer parents vouchers to pay for private services) and a flexible care allowance. However, some politicians think the legal right to dual provision of the home childcare allowance and public childcare is in conflict with the country’s economic sustainability and claim that the home care allowance needs to be shortened to avoid deterioration of human capital or, in other words, harmful effects on the employment of mothers (Nygård et al, 2013: 13). According to Anckar (2016) and co-authors, Finish family policy is challenged by gender equality, because child care responsibilities are still mostly fall on women.

Hiilamo (2004) notices that up to the 1990s, the development of family policy in Nordic countries, including Finland, was very successful because the state implemented a wide range of tools to support the family. However, after the crises that hit Nordic economies in the 1990s, family policy experienced cutbacks to be restored by Nordic countries in 2000. Finland, however, failed to restore the cutbacks and the actual value of the state support was additionally diminished by the growing inflation. In addition, the weakened governmental concern resulted in public uncertainty and mistrust. In recent decades, the Finnish family policy gradually improved and now the country is aiming to achieve a more gender free parental leave system.

The core of the Nordic model is the universal coverage and welfare based on the citizenship. The universalism should be comprehensible as a leading rationale or the key principle of the Finnish family policy. However, the developing social environment, entailing different emerging situations or growing society needs, economical changes and other factors,

can affect different family policies or strategies, which means that there is no full universalism. Scholars argue that Finland is today witnessing a shift in the family policy, which according to Nygård (2014) can “<...>challenge the notion of Finland as a beacon for a “Nordic” family policy model” (Nygård, 2014). Even though the country went through few economic crises in 1990s and in 2008 that led to cutbacks in some family policy transfers, system has still maintained its major structural features (Nygård, 2013:11; Hiilamoo, 2004)

Family policy in Finland is the responsibility of the Ministry of Social Affairs and Health (thereafter – MSAH)¹. MSAH is planning, supervising and implementing social and health policies including the family policy. The goal of MSAH is to ensure that everyone has an equal opportunity to lead a healthy and socially secure life.

In Finland, the state's responsibility to promote welfare for families with children is rooted in the Constitution. Section 19 of the Constitution states that “*Everyone shall be guaranteed the right to basic subsistence in the event of unemployment, illness, and disability and during old age as well as at the birth of a child or the loss of a provider*”, and specifically emphasises support for families: “*public authorities shall support families and others responsible for providing for children so that they have the ability to ensure the wellbeing and personal development of the children*” (The Constitution of Finland, 1999).

Family policy serves as a population policy: the state helps to raise children and provides material and psychological means to have children. The notion of a family policy sounds very supporting for families with children. As MSAH states, the family policy in Finland currently aims “*to create a safe environment for children to grow up in and to provide parents with the material and psychological means to have and raise children*” (Child and Family Policy in Finland, 2013:6).

In general, the population policy in the country is embedded in its social policy and elements of the population policy are incorporated in such issues as strong family policies, gender equality, child care, health policy and immigration. According to Askola (2016:46-47), during the Second World War, Finland collaborated with the Nazis in “adjusting” its population (e.g., forced sterilization of disabled people). Thus, individual measures of regulation of the population are not accentuated nowadays and there is no clear pro-natalist goal, there is strong emphasis on reproductive rights and issues of depopulation and fertility decline are framed in terms of the “aging nation”.

The principle of universal access to welfare services is the main tool to cope with population issues. Finland accentuates universal access to social services: “we understand that

¹ <http://stm.fi/en/frontpage>

the organisation of social and health services related to reproduction may vary from country to country according to economic, social and other circumstances; their universal availability, however, should remain the key target” (Statement of Finland, 1999). Moreover, state emphasize family unity and prevention of inequality between families (Welfare, Health and Equality, 2013:17)

It is noticeable, that the fertility encouraging policy has a strong emphasis on gender equality. The country made a significant investment to grant opportunities to combine work and family life for both parents and even relatives, involving men in childcare, as well as empowering women into the social and political decision-making process (Welfare, Health and Equality, 2013:17; Statement of Finland, 1999).

To sum up, family policy in Finland works as a policy aimed at fertility. The main focus of governmental policies is on strengthening welfare of families and developing the Nordic welfare model.

3.3. Comparison of family policy measures in Finland and Lithuania

The pace of the intense modern lifestyle adopted by today’s societies is difficult to slow even during the period of expecting a child. Main pressures that parents are facing in their fertility decisions are money and time, loss in income, career interruption, human capital depreciation and opportunity costs. Policy measures can actually modify the cost of children for families (Letablier, 2009; Da-Roit and Sabatinelli, 2006).

The following section discusses family policy measures adopted by Finland and Lithuania and their accessibility to the wide population, which are considered to be essential factors affecting fertility.

3.3.1. Social benefits for families with children

In Finland, benefits for families with children are provided by Kela – an independent social insurance institution supervised by the Parliament. This institution also provides unemployment benefits, sickness and student benefits.² In Lithuania, benefits are provided by SoDra³ – The State Social Insurance Fund Board, which functions under the Ministry of Social Security and Labour.

According to Eurostat (2014), the expenditure on social protection made 31.9 perc. of the Gross Domestic Product (GDP) in Finland and 14.7 perc. in Lithuania. Within the total of the social benefits, Family and children benefits accounted for 7.8 perc. in Lithuania and 10.4

² <http://www.kela.fi>

³ <http://www.sodra.lt>

perc. in Finland. Thus, it can be stated that both countries have significant differences in their social welfare schemes.

3.3.2. Leave entitlements

Maternity protection and parental leave policies are the oldest family related policies and core elements of family policies (Neyer, 2003). The famous saying “balance is the key to success” can be applied to fertility related leave policies. According to United Nations Department of Economic and Social Affairs (2015), leave policies where parental leaves are paid for a moderate duration and at a high-level wage replacement have a positive influence on fertility behaviour while extremities appear to have different results, such as income insecurity or human capital deterioration (Cross-cutting issues and policies in countries experiencing low fertility, 2015).

3.3.2.1. Maternity leave and allowances

In Lithuania, entitlement to maternity allowance is mostly based on social insurance contributions. Mothers who have stayed in insured employment for minimum 12 months during last 24 months are entitled to maternity benefits for the entire time of the maternity leave. Exceptions apply if a woman was doing military service or has been on a parental leave before (with the previous child under 3 years old). Other exceptions apply to officials sent to work abroad, whose spouses have the right to maternity allowance, as well as the spouse of the President of the Republic of Lithuania (Law of sickness and maternity insurance of the Republic of Lithuania, 2016). In comparison, maternity allowance was previously granted for a much shorter period of social insurance contributions. Until July, 2009 the same rates applied to women who have been paying social insurance contributions for 3 months during the current 12-month period or at least 6 months during the period of 24 months. In July, 2009, the minimum requirement changed to 9 months during the last 24 months. Today’s norm was adopted in October, 2009.

In Finland, all parents are entitled to maternity allowance based on residence and regardless of the employment status. Chapter 9 Section 1.1 of the Health Insurance Act (2004) states that the insured is entitled to parenthood allowances if he/she has lived in Finland for at least 180 days before the estimated date of delivery. The same act states that “time spent as insured in another European Union member state or in a state where the European Union law applies is considered comparable to the time of residency in Finland.”

Maternity allowances are usually calculated in Finland on the basis of the income earned during the previous year. However, the system is flexible and the minimum rate (23.73 Euro

per day from Monday to Saturday, with the exception of official holidays) or can be calculated on benefits that if it results in a larger allowance (kela.fi, 2017). In Lithuania, mothers would get allowance based on the same earnings before the other child turns 3 years old (Law of Sickness and Maternity Social insurance of the Republic of Lithuania, 2016).

In both countries, durations of maternity leaves are very similar – around 123 calendar days (105 weekdays) in Finland and 126 in Lithuania. In Finland, maternity leave is extended if the woman works with chemical agents or infectious diseases and the mother can take a leave as soon as her pregnancy is confirmed. Special variation in leave due to child or family reasons also exist in both countries. For example, in Lithuania, a woman is provided 14 days extra in case of multiple or premature births or a complicated baby delivery. In Finland, in the case of a premature birth, the mother is entitled to an allowance and leave for 105 days. The leave can be granted to the father or any other person responsible for the child care in the case the mother is sick or dies (Table 3) (Benefits for families with children and housing benefits, 2015; Law of Sickness and Maternity Social Insurance of the Republic of Lithuania, 2016; Salmi et al., 2017).

In both countries, maternity allowances are granted to women for the duration of the maternity leave. In Lithuania, the maternity allowance is equal to 100 perc. of the recipient’s offset earnings. In Finland, according to data presented by KELA, the allowance is equal to approximately 70 perc. of the person's previous annual earnings. It is noticeable that different rates are used to calculate the allowance and they can slightly change during the period of receipt (Annexe 3, Annexe 4).

Table 3. Comparison of conditions for accessibility to maternity leave / allowance in Finland and Lithuania

Maternity leave/ allowance	Finland	Lithuania
Eligibility	Entitlement based on residence, 180 days immediately before the date on which their baby is due	Entitlement based on social insurance contributions (12 months of social insurance contributions during the last 24 months) benefit) with exceptions
Eligibility for other people	can be granted to the father or another person in case of sickness or death of the mother	–
Duration	123 calendar days (105 weekdays) starting 50-30 days before the calculated time of birth	126 calendar days; starting with 70 calendar days before the calculated time of birth
Payment	around 70 perc. of previous income (minimum 23.73 per day)	100 perc. of previous income (minimum 161.74 euro per month)
Special conditions	Special maternity allowance (if the person works with chemical agents, infectious diseases granted as soon as pregnancy is confirmed)	–

Sources: Author’s computations based on Law of Sickness and Maternity Social Insurance of the Republic of Lithuania, 2016; Health Insurance Act of the Republic of Finland, 2004; kela.fi, 2017.

3.3.2.2. Paternity leave and allowances

In both countries, parents have the right to a paternity leave and allowance after the child is born. In both countries, conditions for the entitlement to paternity allowances are very similar those applicable to maternity allowances and leaves. In Finland, the entitlement is based on residence and in Lithuania, it is based on social insurance contributions. Finland, however, has a much longer duration of parental leave, namely 63 calendar days whereas in Lithuania it lasts only for 30 days (Table 4).

Amendments of Labour Code of the Republic of Lithuania (2016) from 2017 July made paternity leave more flexibility for parental choice and allow fathers to stay off work one month until their child reaches three months; previously, the terms lasted until the child reached one month. The scheme works differently in Finland where a paternity leave can be used before the child reaches the age of two, but only up to 3 weeks of the leave can be used during the period when the mother is staying at home. The rest of the leave can be used after the parental allowance is over and it can be split into 3 more periods (Home and Family, 2015).

Table 4. Comparison conditions for accessibility of paternity leave and allowance in Finland and Lithuania

Paternity leave/ allowance	Finland	Lithuania
Eligibility	Entitlement based on residence, 180 days immediately before the date on which their baby is due.	Entitlement based on social insurance contributions (12 months of social insurance contributions during the last 24 months) • with exceptions
Duration	63 calendar days (54 working days – about 9 weeks)	30 days calendar days
Time and division	Before the child reaches the age of two or before 2 years have passed since the child was adopted.	Before the child reaches 3 months
Payment	around 70 perc. of the previous income (minimum 23.73 per day)	100 perc. of the previous income (minimum 161,74 euro per month maximum 1617,40 euro before taxes)

Sources: Author's computations based on Law of Sickness and Maternity Social Insurance of the Republic of Lithuania, 2016; Health Insurance Act of the Republic of Finland, 2004; kela.fi, 2017.

To sum up, in both countries, fathers are entitled to paternity leave, Finland have more flexible options for it, however.

3.3.2.3. Parental leave and allowances

In both countries, mothers or fathers have a possibility to take a parental leave that starts after the maternity leave. The duration of the parental leave in Finland is 158 weekdays (about 6 months) and the allowance may be extended by additional 60 working days for each child starting with the second⁴ In Lithuania it is payable until the child is 3 years old. During the leave a parental allowance is paid. In Finland, the parental allowance is paid on the basis of the maternity or paternity allowance. In Lithuania, the amount of allowance is dependent on the duration of the parental leave that can be chosen by parents: in the case of a one year of parental leave, 100 perc. of previous earnings are paid; when a two year parental leave is chosen, 70 perc. of the previous earnings are paid during the first year and – 40 perc. during the second year; in the case of a three year leave, 70 perc. are paid during the first year, 40 perc. during the second year and no compensation is paid during the third year. The onset of the parental leave is similar to that mentioned previously.

In Finland, a parental leave can be taken (Health Insurance Act of the Republic of Finland, 2004):

- By a mother or a father.
- By both parents at same time in cases when both parents are working part time – partial parental allowance.
- Can be taken in turns.
- Parents can work during the parental leave; in such case, parental allowance is paid at the minimum rate.
- Parents can work on Sundays or other holidays and fully preserve the parental allowance.

Parental leave in Lithuania can be taken (Law of Sickness and Maternity Social Insurance of the Republic of Lithuania, 2016):

- By a mother or a father or other relative.
- Can be taken by a mother or a father in turns.
- By both parents at same time when twins are born.
- Parents can work in the second year of the parental leave without losing the right to the parental allowance.

Government support those parents under 26 (in some cases till 30) years old, who are in training or education full time and are not eligible to parental allowance under the Law on Sickness and Maternity Social Insurance. They are entitled to get child care benefit for one year

⁴ The additional days can be used to extend the period of maternity allowance or parental allowance or to allow both parents to stay home to take care of the children.

after the child is born, which consist of 4 BSB or 152 euros in 2017 and from 2018 it is planned to pay 6 BSB (228 euros) (Law on Benefits for Children of the Republic of Lithuania, 2017).

If parents decide to continue work and grow up the child, in accordance with Section 146 of the Labour Code of the Republic of Lithuania (2016), they legally can reduce work, and work part-time, even without the consent of the employer. It can be taken in the following cases: if a woman is pregnant woman;

- When woman has recently given birth.
- A breastfeeding woman.
- An employee raising a child under three years of age.
- An employee who is alone and is raising a child under 14 years of age or a disabled child under eighteen years of age.

It is important to note, that there is no right to return from part time employment to full-time employment, moreover, the maternity leave or parental leave cannot be taken in the form of part-time work (Davulis, 2016).

To conclude, in both countries, mothers or fathers are eligible to parental leave, however, parental allowance in Lithuania is paid in accordance to employment status and social insurance contributions. If comparing both countries, Finland have more flexible options for parental leave, but in Lithuania parental leave is much longer.

3.3.3. Childcare

In 2002, the Barcelona European Council set objectives in childcare area stating that European member states should remove disincentives to female labour force participation by removing obstacles in the childcare availability (European Commission, 2013). Social scientists (Rindfuss et al, 2010; D'Albis et al., 2017) suggest that availability, quality and affordability of childcare centres tend to reduce inconveniences for working parents and thus contribute to higher fertility and encourage families to have more children.

3.3.3.1. Early education and care options in Finland

Finland has a unique child care system that encompasses childcare provision and subsidized home care allowance based on social justice and freedom of choice reached by compromises made by political parties in the last century (Hiilamo and Kaangas, 2009). According to Hiilamo and Kaangas (2009:470) *“in Finland, freedom meant the possibility for families to choose between different forms of care and to decide for themselves what they needed <...>”*. Instead of supporting just specific group interests, like working mothers with public childcare provision, according Hiilamo and Kaangas (2009) back in the days, cash-for-

care served the interests of rural population represented by the Agrarian party and for the Conservatives which cared for their children at home or by employing the nanny. Thus, child care arrangements such as informal, public or market-based are being subsidized by the state in Finland. Childcare is comprehensible as a right and has universal provision that is available for all citizens without stigmatization or loss of status.

It is noticeably, that Finland along with few other countries (Denmark, Sweden and Norway) are in balance between demand and supply for the entire ECEC age range (European Commission, 2014:56).

Child care is provided by family or collective facilities (Table 5.) (Hufkens and Verbist, 2017) that aim to support children in their growth, development and learning. According to Ministry of Education and Culture “Early childhood education and care comprises care, education and teaching to support children’s balanced growth, development and learning <...>it can take place at kindergartens or smaller family day-care groups in private homes” (Finnish education in a nutshell, 2017: 14).

Table 5. Child care types in Finland

	Subsidised services	Non or partly subsidised services	Other
Family care	(Municipal) Family day-care (perhepäivähoito) (at the home of the care provider)	Private childminder	Looking after the child at home (by one of the parents)
Collective facilities	Municipal group family day-care (ryhmäperhepäivähoito) (2-3 childminders look after the children, max. 4 children per care provider) – Day-care center (päiväkoti) (3-4 staff members, children are divided in groups of 12-21 children)	Private day-care center	

Source: Hufkens and Verbist, 2017, p. 15

Parents may choose to place their children to municipal day care, municipal day care can be provided either in a day-care centre or in the home of a family day care provider.

The level of municipal day care fees depends on the size of the family, the level of income and it is free for low income families. The costs also decrease with the number of children parents are raising. Meals and healthcare is an integral part of child care services and the costs are included into the price (Lindeboom. and Buiskool, 2013).

According to Act on Child Home Care Allowance and Private Care Allowance (2016), another possibility for parents is to arrange private day-care for a child and get their child home or private day care allowances. The private care provider can be a relative, who does not live in same home as the child, a person approved by the municipality as a day care provider or a private day care centre. The allowance can be granted to a family who have a child under their school age not enrolled in the municipal day care (Kela.fi, 2017).

The private day care allowance is provided on the basis of the right to early childhood education, the extent of which depends on the employment and educational status of the parent. Every child has the right to 20 hours of education per week, but if the parent works full-time or is a full-time student or the child has specific development needs or assistance, the child is entitled to a certain number of hours of education and the actual amount of the allowance is dependent on this number (European Commission, 2014).

The amount of the allowance comprises a fixed sum and a care supplement depending on the size and income of the family. Moreover according to Act on Child Home Care Allowance and Private Care Allowance (2016) a municipal supplement may be available to the private day care allowance.

Finland's system provides parents with cash-for-care benefits that enable them to take care of their children themselves after the parental leave until the child turns 3. The caregiver can be a grandparent or a private day-care provider as well. The child home care allowance consists of a care allowance and a care supplement. The basic amount of child care is not affected by the family income and an additional amount is allocated depending on parents' income and family size.

The basic amount according is as follows (Kela.fi,2017):

- 342.53 euros per month for one child under the age of 3
- 102.55 euros per month for each additional child under the age of 3
- 65.89 euros per month for children who have turned 3 but are still under school age.

Moreover, working parents are eligible to a flexible childcare allowance to look after their children under the age of 3 at home while reducing normal full-time hours to 80 perc. or working less than 30 hours per week. Both parents are entitled to this allowance at the same time if they make work arrangements to take care of the child in turns, or it can be taken by one parent or another legal guardian. A parent who does not live with the child in the same home can take this allowance as well (Act on Child Home Care Allowance and Private Care Allowance, 2016; Kela.fi, 2017).

The amount of the flexible care allowance depends on the number of working hours. If the person works less than 60 perc. of the normal full-time workload, they will get 241.19 euros per month and if the parent works more than 60 perc., but less than 80 perc. of normal full-time workload, they will get 160.80 euros a month. This allowance is paid for one child at a time and cannot be mixed up with other allowances such as special maternity, maternity, paternity or parental allowance (Act on Child Home Care Allowance and Private Care Allowance, 2016; Kela.fi, 2017).

Parents can receive partial care allowance to take care of children who are in their first two years of school and their workload does not exceed 30 hours a week. This allowance is paid for one child at a time in the amount of 96.89 euros per month and is taxable as income.

To sum it up, in Finland various childcare options allowing parents to combine family and work in flexible ways, moreover exist variety of choices for parents how to educate their child, either in municipal day care, private day care or at home. All these forms in some way are subsidized by the State. It should be noted, that Finland childcare system is in balance of demand and supply.

3.3.3.2. Childcare services in Lithuania

In Lithuania, childcare options on expiration of the parental leave are rather limited in comparison with those in Finland. According to Ministry of Education and Science, pre-school education can be provided by state (municipal) pre-school education institutions, private kindergartens (Table 6). Based on Article 7.3 of the Law on Education of the Republic of Lithuania (2015), pre-school education is given to children from their birth to the age of six when they start compulsory pre-primary education. However, the right to free pre-school education is outweighed by the absence of public commitment to guarantee a kindergarten place for every child (European Commission, 2014: 58).

Table 6. Child care system in Lithuania

	Publicly funded	Privately funded
< 3	Nurseries or kindergartens	Nurseries or kindergartens
3-5	Kindergartens	Kindergartens
6	Preschool institutions or kindergartens (in kindergartens or primary schools, preschool groups)	Preschool institutions or kindergartens

Source: Hufkens and Verbist, 2017:21

The major problem that Lithuania's society is facing is the lack of accessibility to preschool institutions as the demand significantly exceeds supply of childcare places in major cities. Moreover, the supply in childcare services is limited in rural areas as well child (European Commission, 2014). According to Lithuanian Department of Statistics, there were 690 preschool establishments at the end of 2014 granting 802 places per 1000 children of preschool age in urban and 325 places in rural areas on average.

Another problem is poor accessibility to pre-school education for families raising children under the age of 3. Even though parents are entitled to a leave lasting until their child turns 3, most parents choose to stay at home only until their child turns 1 or 2 because of difficult financial situation in the family (the 3rd year of the parental leave is not subsidized). According

to data published by Lithuanian Department of Statistics in 2014, 17.9 thousand parents stayed on the parental leave until their child reached the age of 1 and 18.3 thousand until the child turned 2. (Women and Men in Lithuania, 2015:19).

According to the European Commission, Lithuania along with several other European countries attempt to tackle the problem “by reducing imposed standards or relieving the administrative burden” (European Commission, 2014) in order to facilitate establishment of private pre-schools. For example, requirements for sanitary facilities have been simplified, requirements on the use of buildings and premises have been eased and a partial funding (not exceeding 20 hours per week) has been provided during the last decade. Moreover, multifunctional centres were established in rural regions. Based on the information provided by Lithuanian Department of Statistics, the number of non-state pre-school education institutions is increasing every year. During the period from 2010 to 2015, the number of children in non-state institutions has increased more than 20 times (Lithuanian Department of Statistics, 2016). In 2015, the country had 115 non-state pre-school educational institutions attended by 5.9 thousand children, while in 2010, there were only 4 such institutions attended by 286 children. Moreover, the state is continually investing in construction of new pre-school educational institutions.

The funding is allocated for 20 hours a week from the national or municipal budgets through the “student voucher” system. Parents only have to pay for the meals and training aids. Also, municipalities are trying to reduce the fees for socially vulnerable families where municipal budgets allow additional expenditure. Such reduction typically extends upon families with three or more children or low-income families.

Moreover, some municipalities are intensively looking for possibilities to reduce the childcare gap, by introducing additional measures, such as 100-euro compensations for those who were refused a place in public childcare institutions.

To sum up, in Lithuania, childcare systems facing difficulties, because demand exceeds supply for childcare places, however municipalities and Government showing initiative to solve existing problem by involving private childcare providers, building new childcare institutions and compensating part of the cost in private kindergartens.

3.3.4. Financial assistance

According to Eurostat, households with dependent children are most likely to experience poverty. In 2015, on average 27 perc. of children living in EU was at risk of poverty or social exclusion. Finland had one of the lowest rates – 14. 9 perc. and Lithuania one of the

highest 32,7 perc. (Eurostat online code: ilceps_01), to support families both countries have family policy measures that are provided for parents to ease the maintenance of children.

First of all, the support for expectant mothers or mothers after the child birth is available in both countries. In Lithuania after the child is born, all parents receives a lump-sum child benefit of 11BSB (418 Euro), benefit for multiple births is payable when two or more children are born (Law on Benefits for Children of the Republic of Lithuania, 2017). In Finland, all women, when pregnancy lasted 5 months, have a right to get maternity grant: either maternity package that contains of 50 different items like baby clothes and care products and materials or cash lump-sum tax-free amount of 140⁵ euros (Child and family policy in Finland, 2013; Kela.fi, 2017).

Second, in both countries the Government provides the long term financial assistance to families with children in terms of financial benefit. The child benefit in Finland was introduced in 1948, according Ministry of Social Affairs and Health of Finland, the child benefit plays very important role, the main objective of this benefit is to close the financial gap between household with children and without: *“benefits <...>to prevent children from becoming excessive financial burden>”* (Welfare, Health and Equality, 2013). The progressive child benefits are paid from Government funds to every child under the age of 17 residing in Finland, moreover the single parent get an increase with each child (Child and family policy in Finland, 2013, European Commission, 2014). Table 7 presents the amount of child benefit in 2017.

Table 7. Amount of child benefits in Finland in 2017

Amount of child benefit according number of children	Euro per month
For the first child	94.88
For the second child	104.84
For the third child	133.79
For the fourth child	153.24
For the fifth and each additional child	172.69

Source: Kela.fi, 2017

In Lithuania, child benefit was introduced, after the country regain independency. The provision was very changeable, some years these benefits was targeted to low income and multi-child families in some years was provided by universal principle. In 2017 the child benefits was still paid based on income or family size, but from 2018 provision will be based in accordance to universal provision, every child under the age of 18 years (in some cases 21) will be eligible to this benefit that consist of 0,79 BSB (30euro) per month. The additional amount will be paid for low income families and for multi-child families. (Law of the Republic

⁵ available tax free amount (www.kela.fi)

of Lithuania on Benefits for Children, 2017). According to Jančaitytė (2011) provision of universal family policy goods shouldn't be a question after each election, because it guarantees a coherent and stable family policy formation.

3.4. Summary

Both countries have different family policy histories, approaches to families with children and the way of prompting fertility. In Finland modern family development started in the Mid-twenty centuries and it was recognized as fully developed in 1980's. The development can be described as smooth, without significant deviation in terms of the universal provision of social goods, however, some scholars are questioning, whether Finland still represents Nordic welfare "torch". Meanwhile, Lithuania started developing its family policy system after the re-establishment of independency at the end of the 20th century. History reveals that the ideas, on which family goods were provided, were often alternating from a targeted to a universal principle and were affected by a ruling political party ideology. Scholars keep arguing, that the stability or instability of family policies has a direct effect on childbearing behaviour, because it can give either a sense of stability or conversely – instability. At this point, we can mention Ajzen's framework (1991) and the interfering societal factors that affect fertility intentions.

The past experiences and the control of population, collaboration with the Nazis in controlling the population (sterilizing disabled people) determined the way, in which the ideology of Finish family policies looks upon policies encouraging fertility nowadays. First, it should be mentioned that a fertility decline issue is recognised in the framework of the "aging society" and is not promoting separately. Second, however, there is a strong emphasis on reproductive rights. The main goal of the country is to create the environment (material and psychological means), where people can safely raise children, which Finland has achieved by universal provision of goods.

In comparison, in Lithuania such notions as "fertility" and "birth promotion" are often articulated in political agendas, but the main goal of the family policy is the creation of an independent institution capable of comprehensive fulfilment of its functions. The country is trying to improve family policy measures, create a sustainable family well-being and promote fertility.

Entitlement to leave and allowances are provided on different principles: in Lithuania, they are based on social insurance contributions (with some exceptions) – a person must be working one year out of two, whereas in Finland, the entitlements are based on residency. Maternity, paternity allowances are paid on a higher level of previous earnings in Lithuania

(100 perc.) than in Finland, thus better securing working parents; however, Finland provides a better financial security to all families with children, than Lithuania.

Fathers in Finland have a longer period of paternity leave (63 days that can be used until a child turns 2) than fathers in Lithuania (30 days until a child turns 3 months). Moreover, paternity leave can be split in parts in Finland, thus fathers can better participate in their children's life. In addition, in Finland the unemployed, students and the self-employed can claim paternity allowance from the state as well. Thus, it can be stated, that Finland contributes to gender equality and sharing of family responsibilities between parents more. However, Lithuania pays a higher level paternity leave benefit based on previous income.

Parental allowances are more flexible in Finland than in Lithuania; it can be shared by both parents by reducing working hours at the same time and taking care of the child, it can be taken in turns – one parent after another, parents even can work during parental leave and parental allowance will be still paid on a minimum rate. If parents work during the holidays, it will not affect the allowance. However, in comparison with Lithuania, it is paid for a much shorter period and on a lower level in regard to previous income. It is evident, that Finland offers more ways to involve both parents in children's life than Lithuania.

When analysing a childcare system in both countries, one can see quite a big discrepancy. Finland is closing a childcare gap with a unique child care system that allows parents to choose in what way they want to educate their kids: by themselves, to place in municipal day care or private day care or other options; thus, corresponding to various lifestyle preferences, as stated by Hakim (2003). In case of Lithuania, the Government of Lithuania tries to expand childcare system by implementing various measures, which already exist in Finland.

According to social scientists (Luci and Thévenon, 2013), the institutional factors – available and affordable high quality childcare services that reduce parental work incompatibilities contribute to higher fertility.

Moreover, Finland provides universal financial benefits to help parents maintain their household. It is paid in a progressive way, when the amount increases with a number of children, which is considered as pro-natalist family policy measure. Meanwhile, Lithuania will adopt this measure in a universal way starting in 2018: all kids will receive a child benefit, however, the amount will increase for multi-child families and low income families.

4. IMPACT OF FAMILY POLICY ON FERTILITY IN LITHUANIA: EVIDENCE FROM EMPIRICAL RESEARCH

Family policy is important instrument that can influence birth rates, through normative and symbolic context by strengthening certain values, moreover, it creates economic context with a larger or smaller economic support for parents, and moreover it creates conditions where parents can balance work and family life. In order to make the family policy efficient in regard to demographic trends, a deeper understanding about the population attitudes is required.

4.1. Methodology of the empirical research

The research aim is to identify most beneficial features of social policy responding to low fertility in Lithuania through exploration of attitudes of population.

Research object: Evaluation of the family policy by a selected target group and the Lithuanian population.

The **research objectives** were raised to achieve the research aim:

1. To unveil the attitudes towards the family policy.
2. To investigate the most beneficial family policy measures for respondents.
3. To explore the measures that would encourage respondents to have children.
4. To investigate the perceptions that prevailing in the society towards large families.

Based on the theoretical observation, the following hypotheses are formulated:

1. Policy measures aiming to ease economic burden for families with children would be incentive to have a child. According to Eurostat, in Lithuania 29.3 perc. of total population is at risk of poverty and social exclusion, households with the dependent children especially. Moreover, economic factor in one of the background factor in the decision-making process, in accordance to the theory of planned behaviour, thus it can be presumed that financial incentives plays most important role in decision on childbearing

2. State family policy is a disincentive to have children. Even though government policies shifting to encourage increase in fertility, however there is space for improvement in many aspects that is disclosed through comparative description of selected countries of Lithuania and Finland (see description in section 2).

3. Family policy is not significant in overall decision to have children. There are many complex factors that have influence on fertility, moreover, the higher needs and modern lifestyle adopted by today's societies that are explained in SDT theory plays important role. The data presented by Eurobarometer survey in 2011, reveals that the ideal number of children was slightly above the level needed for replacement of generations – 2.2 children, in Lithuania.

4. The perception of multi-child families as an excessive burden may prevail in the society, and that is disincentive for population growth. One of the aim of Finland family policy is “<...>to prevent children from becoming excessive financial burden” by the provision of universal social goods, unlike in Finland, the purpose of the family policy in Lithuania is to enable the family to become an independent and self-sufficient institute, however the state supporting large families. The targeted support may construct certain perceptions, thus it is presumed that people can feel this way.

Research methods. Based on ideas of Ribbens McCarthy and Edwards (2011: 67, 69) that quantitative measures are more effective in exploration of different aspects of people’s live, furthermore quantitative surveys were applied in empirical research of social policy, because it can unfold experiences of the population overall.

Two quantitative surveys – “Quantitative survey of people at reproductive age” and “Quantitative representative survey of the Lithuanian population” – were carried out on purpose to get an insight into attitudes, expectations, and predominant values that prevail in society regarding fertility and social policy, moreover to assess the weaknesses and strengths of the family policy. The first survey was focused on attitudes of people at reproductive age, and the second survey was targeted towards attitudes of all Lithuanian population.

4.1.1 Methodology of Quantitative survey of people at reproductive age

A quantitative survey of population reproductive age was conducted in October, 2017.

Sampling. In a targeted group, 260 respondents who have or who are potentially capable of having children were interviewed, according to the pre-determined age, gender and whether they have kids quotas (Table 10).

Participant’s recruitment. A quantitative survey of a target group was conducted using a Snowball technique and convenience sampling based on age, gender and whether people have or do not have children.

First of all, a proportion of individuals was selected. These individuals identified others, who in turn identified further individuals the survey includes a minimum of 250 respondents at the defined age and gender. In this survey, 262 responses were collected (Table 8).

Table 8. Respondents according to gender, age groups and children.

Gender	<i>Male</i>	<i>Female</i>
	48 perc. (N=126)	52 perc. (N=136)
Age	<i>18-30</i>	<i>31-45</i>
	51 perc. (N=132)	49 perc. (N=130)
Children	<i>Have</i>	<i>Don't have</i>
	59 perc. (N=155)	41 perc. (N=107)

Research instrument. A quantitative target group questionnaire (Annex 1) consisted of 7 closed questions, 3 question blocks, 4 questions with statements to be evaluated on a Likert (five-point) scale and 8 social-demographic clusters. One question was taken from Rabušić and Chomkova-Manea (2008:55) to understand better lifestyle preferences of respondents. One question was conducted in accordance with the Finnish family policy measures taken from KELA (an independent social insurance institution supervised in Finland, <http://www.kela.fi/>).

4.1.2 Methodology of Quantitative representative survey of the Lithuanian population

A quantitative representative survey of the Lithuanian population was conducted in April, 2017.

Sampling. A representative survey of the Lithuanian population was based on a multi-level probabilistic selection, which was designed in such a way that every resident of Lithuania had the same opportunity to be questioned (Table 9, Table 10).

Participant’s recruitment. A representative survey was conducted in a stratified triple-poll household survey utilising the rule of a young man. The research Omnibus was conducted by the Public Opinion Research Centre “Vilmorus”.

1001 Lithuanian residents were interviewed in a representative quantitative research.

Table 9. Respondents according to gender

Gender	Male	Female
	47 perc. (N=465)	51 perc. (N=536)

Table 10. Respondents according to age groups

Age	18- 29	30-39	40-49	50-59	60-69	70 and more
	15 perc. (N=146)	14 perc. (N=138)	15 perc. (N=154)	18 perc. (N=179)	19,0 (N=192)	19.0 (N=192)

Research instrument. A representative survey questionnaire consisted of 1 closed question and 1 question – a statement that had to be evaluated on a ten-point scale.

4.1.3 Method of data collection

In both surveys, quantitative questionnaire methods applied for empirical data collection. This method was chosen because it is a practical in sense of time and costs of survey, moreover, provide good quality attitudes and opinions of a sampled group (Coffey, 2008: 118).

Structured interviews were used for both quantitative surveys. Respondents were provided with questionnaires with closed-ended questions (Annex 1, Annex 2).

A survey of reproductive age group of population was conducted in two ways: a web-based survey – the information was collected via internet (www.manoapklusa.lt), and a self-report survey – respondents were provided with questionnaires that they completed themselves.

A representative research of population was conducted by the Public Opinion Research Centre “Vilmorus” and was based on direct interviews.

Before the initial surveys, pilot testing was done in order to determine if the questions in the questionnaire are understandable and if the order of questions are logical for respondents, the time taken to complete the questionnaire was considered as well. Four pilot surveys were conducted. After the pilot surveys, the questionnaires were fixed according to the comments that were useful.

4.1.4 Data analysis

Both representative and target group surveys were processed using the SPSS (Statistical Package for Social Sciences) software package.

Data entry of questionnaires were executed by SPSS Data programme. The data was analysed, data sections were classified according to age, gender, income, education and place of residence.

The representative population survey was analysed by “Vilmorus”.

4.1.5 Ethical principles in research

Regardless of the research method, volunteering, anonymity and confidentiality were guaranteed for respondents. Moreover, they were provided with enough information about the research aim and objectives, assuring that answers individually will not be analyzed. In addition, respondents were informed that they can stop off the survey if it is not relevant or in no use to them without any consequences. When analyzing the surveys, the above mentioned principles were the guidelines to keep this research with highest ethical standards.

4.2. Results of the empirical data analysis

4.2.1 Characteristics of the respondents

Quantitative survey of people at reproductive age

Participants of this research included 262 adults who met the criteria of reproductive age group (from 18 to 45 years old). This convenience sample was 100 perc. from Vilnius, and included 59 perc. of people who had children under 18 year old (29 perc. had one child, 30 perc. – two and more). Most of participants (95 perc.) expressed desire to have children. Of the total number of respondents who preferred to have kids, the desired number of children was 2 or 3 (42 perc. and 29 perc. respectively). 23 perc. preferred to have more than 3 kids. Only 6 perc. preferred to have 1 child.

In order to reflect the views of different age groups and gender, the survey was a subject to age and gender quotas: 48 perc. of men and 52 perc. of women were interviewed. The age distribution of the participants spanned as follows: from 18 to 30 years old (51 perc.) and from 31 to 45 years old (49 perc.).

The majority (91 perc.) of respondents had a higher education. More than half (64 perc.) of the respondents were employed and 33 perc. were unemployed.

Quantitative representative survey of the Lithuanian population

Participants in this survey included 1001 adults of these 536 were women, and 465 were men. 44 perc of all respondents belong to reproductive age group. A representative survey of the Lithuanian population took place on the basis of a multi-level probabilistic selection, which was designed in such a way that every resident of Lithuania had the same opportunity to be questioned. This representative sample was from: in Vilnius, Kaunas, Klaipėda, Šiauliai, Panevėžys; of districts of Alytus, Marijampolė, Šakiai, Tauragė, Rokiškis, Utena, Švenčionys, Telšiai, Mazeikiai, Raseiniai, Ukmergė, Kupiškis, Molėtai, Akmenė, Kretinga, Prienai, Varėna and Trakai. The survey was conducted in 20 cities and 21 villages. The study represents the opinion of all people of 18 years of age and older in Lithuania.

4.2.2 Attitudes towards the family policy

Firstly, respondents were asked on a five-point scale to evaluate, in general, conditions for raising children in Lithuania. Most respondents – 45 perc. remained neutral on this question and evaluated conditions neither unfavourable, nor favourable; 36 perc. thought that conditions

are unfavourable (strongly unfavourable/unfavourable), while 19 perc. estimated that conditions for raising children in Lithuania are favourable (favourable/strongly favourable) (Fig. 11).

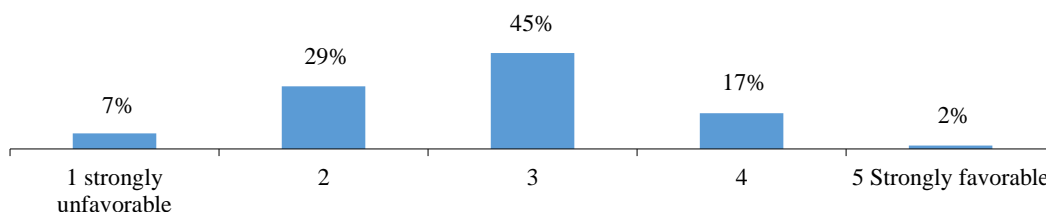


Fig. 11. Evaluation of conditions for raising children in Lithuania by respondents

Men expressed a more favourable opinion (23 perc.) on conditions for raising children (women – 15 perc.), as well as those who do not have kids (23 perc.) in comparison to those who have kids (15 perc.). However, childless respondents more often believed that conditions of raising a child in Lithuania are unfavourable (41 perc.) than those who have kids (23 perc.).

All in all, respondents tend to think that conditions for raising a child in Lithuania are more unfavourable than favourable. The average rating is 2.8.

In pursuance to understand the participants' awareness of the state family policy measures respondents were asked whether they knew about the support families with children are entitled to receive from the state.

Even though a vast majority of participants in the survey have children (59 perc.) or would like to have (95 perc.), the data showed that almost half (42 perc.) of the respondents did not know what kind of help families with children may receive from the state (Fig. 12). Only one quarter (25 perc.) of the target group are aware of such support.

Respondents with children are more often aware about the support – 32 perc., especially those who have more than one child – 39 perc. It should be taken into account that respondents in the group of multi-child families (8 perc.) fall under the latter category.

More than a half (61 perc.) of the respondents with no children are not aware of the help provided to families by the state. A fairly large part – one third (33 perc.) of respondents abstained from answering the question.

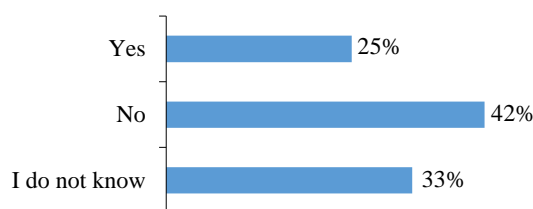


Fig. 12. Knowledge of the respondents about the support families with children may receive from the state

In the opinion of the respondents (Fig. 13), in Lithuania more support is provided to multi-child families (58 perc.) and low-income families (55 perc.). One third (30 perc.) of the respondents are in view that state supporting single parents/mothers, families with small children (13 perc.), working families (6 perc.).

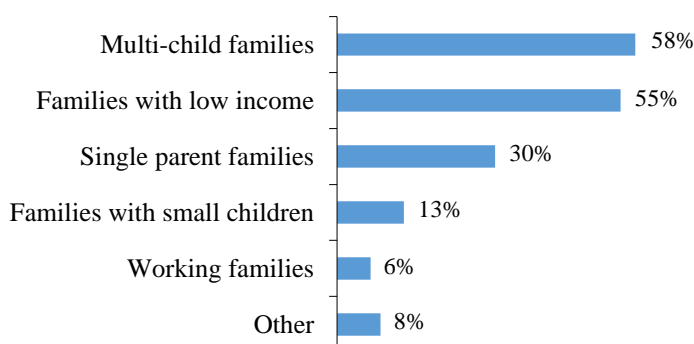


Fig. 13. The evaluation of respondent about mostly supported families of the state

When asked for a personal opinion, what kind of families the state should support the most, the responses reveal that people more eagerly support a categorical principle in regards to social policies, which means that support should be targeted to particular groups of people. In this case a state-run family policy should first focus on families who need help; this opinion was expressed by 76 perc. of survey participants. Second, a quarter (26 perc.) of the respondents believes that the state should support multi-child families, and third, one fifth (21 perc.) of them expresses the opinion that the state should follow the principle of universality in the implementation of the family policy (Fig. 14).

Only 8 perc. thinks that first of all, the state should evaluate the possibilities of the country when providing support.

These answers perfectly reflect the symbolic function of the family policy and the values it (i.e family policy) shapes in people's minds.

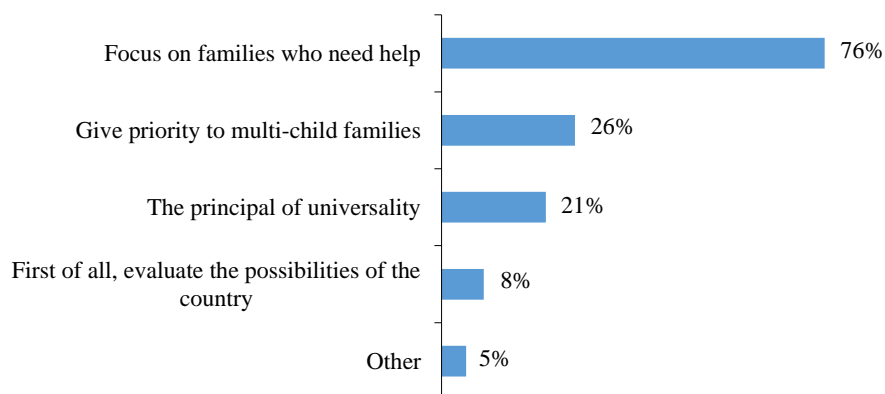


Fig. 14. The principles the state should follow when implementing the family policy

Even though 55 perc. of respondents think that the state should support families with low income, however, when asked whether the current family policy measures grant security to the family, according to the majority of survey participants (75 perc.) the state would not guarantee the safety of a family by existing social policy measures (Fig. 15). The opinion that the state would not guarantee the safety increases with the number of children in a family: 68 perc. – with no children, 72 perc. – with 1 child in a family and 89 perc. – with more than one child in a family supported the opinion. Therefore, it can be stated that families with more children feel more unsecured.

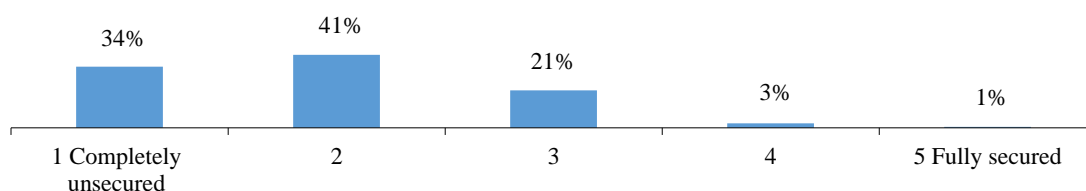


Fig. 15. The estimation of whether current family policy measures grant security to the family. Estimate on a scale from 1 to 5, where 1 – completely unsecured, 5–fully secured

The opinion that the state does not ensure security of a family in the event of trouble, is regardless of monthly income per family member (up to 300 euros – 68 perc., 301-500 euros – 79 perc., 501 euros or more – 75 perc.). Only 3 perc. of the respondents believe that the state fully grants/grants family safety. The total average rating is lower than the average – 1.9 points.

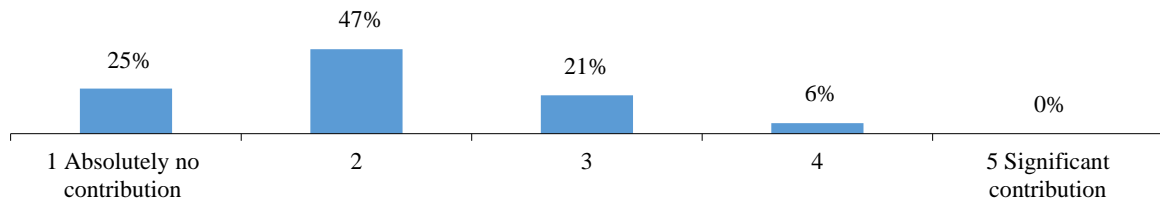


Fig. 16. Evaluation by respondents who have kids (N=150) on the state's contribution in raising their children.

Respondents who have children were asked to evaluate the state's contribution in raising a child. A majority (72 perc.) believes that the state's contribution is not high, in other words, parents do not feel the support from the state (Fig. 16). Both groups, with lower and higher income, think similarly (73 perc. average).

Furthermore, on the scale from 1 to 5, respondents were asked to evaluate if work and family reconciliation measures are sufficiently guaranteed in Lithuania. 47 perc. of the respondents believe that these measures are unguaranteed (absolutely unguaranteed/unguaranteed). It must be noted that such opinion is prevailed by women (56 perc.) than men (36 perc.) (Fig. 17).

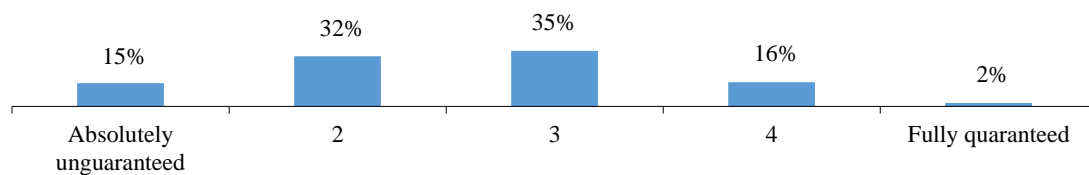


Fig. 17. Estimation of work and family reconciliation measures (scale from 1 to 5, where 1 – absolutely unguaranteed, 5 – fully guaranteed)

This opinion can be illustrated by the next question, which describes experiences about availability of childcare facilities, which is a very relevant and debatable topic in Lithuania. One third of the respondents (34 perc.) with preschool children have experienced difficulties when enrolling a child in a preschool institution. 42 perc. did not have such difficulties. Comparing the responses of both employed and non-working people, it appears that more (45perc.) of the working people encountered this problem (Fig. 18).

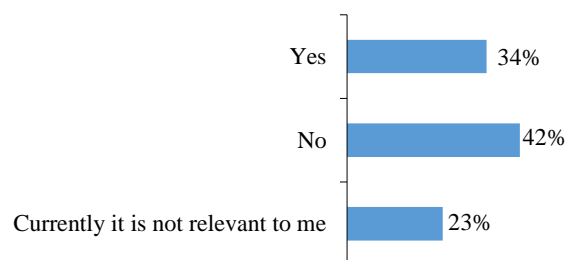


Fig. 18. Have you encountered difficulties while enrolling a child into a pre-school education institution? (Answering those who have kids N=150)

4.2.3 Factors influencing decisions of families on childbearing

A list of seventeen arguments were presented in the questionnaire, and the respondents were asked to evaluate which ones will encourage them and which ones will set barriers in their decision to have at least one more child (Fig. 19).

Several key factors, mostly related with inner personal life, have been identified as the most encouraging:

- Partner's attitude (52 perc.). This factor slightly more encourages men than women (men – 55 perc, women – 49 perc.). It is also more relevant for people aged from 26 to 30 (58 perc.) and for people aged from 30 to 39 (56 perc.). Age (48 perc.).
- Personal pursuit of happiness (45 perc.).
- Self-realisation (43 perc.). This is similarly important for both men (42 perc.) and women (43 perc.).
- Personal principles (religious, moral) (41 perc.).

The five greatest obstacles mentioned are mostly related with external conditions: 1) housing (size, condition) (41 perc.); 2) family financial condition (40 perc.); 3) terms for purchasing, renting of housing (39 perc.); 4) future perspectives for children in Lithuania (37 perc.); occupation (35 perc.).

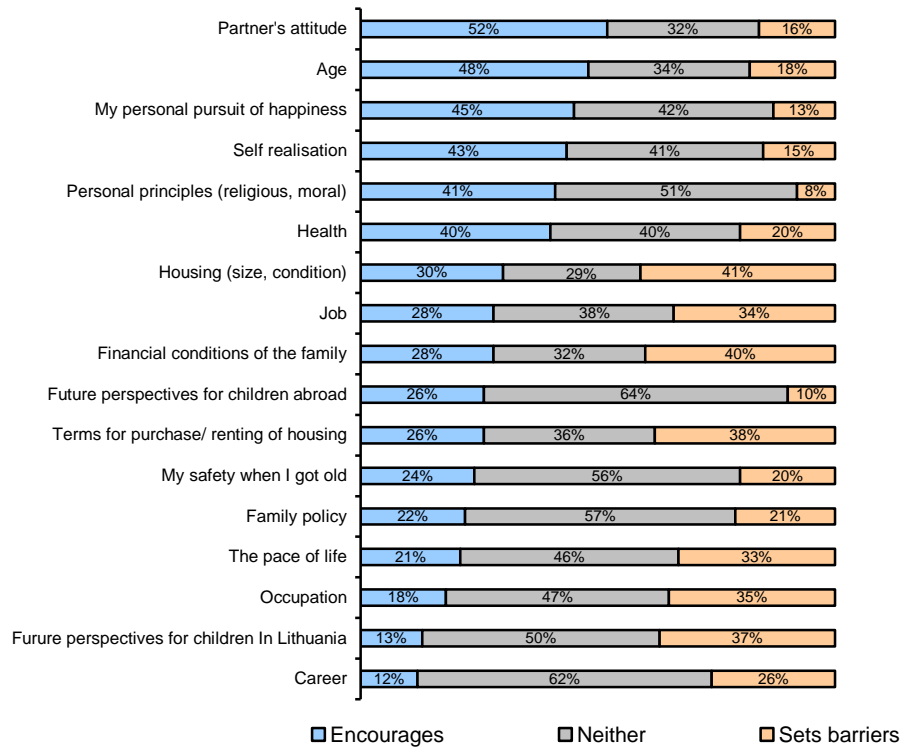


Fig. 19. Which of the following points will encourage you, and which ones will set barriers in your decision to have at least one more child?

The arguments that got most neutral answers were: future perspectives of children abroad (64 perc.), career (62 perc.), family policy (57 perc.) and my safety when I get old (56 perc.).

When assessing the impact of family policy more in detail on the birth rate of children, more than a half of the respondents (59 perc.) believe that the state has a significant impact on birth rates in Lithuania (Fig. 20). This opinion is expressed by a larger proportion (69 perc.) of men than women (50 perc.). The distribution of responses did not depend on the number of children. Moreover, only 1 perc. of the respondents believe that the family policy has no effect on the birth rate of children. However, when asked how much influence social policy in Lithuania makes on their personal decision to have a child, most of the respondents (51 perc.) answered that social policy does not have any impact on their decision and just 26 perc. of them think that social policy has impact on their decision to have a child (Fig. 22).

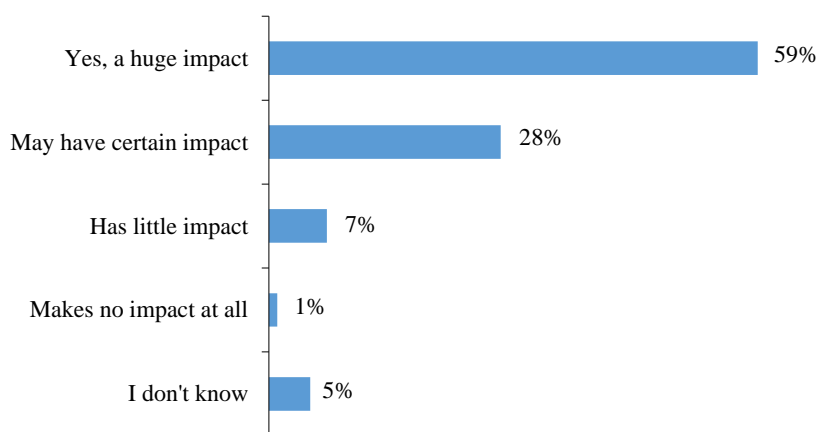


Fig. 20. Do you think that the family policy implemented by the state makes an impact on the child birth rate in Lithuania?

A representative survey participants were presented with a scale from 1 to 10 (where 1 – totally discourage and 10 – highly encourage) and were asked to evaluate, how much the policy measures aimed at families with children, encourage birth rate in Lithuania. One fifth (20 perc.) of the respondents believes that these measures do not fully promote birth rate in Lithuania (Fig. 21). Such opinion prevails among people with lower than 150 euros income (27 perc.), the unemployed (27 perc.) and the respondents living in larger households (4 persons and more) (26 perc.). 20 perc. of the respondents from the age group 18-49 (reproductive age) believe that birth rate is not encouraged in Lithuania; respondents with school-aged children also provide a similar assessment (22 perc.).

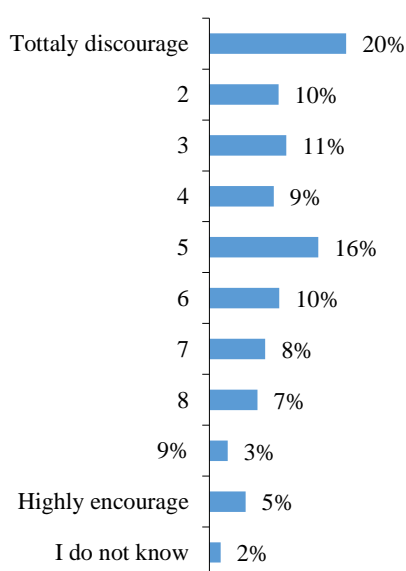


Fig. 21. Do political measures aimed at families with children encourage the birthrate in Lithuania?

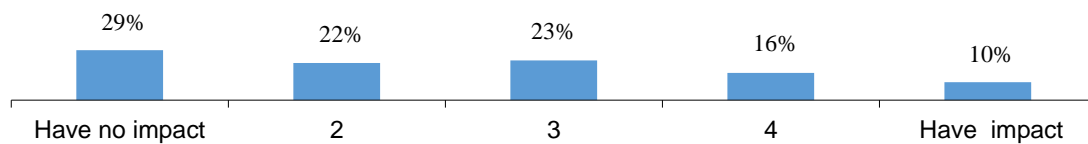


Fig. 22. Evaluate how much influence social policy of Lithuania makes on your decision to have a child.

Respondents received a list of new or adapted family policy measures based on Finnish family policy measures and were asked to assess if these measures would affect their decision when considering the possibility of having a child. The list contained financial incentives, housing, childcare and other measures.

The most attractive measure is that of financial stability. It was chosen by 87 perc. of people – in the event of a problem, my family’s financial security would be safeguarded (the family would receive adequate temporary allowance).

Another important measure for the respondents (76 perc.) is flexible terms for purchase/renting of housing. This measure is important for different income people (ranging from 74 perc. – receiving more than 500 euros per family member up to 85 perc. – whose income up to 300 euros per family member).

The third most important tool, which was chosen by 72 perc. of the respondents, is receiving the child's allowance for every child under 18 years of age. It is particularly relevant (90 perc.) for respondents with more than one child.

A more flexible maternity/paternity leave would have an effect on 72 perc. of survey participants in their decision to have children.

In terms of alternative pre-school age child care (i.e., money for raising a child at home (instead of child care institution) – 65 perc. of the respondents evaluate that the measure would probably be an incentive to consider having children. This measure is attractive to people who do not have children – 68 perc. When analysing responses among age groups, it is noteworthy that 69 perc. of people of the age group 18-30 responded positively, however, it is important to note that answers were similarly distributed among all age groups (31-45 age group – 64 perc.), which means it is relevant for all age groups.

56 perc. of the participants believe that a family policy tool such as receiving a baby basket (items for a new-born) would encourage them in their decision to have a child. This is an important boost to young people, more than two-thirds (72 perc.) of the respondents between ages of 18 and 25 answered "yes".

The measure that would affect least the decision (49 perc. of the respondents answered yes) is a shorter (than now existing) length of work record to be eligible for maternity/paternity benefit. A quarter of the respondents expressed a neutral opinion, while 27 perc. of the respondents would not be encouraged by this measure. It must be highlighted that due to the fact that most of the participants are working people, the latter policy measure is not so relevant to their personal situation.

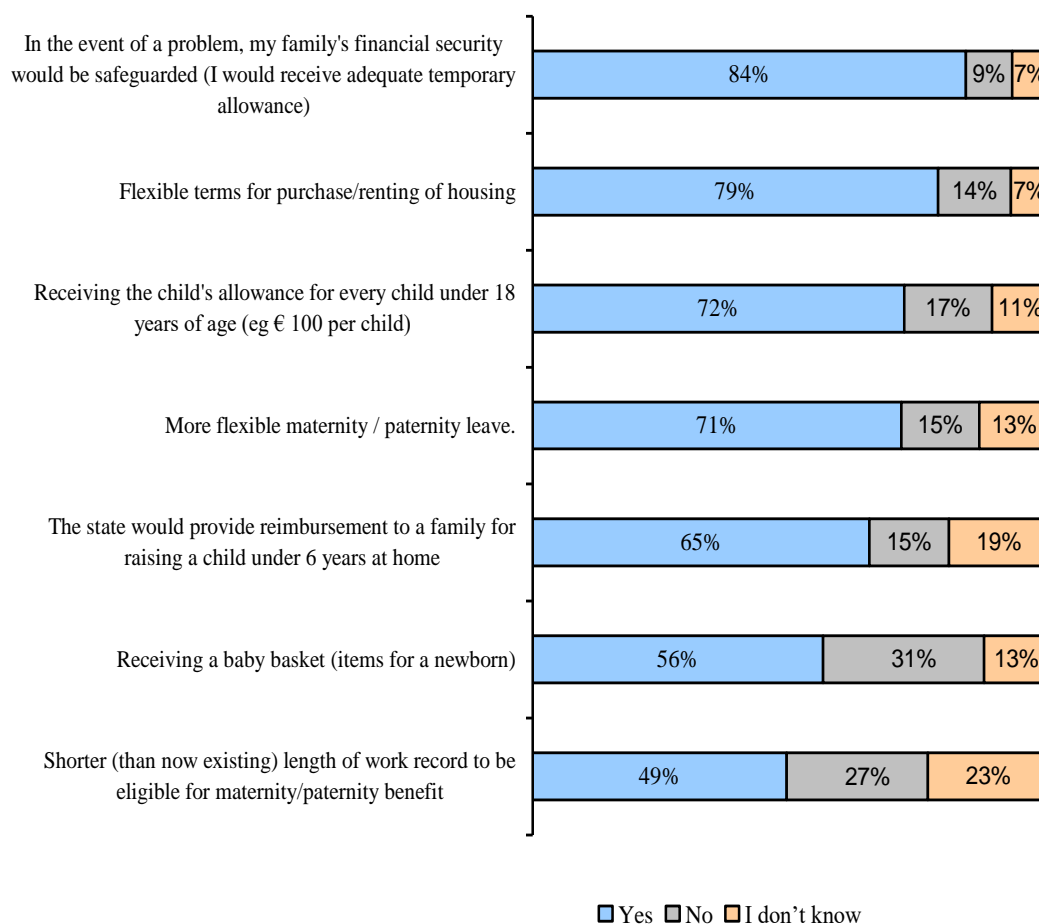


Fig. 23. Will the following policy measures affect your decisions to have children?

The population of Lithuania was asked which incentives could encourage families to have more children (Fig. 23). 68 perc. of the respondents acknowledged that a greater state financial support for family-raising children could serve as one of the most important incentives. This opinion was more often supported by people with lower income (up to 150 euros) per family member (75 perc.), respondents over 60 years of age (73 perc.), rural population (70 perc.).

According to 64 perc. of the population of Lithuania of a reproductive age (from 18 to 49 years old), a greater financial support would encourage considering a possibility of having more children.

Privileges for purchase/lease of housing could serve as a priority encouraging the residents of Vilnius to have more children. This priority was indicated by 68 perc. of the inhabitants of Vilnius. This is important for 39 perc. of the residents of Lithuania aged from 18 to 49 (reproductive age).

Tax relief and a larger network of pre-school institutions are also somewhat more important incentives for the residents of Vilnius (tax allowances – 54 perc, a larger network of pre-school establishments – 46 perc.).

The lowest (2 perc.) of the above motives – equal opportunities for women and men.

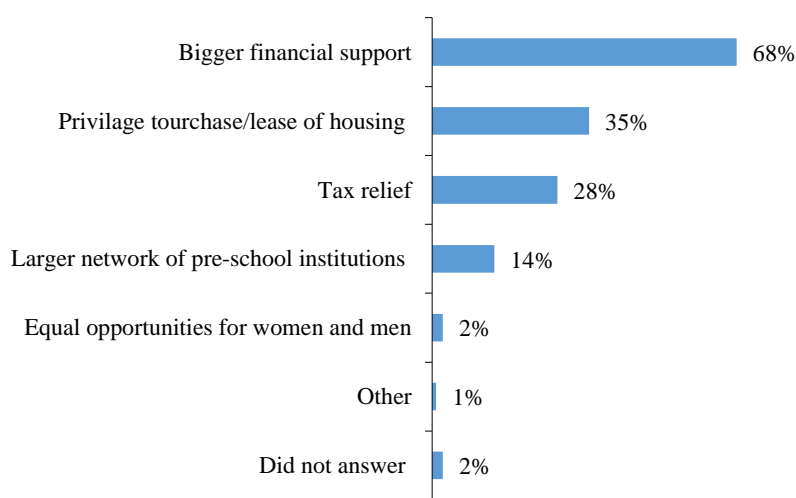


Fig. 24. What will encourage families to have more children?

The next question has revealed lifestyle preferences of the respondents. Three family models from Hakim’s preference theory (described in more details in Chapter 1) were presented to the respondents. They were asked to select one model which best suits their ideal family model. According to Rabušic and Chromkova Manea (2008) different lifestyle preferences respond differently to family policy measures regarding fertility. Family model, where a woman is home-centred, a fiscal policy can encourage to have a child. Policy measures that ensure work-life balance are important to those who combine work and family responsibilities.

A model, where both partners have jobs, take care of household chores on equal basis, and have a shared parental responsibility regarding childcare, was chosen by the majority of research participants – 59 perc. (67 perc. – men; 52 perc. – women) (Fig. 25).

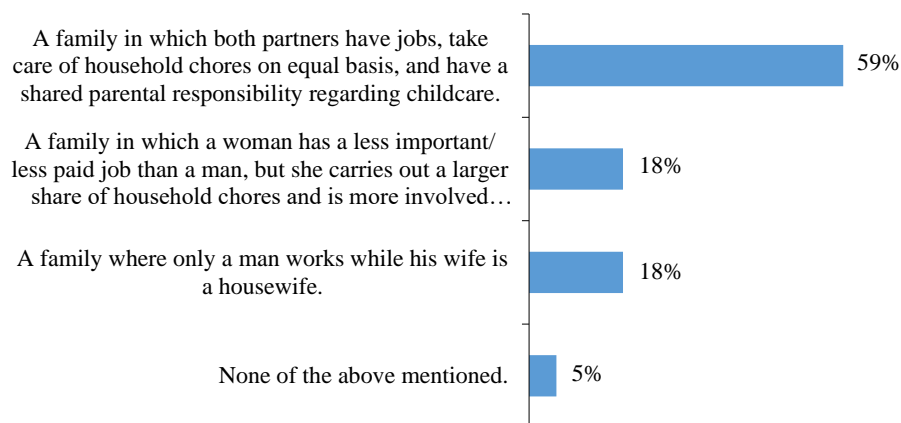


Fig. 25. Ideal family concept of respondents

The other two models were chosen equally by 18 perc. of interviewed persons (14 perc. – men, 21 perc. – women):

- A family in which a woman has a less important/less paid job than a man, but she carries out a larger share of household chores and is more involved in child care.
- A family where only a man works while his wife is a housewife.

4.2.4 Attitudes towards families

Respondents were asked to point out the factors that reduce the family's value in society. Six factors were listed. The respondents could choose one or several answers or give their own version.

In the opinion of the respondents, the most mitigating factor of the family's value in society is the perception of the family as a burden. More than a half (57 perc.) of the respondents chose this answer. About 50 perc. defined the cult of individualism and minimal material conditions as factors reducing a value of the family in the society (Fig. 26).

Less than a half of the respondents see overestimation of material values and the state's attitude towards the family as factors reducing family's value in society (47 and 42 respectively).

Just a quarter (26 perc.) thinks that stigmatization of multi-child families is a factor that reduces family's value in society.

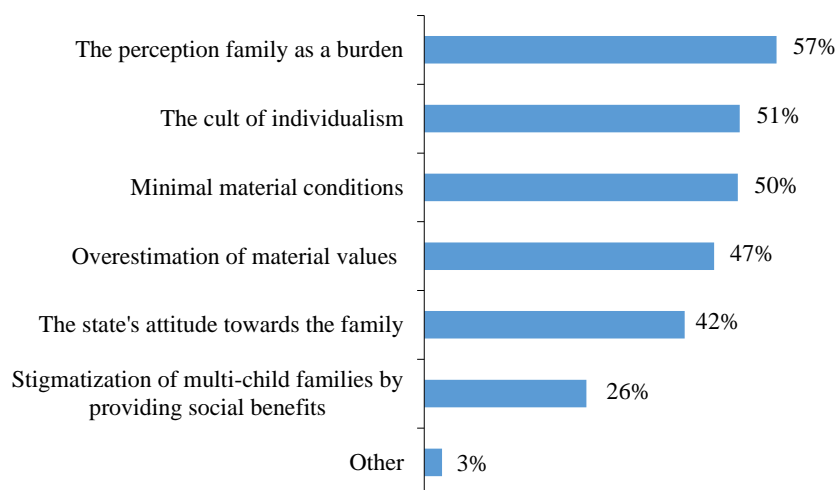


Fig. 26. The factors that reduce a value of the family in society

Respondents were given twelve statements (Fig. 27) and were asked to evaluate how much they agree or disagree with those statements (fully disagree, disagree, neither agree nor disagree, agree, fully agree).

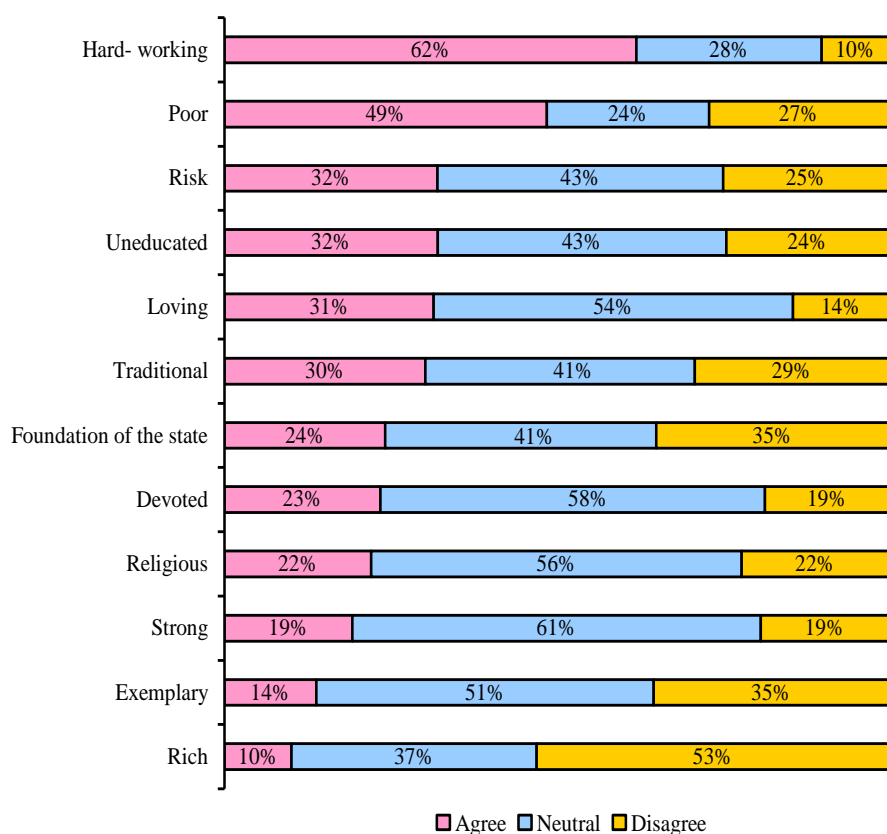


Fig. 27. Prevailing beliefs about large families in public

Most often (62 perc.) respondents agreed that large families are considered as hard working and poor (32 perc.), belonging to the risk group or uneducated (each 32 perc.)

People evaluated that most often large families are not considered rich (53 perc.), exemplary or a foundation of the State (35 perc. each).

4.3. Summary of the empirical research

To sum up, the results of the empirical analysis show that respondents tend to assess the conditions for raising children in Lithuania as more unfavourable than favourable. Empirical evidence reveals that respondents, think that in case of trouble family policy measures would not grant security for families, even though they think that one of the most supported groups are families with low income as well as multi-child families. It can be argued that social policy measures aimed at families with children are more often regarded by the population of Lithuania as discouraging birth rates. One fifth (20 perc.) of the respondents assessed them as totally discouraging birth rates and only 5 perc. pointed out that these measures strongly stimulate the birth rate.

Most of participants who have kids did not feel a government contribution in raising a child (72 perc.). Despite the fact, most of the respondents support the opinion that the family policy must be targeted at families that need help (76 perc.), the principle of universality was mentioned just by 21 perc.

The factors that have a highest influence on participants' decision to have a child are related with realisation of inner personal or family needs (partner's attitude, personal pursuit of happiness, self-realisation, personal principles, age), whilst the biggest obstacles are mostly related with financial measures (housing, family financial conditions).

When assessing policy measures that might influence their decision, the respondents mostly mentioned measures that would guarantee their financial stability in the case of problems, flexible terms in purchasing a housing, receiving child allowance and more flexible maternity/ paternity leave. In the opinion of the representative survey of Lithuanian residents, the political measures that would have the greatest influence on families' decision to have children is a higher state financial support (68 perc.). Data analysis shows that such support is important for more than a half (64 perc.) of the respondents of reproductive age.

The opinion of participants about the impact of the family policy on decision to have a child is ambiguous: on one hand, respondents tend to think that social policy has a huge impact on fertility, on the other hand, when evaluating their personal life choices, it does not have much influence.

The perception of the family as a burden is the most significant factor mitigating family's value in society; multi-child families according to respondents are mostly seen as hard-working and poor.

Majority of the respondents conceive an ideal family as a family where both partners are working. According to Hakim's theory, such concept reflects the need of work and family reconciliation policies in the society, however, in the opinion of participants (47 perc.) these policy measures are not sufficiently guaranteed in Lithuania (35 perc. remained neutral). The opinion is more supported by women than men.

CONCLUSIONS

1. There are various approaches for explanation and interpretation of low birth rates. The behaviour is considered as a private decision that it is affected by, economic, political, social context and other exterior factors, however. The influence of modernisation and changing values, education, participation in the labour market, lifestyle preferences in general, cost of the raising a child, happiness, and aspects of social status may have influence on fertility rates. Various theoretical approaches provide different proposition to fertility decline in this way contributing to the picture as a whole which helps to understand the actual complexity of low fertility.

2. The existing interventional approaches aimed at boosting birth rates vary depending of national family policy, it is mostly guided by a country's welfare state model and raised objectives (e.g. to promote fertility). Some family policy models focus on birth rates promotion explicitly – pro-natalist model (France for example), other models support one-income families, others – models two-income families, in this way helping both parents to balance work and family. The effect of the family policy depends on plurality of family policy measures in use, however, each family policy measure has a certain effect on fertility on the average. France, English speaking countries and the Nordic countries had the highest TFR in 2015.

3. Family policy in Finland works as a policy which is aimed at fertility. The main focus of governmental policies is on strengthening welfare of families and developing the Nordic welfare model. The principle of universal access to welfare services is the main tool to cope with population issues. Fertility encouraging policy has a strong emphasis on gender equality, however, there is no clear pro-natalist goal; there is a strong emphasis on reproductive rights and issues of depopulation, and fertility decline is framed in terms of the “aging nation”. In Lithuania, the family policy and the fertility issue are at the top of the political agenda. Such notions as “fertility” and “birth promotion” are often articulated in political agendas, the country is trying to improve family policy measures, create a sustainable family well-being and promote fertility.

4. The results of the empirical analysis reveal that respondents tend to assess the conditions for raising children in Lithuania as more unfavourable than favourable, social policy measures aimed at families with children are more often regarded as discouraging birth rates. Most of the respondents support the opinion that the family policy must be targeted at families. Measures that would guarantee the financial stability in the case of problems, flexible terms in purchasing a housing, receiving bigger child allowance and a more flexible maternity/ paternity leave could be an incentive to have a child. Majority of the respondents conceive an ideal family as a family where both partners are working, however, in the opinion of participants, the work

reconciliation policy measures are not sufficiently guaranteed. The factors that have a highest influence on participants' decision to have the child are related with realisation of inner personal or family needs. The perception of the family as a burden is the most significant factor mitigating family's value in society.

RECOMMENDATIONS

1. To Parliament and Government of Lithuania: even the family policy and the fertility issue are at the top of the political agenda in Lithuania, need for more effective measures for sustainable family well-being and fertility promotion is evident. Thus, it recommended to review the existing States laws and legislation in respect of its effectiveness in the context of depopulation and fertility decline, and to make adjustments national laws and legislation.

2. To Government of Lithuania: to focus on more flexible governmental policies on strengthening welfare of families by promotion of measures for parental leave, childcare services and other favourable for the fertility encouraging.

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SUMMARY

Thesis. Social policy responses to low fertility in Lithuania and Finland: comparative analysis. The master thesis analyses contemporary family policies as a tool to respond to low fertility in Lithuania and Finland. This thesis also presents the views on fertility issues in the context of the state family policy by reproductive age of people and Lithuanian population, which best reflects the attitudes of people and aspects of national family policy that can be improved in accordance to it.

The **research aim** is to identify the most beneficial features of social policy in response to low fertility through the comparative analysis of situations in Lithuania and Finland.

The **research object** is the state family policy that responds to low fertility.

The **research objectives** were raised to achieve the research aim:

1. To review theoretical approaches on fertility and reproductive behaviour.
2. To analyse family policies concerning low fertility in various welfare state models.
3. To compare family policies encouraging fertility in Lithuania and Finland.
4. To identify most beneficial features of social policy responding to low fertility in Lithuania.

The research methods. Scientific literature, legislation and demographic statistics used in the theoretical analysis of situation of family policies concerning low fertility. Collected quantitative empirical data analysed by Statistical Package for Social Sciences software package.

Study participants. 1001 Lithuanian residents were interviewed in a representative quantitative population survey and 260 respondents at reproductive age were interviewed.

Studies have shown that family policy, from the point of view of the Lithuanian population, does not encourage fertility. Existing family policies do not guarantee the security of the family even in the event of a disaster, despite the respondents' view, state policy should target those families who need help. Greater financial support, family reconciliation measures, and better housing conditions could be factors that would encourage respondents to have more children.

Keywords: family policy, fertility, social policy, comparative analyses.

SANTRAUKA

Darbo tema: Socialinės politikos atsakas į žemo gimstamumo tendencijas Lietuvoje ir Suomijoje: lyginamoji analizė. Magistro darbe analizuojama šeimos politika, kaip įrankis atsakui į žemo gimstamumo tendencijas dvejose Europos Sąjungos šalyse: Lietuvoje ir Suomijoje. Taip pat, darbe pristatomas Lietuvos gyventojų ir reprodukcinio amžiaus žmonių požiūris į šeimos politiką bei jos priemones susijusias su gimstamumo skatinimu, kurie geriausiai išryškina nuostatas į vykdomą šeimos politiką šalyje bei šeimos politikos tobulintinus aspektus.

Tyrimo objektas – šeimos politika.

Šio **darbo tikslas** – nustatyti naudingiausias socialinės politikos priemones, atsižvelgiant į mažą gimstamumą, pritaikant lyginamąją Lietuvos ir Suomijos šeimos politikos analizę.

Siekiant tikslo iškelti šie **darbo uždaviniai**:

1. Apžvelgti teorinius požiūrius, aiškinančius gimstamumo tendencijas ir reprodukcinį elgesį.
2. Išanalizuoti šeimos politikos gaires atsižvelgiant į gimstamumo skatinimą gerovės valstybės modeliuose.
3. Palyginti šeimos politiką, nukreiptą į gimstamumo skatinimą Lietuvoje ir Suomijoje.
4. Empiriškai ištirti veiksnius skatinančius gimstamumą Lietuvoje.

Tyrimo metodai: teisinių aktų bei mokslinės literatūros analizė, kiekybinių tyrimų duomenys apdoroti pritaikant SPSS (Statistical package for Social Sciences) statistinę programinę įrangą.

Tyrimo dalyviai: Kiekybinėje reprezentatyvioje gyventojų apklausoje apklausta 1001 Lietuvos Respublikos gyventojų. Kiekybinėje tikslinės grupės apklausoje apklausti 260 respondentai, kurie atitiko reprodukcinio amžiaus kategoriją.

Tyrimais nustatyta, kad šeimos politika, Lietuvos gyventojų požiūriu, neskatina gimstamumo. Vykdoma šeimos politika neužtikrina saugumo šeimai net ištikus nelaimėi, nepaisant to, respondentų nuomone, valstybės politika turėtų būti orientuota į tokias šeimas, kurioms reikia pagalbos. Didesnė finansinė parama, šeimos – darbo derinimo priemonės, geresnės sąlygos būstui įsigyti, galėtų būti veiksniai, kurie paskatintų respondentes turėti daugiau vaikų.

Raktiniai žodžiai: šeimos politika, gimstamumas, socialinė politika, lyginamoji analizė.

ANNEXES

Annex 1. Quantitative survey of people at reproductive age

Questionnaire for the survey

Hello, my name is Lalita. I am a student at Mykolas Romeris University, Institute of Educational Sciences and Social Work. I am enrolled in “the Comparative Social Policy and Welfare“ programme. I am currently conducting a study for my master thesis. The purpose of the study is to find out the important issues for the Lithuanian people aged from 18 to 45 when raising their children.

I’d like to invite you to participate in this survey as your opinion is very important. The information provided will be used only in a summarized form.

Thank you in advance for your sincere answers and the time dedicated to completing this survey.

1) How many children have you got?

1. _____ (please, specify)
2. I haven’t got children

2) How many children would you like to have?

1. _____(please, specify)
2. I don’t want to have any children

3) Do you know what kind of support families with children receive from the state?

1. Yes
2. No
3. I don’t know

4) What kind of families, do you think, the state supports the most?

1. Families with small children
2. Multi-child families
3. All families
4. Working families
5. Single-parent families
6. Families with low income
7. Other (please, specify) _____.

5) What principles should a state follow when it comes to a family policy?

1. First of all, evaluate the possibilities of the country
2. The principle of universality (providing equal opportunities for all families)
3. Give priority to multi-child families
4. Focus on families who need help
5. Other (please, specify) _____.

6) Do you think that the family policy implemented by the state makes an impact on the child birth rate in Lithuania?

1. Yes, a huge impact
2. May have a certain impact
3. Has little impact
4. Makes no impact at all
5. I don't know

7) Are work and family compatibility measures sufficiently guaranteed in Lithuania?
Estimate on a scale from 1 to 5, where 1 - absolutely unguaranteed, 5- fully guaranteed.

Absolutely unguaranteed 1 _____ 2 _____ 3 _____ 4 _____ 5 Fully guaranteed

8) In your opinion, if a family is in trouble, do the current family policy measures grant the security to the family? *Estimate on a scale from 1 to 5, where 1- completely unsecured, 5-fully secured.*

Completely unsecured 1 _____ 2 _____ 3 _____ 4 _____ 5 Fully secured

9) Evaluate how much the state of Lithuania contributes / would contribute in raising your child on a scale from 1 to 5, where 1 – absolutely no contribution, 5 – significant contribution.

Absolutely no contribution 1 _____ 2 _____ 3 _____ 4 _____ 5 Significant contribution

10) Have you encountered difficulties while enrolling a child to a pre-school education institution?

1. Yes
2. No
3. Currently it is not relevant to me

11) Will the following policy measures affect your decisions to have children?

Mark one correct answer per each line.

		YES	NO	I DON'T KNOW
1.	Shorter (than now existing) length of work record to be eligible for maternity/paternity benefit			
2.	The state would provide reimbursement to a family for raising a child under 6 years at home, instead of a kindergarten			
3.	Receiving a baby basket (items for a new born)			
4.	More flexible maternity / paternity leave.			
5.	Receiving the child's allowance for every child under 18 years of age (e.g. € 100 per child)			
6.	Flexible terms for purchase/renting of housing			
7.	In the event of a problem, my family's financial security would be safeguarded (I would receive adequate temporary allowance)			
8.	Other _____ (please, specify)			

12) There are different family models. Which of the following statements corresponds to your ideal family concept best?

1. A family in which both partners have jobs, take care of household chores on equal basis, and have a shared parental responsibility regarding childcare.
2. A family in which a woman has a less important/ less paid job than a man, but she carries out a larger share of household chores and is more involved in childcare.
3. A family where only a man works while his wife is a housewife.
4. None of the above mentioned.

13) Which of the following points will encourage you, and which ones will set barriers in your decision to have at least one more child (Select one correct answer in each row)?

		<i>Encourages</i>	<i>Sets barriers</i>	<i>Neither</i>
1.	Financial conditions of the family			
2.	Personal principles (religious, moral)			
3.	Housing (size, condition, etc.)			
4.	Terms for purchase/renting of housing			
5.	Job			
6.	Health			
7.	Occupation			
8.	Future perspectives for children in Lithuania			
9.	Future perspectives for children abroad			
10.	Lithuanian family policy			
11.	Partner's attitude			
12.	The pace of life			
13.	My safety when I get old			
14.	Self realization			
15.	My personal pursuit of happiness			
16.	Age			
17.	Career			

14) Estimate your conditions for raising children in Lithuania on a scale from 1 to 5, where 1 – strongly unfavorable and 5 - strongly favorable.

Strongly unfavorable 1 _____ 2 _____ 3 _____ 4 _____ 5 Strongly favorable

15) Mark the factors that reduce a value of the family in society (tick all appropriate answers).

1. The perception of the family as a burden
2. The cult of individualism
3. Minimal material conditions
4. Overestimation of material values
5. The state's attitude towards the family
6. Stigmatization of multi-child families by providing social benefits
7. Other (please, specify) _____.

16) Do you agree or disagree with the following prevailing beliefs about large families in public? Mark one correct answer per each line.

	MULTI-CHILD FAMILIES	Fully disagree	Disagree	Neither agree nor disagree	Agree	Fully agree	I don't know
1.	Poor						
2.	Exemplary						
3.	Loving						
4.	Religious						
5.	Uneducated						
6.	Traditional						
7.	Social risk						
8.	Strong						
9.	Hard-working						
10.	Foundation of the state						
11.	Rich						
12.	Devoted						
13.	Other (please, specify)						

Social - demographic questions

1) Your gender:

1. Male
2. Female

2) Age _____ (full years)

3) Marital status:

1. Single
2. Married
3. Partners living together
4. Divorced
5. Widow/-er

4) How old are your children? (please, specify their age)

1. 1-st child _____.
2. 2-nd child _____.
3. 3-rd child _____.
4. 4-th child _____.
5. 5-th child _____.

5) Education

1. No education
2. Primary
3. Unfinished secondary
4. Secondary
5. Post-secondary/ vocational
6. University

6) What is the average income (in euro) per one member of your family per month?

Sum up salaries, pensions, scholarships, etc. of all family members. and divide by a number of family members _____ (euros)

7) Occupation

1. Unemployed, temporarily unemployed
2. Housewife
3. Pensioner (not working), disabled
4. Student, pupil
5. Businessman, owner of business
6. Farmer
7. Executive or middle level manager
8. Top or middle level specialist
9. Service or technical worker
10. Skilled worker
11. Unskilled worker
12. Other (please, specify) _____

Annex 2. Quantitative representative survey of the Lithuanian population

1. Do political measures aimed at families with children encourage the birthrate in Lithuania? Please evaluate from 1 to 5, where 1 – totally discourages, 2 – highly encourages.

Totally discourage	1-2-3-4-5-6- 7-8-9-10	Highly Encourage
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2. What will encourage families to have more children?

1. Bigger financial support
2. Tax relief
3. Privilege purchase/ lease of housing
4. Larger network of pre-school institutions
5. Equal opportunities of woman and men
6. Other _____

Annex 3. Maternity, paternity and parental allowances based on earnings in Finland

Annual earnings (euro)	Formula for the allowance calculation (euro per working day)
up to 1425	23,73 euro (minimum)
1426-37113	0,7x annual earnings: 300
37 114 - 51 101	86.60+0,40 x (annual earnings – 37 113):300
over 57 101	113,25+0,25x (annual earnings – 57 101) :300

Source: Kela.fi, 2017.

**Annex 4. Maternity allowance based on earnings payable for the first 56 working days in
Finland**

Annual earnings (euro)	Calculation formula for the allowance (euro per working day)
up to 1425	23,73 (no allowance based on earnings)
1426 - 57 101	$0,9 \times \text{annual earnings} : 300$
over 57 101	$171,30 + 0,325 \times (\text{annual earnings} - 57\ 101) : 300$