

Having children during the political transition — over- or under-achievement of family plans in function of the mothers' sense of security and general well-being

PhD thesis

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# 1 Introduction

It would probably be no exaggeration to state that the demographic crisis in Europe is one of the hot topics of social sciences. Aging, late motherhood, low productivity are all factors that prompt politicians as well as the scientific community to find the underlying causes of these trends and look for possible ways of corrective intervention.

In Europe, life expectancy at birth has constantly been growing, while birth rates have stayed persistently low (i.e. under the level that would be necessary for the simple reproduction). The typical total fertility rate is 1.6, resulting in a shift of the population toward older ages. Since the demographic situation outlined has serious health and economic implications, governments have a reasonable intention to understand the processes and to set up efficient intervention plans. Based on the European experiences, making child care institutions more accessible and affordable, and promoting gender equality at an overall social level (leading to a better balance of work and parenting for women) have positive impact on fertility.

Nevertheless, there are always humans behind the macro-level statistics having personal goals, decisions, fulfilled or unfulfilled, or often failed plans. Some of them want (more) children, but cannot find appropriate partners. Others have health issues preventing them from having children, or want children but keep putting it off until it is too late. However, not only those having less children than planned or wished can feel disillusioned but also those who raise more children than their moral or religious convictions, or restrictions imposed by birth regulations in certain countries made them want. We have taken relatively good care of the first group — also as part of the pursue of rising birth rates — by reducing risk factors and taking several measures to improve the situation. On the other hand, all those failing to have children bear severe emotional burdens: besides failing to achieve their own personal goals they face social pressure being stigmatized as “careerist” and “selfish”. At the same time, the problems of the other group are dwarfed in the researches, despite those having more children than planned may find themselves in equally difficult situations. They have to reprogram their lives, while being similarly stigmatized and blamed by the society for being irresponsible.

The longitudinal research constituting the basis for this paper was performed from 1989 to 2012 by the Institute for Sociology of the Hungarian Academy of Sciences (MTA),

enabling us to track the number of children born compared to the original family plans. We had the chance to ask mothers carrying their first babies in 1989 once again in 2012 — at the end of their fertile life because of their age — about how they plans had been changed, adjusted, or fulfilled. Some of the families taking part in the research had exactly as much children as they had planned earlier, but a significant number of the respondents were raising less or more children than they had wanted.

Apart from the variability of individual life paths, another important factor was playing role in the fulfilment of plans. Uncertainty and unpredictability brought about by the political transition forced changes in many areas of life. Thus, families involved in our researches had to simultaneously cope with difficulties at the individual level as well as with dramatic changes at macro-social level. The question was how the consequences of the non-fulfilment of plans set at young ages became altered by such a massive turnaround affecting all aspects and spheres of life. Were the adjustments of plans dwarfed by the many other changes around? Or is giving birth an essential part of human life so deeply rooted that the consequences of the fulfilment of plans would remain traceable even in that historical situation?

## **2 Aims**

To analyze the data recorded from 1989 to 2012 in three waves, the following objectives were set by the research team:

Perform a comprehensive, descriptive research during the time of pregnancy. Discover as thoroughly as possible the future mothers' overall and pregnancy-related health status, their lifestyle, and the operation of the health care system covering them.

Examine how these mothers schedule the birth of their first children, what circumstances would receive the babies, and what kind of supporting network parents individually have.

Learn as much as possible about the new parents' everyday life, the difficulties, issues, dilemmas they face while taking care of the newborns.

During the second wave, the originally posed question was supplemented by an extra goal to survey the personal perception of the transformations and uncertainties raised by the political changes.

After nearly a quarter-century, draw life paths typically run by these families coming from disadvantaged settlements. Identify people who were able to make progress, to break out of hopelessness, and find those who experienced social degradation.

Compare the mothers' plans of training, moving, and future life against the reality in 2012. In case of fully or partially failed plans, learn how confident the mothers are about their future, whether they have changed plans, or have more modest plans (if any), and whether they continue pursuing their goals.

Examine achievements of goals mothers' have probably finished fulfilling by that time — due to their biological or social limitations —, that is, check whether they raise less or more children, or as much children as they planned during their first pregnancy.

Examine how social impact of the political transition appeared in each family's life, how uncertainty influences even the life of the next generations.

Based on the results, give recommendations for possible actions and support that would help to achieve the number of children planned.

### **3 Methods**

The aim of the exploratory research launched in 1989 was not so much to perform an extensive data collection, but rather to select a sample for deep examination. As a consequence of the increased child mortality indices in the southern agglomeration of Pest county, the research scope was reduced to this critical area, and data collection was carried out in the following eight settlements: Szigetszentmiklós, Dunaharaszti, Szigethalom, Érd, Dabas, Monor, Cegléd, and Százhalombatta.

In 1989, 301 women carrying their first children were surveyed. This first questionnaire contained blocks of questions about the composition of the family, housing conditions, health care network, the mother's feelings about her pregnancy, her health status, preparations she made for birth, the baby to be born, the mother's relationship with the

baby's father, her work, distribution of household work, her family at childhood, and the family's financial situation.

In 1990, the survey was divided into several parts. Out of the 301 families, the research group was able to ask 238 in different ways. Health visitors conducted in-depth interviews with 44 mothers about the detailed conditions of their labour and the difficulties they encountered in the first period upon returning home. Questionnaire surveys were conducted with another 194 families. 194 mothers were asked about their labour, their feelings about being at home, caring about their babies, their general well-being, and their relationship with their partners. Fathers were also involved in this wave, and 192 of them answered questions regarding their feelings about their babies, their own fatherhood, their relationship, work, home activities, and financial situation.

In the aftermath of the political transition, upon the transformation of research funding and the reorganization of research institutes, surveys of the families were discontinued after the second wave for a long time.

In 2011, thanks to the proposal no. 83336 called by the Hungarian Scientific Research Fund (OTKA), Beáta Dávid and her team located 200 of the families surveyed earlier, however, due to personal tragedies or the general lack of trust only 116 families (at least one member of each) agreed to complete the questionnaire. 110 mothers, 67 fathers, and 84 first-born children responded to the questions concerning themselves. Questions covered housing conditions, education, degrees, work, current relationships, feelings about children/parents, other social relationships, and the most significant events of the last 20 years. In addition to the questionnaire survey, in-depth interviews were conducted with 20 mothers, focusing mainly on their relationship, feelings about their children, and their general sense of security.

Survey data collected during the three waves were recorded using the SPSS programme suite. During the primary quantitative analyses it turned out that the in-depth analysis facilitated by the original objective of our research was no longer possible, therefore we used mixed quantitative-qualitative method to process the data as fully as possible in order to reveal the information in the several hundreds of pages recorded about each family.

In the first place, we analysed the open-ended questions by using traditional content analysis methods, and created nominal and ordinal level measurement variables based

on the recurring elements found in the questionnaires. As the next step, we prepared material for qualitative analysis using all the variables in order to retrieve additional information from the responses. Then, with the help of sociology students, we compiled text documents out of the details provided by the families, their answers to the open- and closed-ended questions, as well as of the final results received from the measurement tools. These summarized descriptions later called “mini stories” were then submitted to content analysis. To examine the simple correlations in the secondary quantitative analyses we used Chi-squared test, t-test and correlation calculations.

## 4 Results

The question regarding the number of children originally planned was included in all three waves. In 1989 and 1990 we asked mothers what plans they had, then in 2012 we asked how they remembered their plans, and how many children eventually they had. As an average, mothers wanted to have two kids, which they finally had. Family plans in most cases corresponded to the two-child model: 72% of the mothers planned to have two children. Those wanting either one or three, or more kids formed two almost identical groups (15% vs. 13%). Based on the final selection criteria, respondents in the non-accomplishing group were those *who reported to have had other plans at a certain point of their lives (in 1989, 1990, or 2012)*, that is, during the course of the last period, they had had a time in their lives when they wanted a different number of kids from what they eventually had.

One of the specialties of the sample was that, with mothers in the third trimester of their pregnancy involved, the rate of under-achievement was generally low — still the two-child family model being predominant —, that is, mothers had one or, in rare cases, two children less than they had planned before. Another consequence of the selection was that biological factors (congenital ones, rather than those acquired during lifetime) in relation to the failed pregnancies could not be identified as causes of under-achievement. Therefore, 31 persons out of the sample turned out to be under-achieving, 48 persons achieved their goals, and 27 persons ended up having more children than planned.

#### **4.1 Factors influencing the number of planned children**

There were two aspects that had apparent impact on the original number of children planned: the effects of childhood family background, and the couples' relationship quality.

Parental separation and chronic conflicts, death witnessed in childhood, alcoholism of a close relative are all life events that, based on scientific literature, are expected to have impact on family planning. According to our results, the more such memories respondents had, the more children they planned ( $r=0.22$ ;  $p=0.042$ ). This could possibly be explained by the demand for self-curing through creating their own (larger) families, by the desire of overcoming family patterns, and perhaps by childhood experiences of how much power siblings can mean in a crisis.

Although in compliance with the standards of those times most of the pregnant women surveyed had stable relationships (86% was married, though marriages often took place after conception), the quality and stability of their relationships had correlations with the number of children they planned. Mothers planned to have more children if their marriage was found better than the average, or if the composite value of the security dimension in the relationship was higher ( $r=0.23$ ;  $p=0.023$ ).

Examining the factors that influenced the accomplishment we concluded that goals were achieved in families where two children had been planned earlier ( $p=0,050$ ).

Families with the first baby arriving unplanned were more prone to over-performance ( $p=0.029$ ). Regarding the religious aspects, respondents considering themselves non-religious accomplished their plans in 59%, compared to the 35% of the religious respondents ( $p=0.031$ ). This phenomenon might be explained by the religious families planning larger families in general.

Among people not going on with their studies, a higher proportion was over-achieving, while a smaller proportion was under-achieving their goals. Although half of those continuing their education accomplished their plans, they were more typically under-achieving ( $p=0.003$ ).

The way deliveries were conducted, its personal perception, as well the number of birth interventions and complications, measurable more objectively, showed correlations with the finally achieved number of children ( $p=0.046$ ). Mothers mentioning three or more negative experiences (including labour induction, painful interventions during labour, or

uncomfortable feelings and sensations) had under-achieved their child plans in a larger proportion than those with fewer negative experiences (58% vs. 22%).

Mothers more consciously preparing for birth ( $p=0.029$ ) had clearer ideas of parenting ( $p=0.020$ ), and tended to be more successful in accomplishing their family plans, while both under- and over-achieving mothers were typically giving less accurate or differentiated answers to these questions.

Over-achieving mothers tended to consider having children as an end in itself, as the meaning of life, and to look upon motherhood as a vocation ( $p=0.04$ ) — this aspect reaching the highest number of mentions in all three categories (by 75% of the mothers). A big difference could be detected regarding the importance of having siblings. Since the under-achieving category in our sample became populated mostly by families with one child, it is not surprising that the importance of siblings was much less visible, while it was emphasized by 82% of the over-achieving families ( $p=0.000$ ). Similar difference was expected regarding the importance of the child's sex. Where the child's sex was important, parents already having several same-sex kids were more likely to accept a new pregnancy, even if exceeding their earlier plans ( $p=0.017$ ). It is also easy to understand and explain the differences detected in the answers regarding the positive feelings experienced in relation to having children ( $p=0.037$ ). While positive feelings might of course be attributed to self-justification, favourable experiences with earlier children could certainly inspire changes of family plans. As a contrast, bad experiences with children didn't appear as an important factor for under-achievement. Respondents having fewer children than planned tended to plead health issues or relationship difficulties, or else their work or studies rivalling with their motherhood.

## **4.2 Factors correlated with the achievement of family plans**

According to our results, either relationships were more conflictive in the over-achieving families, or mothers had problems dealing with these conflicts, the they had the highest rate of mentions in all topic groups, and peak values were produced concerning the distribution of household chores. With more children born, burdens perceivably grow, typically meaning more domestic work for women ( $p=0.037$ ), and



mothers' expecting fathers to help, or rather naturally participate was a serious source of conflict in these families.

Increased burdens in large families have financial implications as well, and work—life balance is a difficult challenge that also generates conflicts. This might partially contribute to sex and intimacy issues in the relationships: overwhelmed, exhausted, irritated parents have problems making time and space for each other, which was again often mentioned as a source of conflict.

The vast majority of children responding to the questionnaire considered their own parents as good examples of parenting, which was very likely due to the fact that such children were more willing to take a survey that was important for their parents, and were more accessible at home for the interviewers. Those ready to follow their parents' examples (whether in parenting or work) typically belonged to the category of achieving families (83%). A little less than that, 79% of the kids in the under-achieving group considered their parents as good examples, while even less, 71% of the kids in the over-achieving group answered similarly ( $p=0.035$ ). In the lengthier answers given to open-ended questions regarding general experience and specific memories of childhood — school (and pre-school), friendships, extra-curricular talent management activities, family events at home, family's moving, traumas (serious diseases, accidents, deaths, etc.) closely affecting the children — appeared typically in significantly more areas and mentioned more positively by the achieving or under-achieving families than by the over-achieving ones ( $p=0.033$ ).

The sense of security among the over-achieving respondents was lower in all areas. Results didn't support the hypothesis that the under-achieving respondents, similarly to the over-achieving ones, would report lower levels of well-being and security. In certain aspects — home, relationships, friendships — they reported to feel more secure. This might be explained by the increased burdens of having higher number of children in the same way as we have seen above in the case of family conflicts. Those having less children can dedicate more time, effort and money to maintain their homes, as well as their relationships with partners, children, and friends. However, it was still the achieving respondents who felt the most secure about their work and family relationships, as well as their health status, and future.

## 5 Conclusions

When analysing the sample and discovering the correlations we found that although there was a separation line between the achieving and non-achieving groups in certain areas, in fact the under-achieving and the achieving group bore more similarities than expected in several aspects, and regarding the consequences there was a clear dividing line between these two groups and the families with more children than planned. This was where the impact of the political transition could be best detected. Families who reacted to the large-scale changes in their environment by consciously choosing to adjust their life strategies, and eventually to have less children, perceived being able to get the most out of their situation and opportunities by taking a complex approach of the goals and possibilities competing throughout their life path, thus becoming successful precisely by under-achieving their goals.

In the over-achieving group, respondents' overall sense of security and their relationship with their children produced, in line with the scientific literature, worse results, due to the conflicts they faced at home and with their partners.

Since the rearrangements brought about by the political transition led to a dramatic change of values and of life circumstances equalling to a crisis, continuous readjustment of plans (either regarding the family or other aspects of life) was a natural response. That is, the answer to the question posed in the introduction whether the essential desire to give life was stronger than the crisis caused by the political transition is definitely *no*. Under-achieving family plans had no significant consequences in that period characterized by drastic and unpredictable changes at both micro- and macro-levels.

However, respondents having more children than planned had, in line with the expectations, worse indicators than the other surveyed mothers. They had more conflicts in their family lives, spent less time with their children, and reported lower sense of security. Here we have to emphasize that we are not talking about large families with 7-8 children, over-achieving their goals by 2-3 kids, but rather about those having two children instead of one planned child, or perhaps two instead of three planned children. Poor general indicators characterizing the over-achieving families despite these relatively low numbers of children proved that it was not the high number of children in itself but rather the re-planning necessitated by the unplanned additional births that meant more serious burdens. Therefore, birth-boosting measures can only be successful

if not just the pure number of children but also the overall impact on the society, and the well-being, physical and mental health of the parents and their supporting network are taken into account, and families are encouraged to have the additional children they plan.

## 6 Publications

**Bóné V.** (2018) Grandparenting – created by evolution revised by history: still in use today. *EUR J MENT HEALTH*, 13: 82-105.

**Bóné V, Biró E.** (2015) „Ha összetartozunk testileg, tartozunk össze lelkileg is." Az apás szülést választó párok motivációinak elemzése. In: Kisdi B. (ed.) *Létkérdések a születés körül. Társadalomtudományi vizsgálatok a szülés és születés témakörében.* L'Harmattan, Budapest, 339-363.

**Bóné V, Dávid B, Hegedüs R.** (2019) A rendszerváltás családtörténetei perinatális szemszögből. In: Varka K, Andrek A, Molnár JE. (ed.) *A szülés és születés minősége a perinatális tudományok megközelítésében.* Medicina Kiadó, Budapest, 52-62.

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