Chapter 8
Family Change

> *… for societies that cannot even approximate replacement fertility on a decadal time scale, a full-blown crisis exists. For such countries, there is likely much more wrong than low fertility. Societies that can respond to the legitimate needs of their citizens and invest in the next generations will, I believe, approximate replacement-level fertility.*
>
> (Morgan 2003: 600)

8.1 The Family Nexus

The family has a major role as a source of expressive and instrumental support for the aged and as a foundation for their social engagement and quality of life. Exchanges of support between family members are also vital to the welfare of young and old alike. In societies without adequate health and social security systems the family has always been the principal safety net for people in their old age. It remains so in many developing countries and is one of the reasons why their birth rates remain high. In Western societies, the welfare state once seemed to be displacing family support, which probably contributed to the stereotype of the young neglecting the aged. Research has so thoroughly disproved this stereotype, however, that since at least the 1980s there has been strong recognition of the ongoing presence and importance of mutual support within and between younger and older generations (Arber and Attias-Donfut 2000).

Yet new concerns about the future of old age are arising from continual changes in the experience of family life that impact upon the welfare of older people. For example family attenuation through low birth rates, or family disruption through divorce, have cumulative consequences for society as a whole when the declining size of younger generations reduces labour force entries, or when formal support is needed to substitute for family care. Family changes are part of the new demography of aging, especially the aspects which some describe as 'the second demographic transition'.

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This has entailed unexpected developments, including reversals of past trends. Chapter 8 discusses these and their implications for later life. The scope of the chapter is necessarily broad, because social changes affecting people in the main reproductive age groups can alter the course of population aging itself. Moreover, just as life styles at younger ages affect health at older ages, so too earlier experience of family life has ongoing implications for people's welfare.

8.2 Families and Aging

Research on the family and its future is vital to preparations for further population aging. Although children are usually considered separately from the aged in research and policy making, the fortunes of all generations are interlinked. This reflects the mutual support between generations, the complementary nature of their interests and the central role of the family in procreation and nurturing new generations. Ultimately the most effective means of preventing excessive levels of aging is through achieving birth rates close to replacement level, or an equivalent combination of fertility and net migration. The nearer fertility is to replacement, the more effective immigration can be as a strategy for relieving labour shortages. Concerns about future population aging in many countries arise from current and prospective low birth rates as emphasized in the quotation at the start of this chapter from Philip Morgan's Presidential Address to the Population Association of America. Laissez faire attitudes to low fertility can arise where it is attributed to social changes thought to reflect, appropriately, the net outcome of innumerable free decisions and varied personal goals. Such reasoning justifies inaction and overlooks negative causes and unintended consequences. It also distracts attention from the importance of children as human capital for societies. Parenthood is often perceived only as a discretionary option for individuals to pursue if they choose, rather than as vital to the well-being and sustainability of societies.

In investigations of the circumstances of older people, it is useful to distinguish between family relationships and other relationships, because they generally have differing implications. Kinship, based on marriage together with descent and adoption, has long been the main identifying characteristic of family relationships although, in some countries, heterosexual and homosexual cohabiting relationships have a legal status similar to formal marriage. Kin relationships are conspicuous in the emotional and practical support of older people. Generally most important are their relationships with a spouse and offspring, followed by siblings and other relatives. Relationships with kin are especially significant not only because of the likely strength of ties but also because of the sense of commitment and obligation that they commonly entail. Friends too contribute significantly to individuals' health and personal well-being through social participation and emotional support, but they are less often sources of instrumental support when the work is substantial, or continuing, or unshared. Research in the UK found that friends and neighbours who become engaged in more demanding levels of care may feel that they have been "pulled

across a normative boundary", and seek to limit requests for assistance or accept payment as some compensation (Nocon and Pearson 2000: 364).

In the United States, marriage is thought to contribute to healthier lifestyles, better monitoring of health, greater social support, and a stronger sense of meaning in peoples' lives. Furthermore, marriage appears to reduce health risk behaviours such as smoking and excessive drinking, and to increase material well-being through higher household income, better nutrition and a safer living environment (Waite 1995). Controlling for age, sex and race, married Americans live longer while the chance of dying is double for the divorced or widowed and tripled for the never married (Hummer et al. 1998: 561). The latter rate partly reflects that people with debilitating chronic illnesses are likely to remain unmarried.

Despite the importance of marriage, the household is insufficient as a basis for the concept of the family of later life, sometimes creating a false impression of isolation of the elderly. One approach is to consider the family in later life as 'kin in contact'. Contact is essential to relationships and the frequency of different forms of contact – through visits, phone or email – can be measured. The definition requires no assumptions about where family members live; it includes coresident relatives together with the network of relatives who reside elsewhere but keep in touch fairly regularly and exchange support. Relatives who are seen or contacted infrequently are usually less important in people's day-to-day lives. 'Kin in contact' similarly makes no assumptions about family structure because it includes any related individuals, such as families of three or more generations, couples without children, single parents, and brothers and sisters. Thus older people who live alone are incorporated into family life if they are in regular contact with relatives elsewhere – as they usually are. Different generations often prefer to live separately, but keep in touch. Kin in contact accords with the concept of the modified extended family – consisting of relatives who live apart yet are mutually supportive. This has long been recognized as a significant form of family organization in later life. The functioning family in later life therefore consists of relatives with whom the elderly have frequent contact.

8.3 The First Transition

Quality of life for older people and the sustainability of whole societies depend on the maintenance of generation building. Very low fertility rates signal negative constraints on family formation among the young, marked reductions in the family resources of older people, and threats to the demographic viability of societies. Current trends represent a shift away from the ultimate family situation anticipated from the theory of the first or classical demographic transition. Most striking among the classical transition's expected consequences for the family are a decrease in the relative size of the first or child generation and an increase in the relative size of the third, or grand-parent, generation. This occurs towards the end of the transition period as the sizes of child, parent and grandparent generations begin to even up. Also emerging is a fourth generation of relatively frail people, such that the four

generation family becomes more common. Three and four generation families are products of the first demographic transition and represent significant family changes ensuing from population aging. The first demographic transition increases the potential within families for contact and inter-generational support.

Making this possible are the relatively small changes through time in the number of offspring surviving in their parents' old age – despite the decline of the birth rate and the reduction in family size. Improved survival of children tends to offset the effect of fewer births. Thus the two child family at the end of the transition produces around two offspring surviving to age 60, compared with about three from a six child family at the start of the transition (Rowland 1984). Persons surviving to age 60 have normally outlived their parents or have seen them reach advanced ages. The ratio of children to parents peaks during the transition if high birth rates occur in conjunction with relatively low death rates. Similar conditions arose in some countries during the baby boom years after the Second World War. As a result, the parents of baby boom generations have had somewhat more surviving offspring than older generations in decades past or in decades to come. Overall, the demographic transition was favourable for the family resources of older people because more of them married, the survival of their children improved dramatically, and the network of sons, daughters and grandchildren remained largely intact into old age. It is unlikely that future generations will have equivalent family resources because of a decline in the proportions marrying and having children, and an increase in the breakdown of marriages and marriage-like relationships. The first demographic transition is now less relevant to explaining the nature of the family resources of older people in developed countries, and a new framework is needed to identify trends and their implications for older people. One such is the second demographic transition.

8.4 The Second Transition

The concept of the second demographic transition arose primarily from the quest to understand contemporary fertility trends and family-building behavior (see Chap. 1), but its implications have a major bearing on prospects for aging populations. European demographers first proposed this concept and have been its main proponents (Lesthaeghe and van de Kaa 1986; van de Kaa 1987; Lesthaeghe 2010). They argue that the distinctiveness of demographic developments and their consequences provide ample reasons for recognizing the second transition. For example, they consider that sub-replacement fertility is an enduring feature of a new demographic regime rather than merely part of a cycle of fluctuations above and below replacement (Lesthaeghe and Surkyn 2008: 83–91, 112). Others, however, maintain that the same developments are not a new phase but are part of the first transition, a continuing demographic revolution not fated to end, as scholars once believed, at replacement fertility. Nevertheless, the extent of the departure from previous expectations, together with its unforeseen causes and consequences, justify a new perspective on family change rather than one implying close continuity with the past.

Sub-replacement fertility is the principal manifestation of the second demographic transition. It affects the relative sizes of younger and older generations, together with the level of aging and the shape of the age profile. Over time, an expanding array of family-related changes in low fertility societies have become identified as part of it, including, cohabitation, delayed marriage, more prevalent separation, divorce and single parenthood, changes in attitudes to contraception and abortion, reductions in household size and shifts in household structures, including higher proportions living alone (Ogden and Hall 2004: 89).

The first, relatively brief, appearance of below replacement fertility in the 1930s evoked an alarmed reaction. In contrast, there has mostly been a lack of vigorous government responses to below replacement fertility since the start of the 1970s, to the surprise of many demographers. Paul Demeny (2003: 759–60) identified various explanations for this situation. First, agreed international action to counter rapid global population growth has created dissonance between endorsing policies aimed at reducing fertility in developing countries, while supporting domestic policies with the opposite aims. Second, continuing population growth in many countries has disguised the looming prospect of long-term numerical decline. This paradox arises from a temporary phase of net growth, due to larger cohorts reaching older ages, while the numbers at younger ages decline. Third, environmental concerns have encouraged the view that a reduction in numbers in already dense populations is a welcome prospect, especially if immigration can be employed to offset real deficits. Fourth, there is a vague belief that population decline will trigger a spontaneous rebound in fertility, restoring equilibrium. Finally, the pronatalist measures at the disposal of governments are argued to be either unacceptable, such as restricting access to contraception, or fairly ineffective, such as financial incentives for childbearing. Moreover, fertility could be lower without the existing family and welfare policies which already make substantial provision for children – such as free primary and secondary education – and more generous provision is likely to be unaffordable in many countries.

There are also several reasons why low or sub-replacement fertility is expected to persist in developed countries. Efficient contraception and widespread recourse to abortion are preventing much unplanned parenthood, despite it being common in the past – as during the baby boom years in the United States. In Eastern Europe, abortions exceed births, a sign of poor access to contraception and social conditions unfavourable to parenthood. In 2003, there were 103 abortions per 100 live births in Eastern Europe. Even this figure was markedly lower than in the past because of greater use of contraception (WHO 2011). Later marriage and delays in seeking to commence childbearing allow less time for family building and increase the risk of age-related infecundity. Internationally, childlessness among women reaching their late 40s is rising towards anticipated levels of 20%. This represents a doubling of the percentage childless during the baby boom years and a return to a level characteristic of the early twentieth century in Western countries (Rowland 2007). Also, the two child nuclear family satisfies most parental aspirations, with the result that there are far fewer large families counterbalancing the effects on fertility rates of childlessness and the one child family. Women's ideal or preferred family size is around two

children in most European countries and the United States. The small amount of data available on family size preferences through time indicates little change since the 1970s (Testa 2006; Bongaarts 2002: 426–427).

Reasons for having two children differ from reasons for having more than two. These differences highlight obstacles in seeking to encourage couples to have a third child through financial or other incentives. Parents want the first child mainly for emotional benefits and self-fulfilment, and the second child additionally to provide companionship for the first. Third births, as well as the second, are often intended to achieve a desired sex composition in the family (Bulato, cited by Morgan 2003: 592–593). Higher parities in the past were associated with economic benefits, such as earning extra income for the family and ensuring parents' old age security, but these are mostly irrelevant in developed societies. This is because sons and daughters mostly outlive their parents, the welfare state provides a basic level of support for the aged, and wealth flows mainly from parents to children, rather than the reverse.

Nevertheless, a greater prevalence of the three child family could make a considerable difference to fertility rates. In the United States, about a third of women have three or more children, which is one factor that has accounted for higher birth rates there (McNicholl 2003: 13). In lower fertility countries the proportion with three or more children is much smaller. Near-replacement fertility in the United States, and the seemingly high congruence between early intentions and achieved fertility, has been attributed to compensating errors, whereby some American women have fewer births than originally intended while others have more. Possible factors among the latter group are early childbearing – which extends the years of exposure to the likelihood of further childbearing – unwanted fertility, and less than foreseen conflict between childbearing and other goals (Morgan and Rackin 2010: 114).

United Nations (2001) data show that sustained sub-replacement fertility had begun in Western Europe by the late 1970s, in Southern Europe by the late 1980s and in Eastern Europe by the early 1990s. In the United Nations region of Northern Europe the onset of below replacement fertility was more varied, with only the United Kingdom and the Nordic countries starting in the 1970s. The other main region of sub-replacement fertility by the end of the twentieth century was Eastern Asia (Japan, China, Hong Kong, South Korea). Singapore, Canada, Australia and some former Soviet republics in Western Asia have also had long-term sub-replacement fertility (Table 8.1).

As discussed in Chap. 2, the fertility rate indicative of replacement level varies according to a population's death rate. When female life expectancy is 75 years, a total fertility rate (TFR) of about 2.1 is needed in the long term to maintain the population. At higher life expectancies, the replacement level is slightly below 2.1, reaching 2.06 when female life expectancy is 85. The figure will always exceed two because of the effects of premature mortality and the unbalanced sex ratio of births (Hinde 1998: 223). TFR calculations for particular years assume that the birth rates at each age will remain constant through time. This results in over- or under-estimation when changes are ongoing, and explains why there is considerable uncertainty about the ultimate completed family size of cohorts currently in the reproductive ages (see Bongaarts and Feeney 1998).

Table 8.1 Total fertility rates in selected countries, 1950–2050[a]

Region/country	1950–1955	1975–1980	2000–2005	2025–2030	2045–2050
North America and Australasia					
United States	3.45	1.79	2.04	1.85	1.85
Canada	3.65	1.73	1.52	1.77	1.85
Australia	3.18	1.99	1.75	1.85	1.85
New Zealand	3.69	2.18	1.95	1.85	1.85
Northern and Western Europe					
United Kingdom	2.18	1.72	1.70	1.85	1.85
France	2.73	1.86	1.88	1.85	1.85
Switzerland	2.28	1.53	1.42	1.64	1.83
Belgium	2.34	1.71	1.64	1.85	1.85
Netherlands	3.06	1.60	1.73	1.85	1.85
Denmark	2.55	1.68	1.76	1.85	1.85
Norway	2.60	1.81	1.80	1.85	1.85
Sweden	2.21	1.66	1.67	1.85	1.85
Finland	3.00	1.66	1.75	1.85	1.85
Germany	2.16	1.52	1.35	1.49	1.69
Austria	2.08	1.65	1.39	1.56	1.76
Southern Europe					
Italy	2.36	1.94	1.26	1.54	1.74
Greece	2.29	2.32	1.28	1.56	1.76
Slovenia	2.80	2.20	1.23	1.62	1.82
Spain	2.57	2.57	1.29	1.75	1.85
Portugal	3.04	2.41	1.44	1.54	1.74
Eastern Europe					
Poland	3.62	2.26	1.25	1.44	1.64
Czech Republic	2.69	2.31	1.19	1.67	1.85
Croatia	2.76	2.02	1.36	1.64	1.84
Bulgaria	2.48	2.17	1.25	1.65	1.84
Russian Fed.	2.85	1.94	1.30	1.63	1.83
Ukraine	2.81	2.00	1.15	1.67	1.85
Hungary	2.73	2.12	1.30	1.57	1.77
Latvia	2.00	2.00	1.25	1.63	1.83
Asia					
Japan	3.00	1.83	1.30	1.40	1.60
Singapore	6.40	1.87	1.36	1.44	1.64

Source: United Nations (2009)

[a] Medium variant projections 2025–2050

In 2010, the total fertility rate for the whole of Europe was 1.6 children per woman, which was around three-quarters of the replacement level. Higher figures occurred in the Nordic countries, the UK (TFR 1.9) and France (TFR 2.0). European fertility was lowest in Eastern Europe (e.g. Russian Federation, Ukraine and Belarus) and Southern Europe (e.g. Greece, Italy, Spain and Portugal), where the TFRs were mostly around 1.2–1.5, even though their birth rates fell below replacement

relatively late. In Eastern Asia, China's TFR was 1.5, compared with 1.4 in Japan and figures of 1.0–1.2 in Hong Kong, Taiwan and South Korea (Population Reference Bureau 2010). Major factors here were Japan's prolonged fertility decline after the Second World War and China's more recent and rapid fertility decline. The latter was due, between 1959 and 1961, to famine and social dislocation during Chairman Mao's 'Great Leap Forward' together with the later introduction of birth control measures including the 'One Child Policy'. The United States, Australia and New Zealand were all close to replacement fertility in 2010, although the TFR for Australia reflected a recent rise in the birth rate in which a significant factor was the movement of large cohorts into the main ages of childbearing. United Nations medium variant projections envisage future fertility reasonably close to replacement, with TFRs of 1.85 in North America, Australasia and much of Northern and Western Europe, apart from Germany and Austria (Table 8.1). This outlook is consistent with the notion from classical transition theory that more affluent Western countries are on a trajectory towards population stabilization (Borrie 1976). Also, during the first decade of this century, the number of countries with fertility below 1.3 fell substantially, evidently because the transitory effects of shifts to later childbearing were becoming less important (Goldstein et al. 2009).

8.5 Explaining Changes

Lesthaeghe and Surkin (2008: 87–88) describe the second demographic transition as a product of three revolutions. First, the contraceptive revolution – especially efficient and reliable pregnancy prevention through use of 'the pill' – enabled postponement of childbearing. Second, the sexual revolution emphasized the value of sex for its own sake, in reaction to notions that sex is confined to marriage and is mainly for procreation. Third, the gender revolution or feminism rejected subservience to men, sought autonomy for women and equality of opportunity in education and employment, as well as asserting women's right to regulate their own fertility through contraception and abortion. The authors interpreted the three revolutions as part of an 'ideational reorientation', transforming society's normative structure and rejecting the authority of parents and educators, church and state. This entails a shift from the preoccupation of the first demographic transition with 'materialist' needs, that is, the basic needs of schooling, employment, housing, health and social security. In its place is a focus on 'higher order' or 'post-materialist' needs, notably individual autonomy and self-actualization. Leshaeghe and Surkin (2008: 111) consider that the mass media are creating a 'world culture' in which individual autonomy and self actualization "have a very prominent, if not dominant, place".

The theory of the second demographic transition implies that sub-replacement fertility is a product of structural changes in society and is, therefore, unlikely to be reversed unless post-materialist values take lower priority. It predicts greater reliance on international migration to offset labour force decline. Also, compared with

the congenial equilibrium envisaged for the end of the first demographic transition, the second demographic transition anticipates "rougher seas ahead":

> First, sustained sub-replacement fertility will cause extra aging and shake all welfare systems. Second, such low fertility will stimulate replacement migration, not so much as an antidote to aging but as a means of countering labor force shortages. And third, some of the new living arrangements may be more unstable than the traditional arrangements, or even less adequate as a setting for procreation and especially socialization. Union dissolution will continue to be a major cause of low fertility as well. (ibid.: 112).

Although the second demographic transition encompasses a wide range of developments it is insufficient to explain the diversity of trends and behaviours occurring in the many countries that have experienced below replacement fertility and associated family changes since the 1970s. Diversity arises partly because post-materialist values are far from extinguishing the 'materialist' and familist values that underpinned the wide prevalence of two and three child families during the first demographic transition. Families with two children are still prevalent among couples who embark on parenthood in developed countries. Moreover, fertility in Europe is higher in the more liberal 'post-materialist' societies than in the more traditional family cultures of Southern Europe, which had a TFR of 1.4 in mid-2010. By the logic of second demographic transition theory, the reverse should be the case. For Southern European women, motherhood commonly means leaving the labour force – partly because it is expected in the region's family system, and partly because child care facilities are scarce and it is difficult to return to an earlier job. In other words the opportunity costs of childbearing are high because of family role expectations and inflexible labour markets (ibid.: 93–98).

Second demographic transition theory offers a pessimistic interpretation of current trends, because it foresees no end to very low fertility and accentuated aging, both of which are economically and socially unsustainable in the long term. An alternative, but equally pessimistic view is that of an Italian demographer who has attributed Italy's low fertility to further influences: "low fertility must be framed as a cultural and behavioural issue in terms of the "mystique of leisure" and a decreasing sense of social responsibility" (United Nations 2004: 6). Differences in family policies, however, contribute to contrasts between countries with birth rates below replacement and represent an area for reform (see Chap. 17). Moreover, some other explanations of low fertility also imply a more positive outlook for fertility, although not necessarily anything more than rates a little below replacement. Contemporary theories concerning the causes of low fertility include gender equity theory (McDonald 2000a, b) and preference theory (Hakim 2000, 2001; McDonald and Moyle 2010: 250). These provide additional insights into the reasons for the depletion of age structures and the scope for fostering higher birth rates.

Gender equity theory argues that despite greater equity between men and women in access to education and employment, women still do the majority of household work and most of the childcare – as in the more traditional male breadwinner model of the family. This model assumes that the husband earns sufficient income to support the family, while the wife's primary roles are mother and homemaker. However, when women combine marriage with employment, in which there may be little

allowance for their childcare responsibilities, the result is fewer births than they once preferred (McDonald 2000a: 436–7, 2000b: 11). The persistence of traditional gender roles in the home conflicts with women's aspirations for employment, leisure time and a better life than that of their mothers and grandmothers. In these circumstances staying single, or childless, or having only one child, become more attractive options (Chesnais 1996: 730). Gender equity theory envisages that higher fertility rates are possible through support that enables women to combine motherhood and paid employment (McDonald 2000b: 12): "In an era when women are educated and able to compete with men in the labour market, the gender equity model is more supportive of fertility than is the breadwinner model" (McDonald and Moyle 2010: 249).

According to Hakim's (2000, 2001) 'preference theory' there is a greater degree of diversity in family preferences than gender equity theory reveals. Women's employment patterns do not necessarily reflect their preferences – for example, many in full-time employment would prefer to work part-time. Her research indicated that women have a range of different preferences in regard to the balance between paid work and 'family work'. From survey research in Britain, Hakim concluded that the majority of women are neither home-centred (14%) nor work-centred (16%). Rather, the majority (70%) are 'adaptive': they seek the best of both worlds – to enjoy a combination of paid work and 'family work'. This contradicted gender equity theory which, she argued, assumed an egalitarian model where two partners have equally demanding jobs and equally share childcare and housework. Hakim concluded that policy makers need to recognize the three preference groupings – rather than assuming symmetrical family roles – as in the egalitarian model. In particular she said that many mothers prefer to stay at home to take care of their young children, and wish to have a major role in the family after the children go to school. The implication is that pronatalist policies should focus on the needs of adaptive and home-centred women who are more disposed to increase their family size if circumstances permit. Because improved child-care benefits work-centred women especially, and only a minority of adaptive women, Hakim advocated tax concessions and a homecare allowance to pay mothers for their childcare work and to offset earnings foregone. Such schemes have been associated with maintenance of relatively high TFRs in Finland and France, where the 2010 figures were 1.9 and 2.0 respectively. Hakim (2001: 5) noted that in France "the scheme, and its popularity, have been the subject of continuous criticism from feminist academics who believe firmly that all women should work continuously and full-time throughout life, irrespective of their personal preferences."

A general restoration of replacement-level fertility seems unlikely, because many career-oriented women voluntarily remain childless, other women have no children, or only one, for reasons unrelated to employment, and there has not been a general shift towards parents equally sharing domestic responsibilities. Replacement level fertility therefore depends on higher proportions of women having three or more children to balance the effects of childlessness, but this is also unlikely in societies with the lowest fertility. One suggested possibility is that high income countries that achieve greater compatibility between parenthood and employment could stabilize

fertility around 1.8, not dramatically below replacement, and seek to use immigration to offset moderate deficits in the working ages (Demeny 2003: 760).

Social and economic changes have made the male breadwinner model of the nuclear family widely untenable. The model attained high prevalence during the national baby booms that followed the Second World War but it has succumbed to forces such as the gender revolution, the inadequacy of a single income to meet the family's material needs and aspirations, and educated women's lack of satisfaction with exclusively domestic roles. Also, the drive for higher productivity gave impetus to women's greater engagement in the labour force, as did their rising levels of education, the removal of restrictions on the employment of married women and the notion that men and women should receive equal pay for equal work. Present needs in countries facing the prospect of hyper-aging are policies that make childbearing less burdensome, and conditions of employment that do not penalise parenthood. As Castles (2004: 156) observed:

> …in countries where women find it more difficult to obtain employment, and where combining work and family is still regarded as culturally inappropriate, women are likely to be tempted to defer maternity until they have launched their careers and, perhaps, then to have fewer children than they might otherwise have contemplated with the aim of resuming those careers with the least possible disruption.

8.6 Conclusion

Far-reaching changes in the family in developed countries first became prominent in the1970s. The trends are not necessarily positive for individual aspirations. The persistence for decades of below replacement fertility implies widespread non-realization of the two-child family, the predominant family building goal. Although developed countries mostly have below replacement fertility, the seemingly small range in their fertility rates denotes significant variations in family formation and population aging. The countries at the higher, more sustainable, end of the range are in Northern and Western Europe together with North America and Australasia.

Diversity in family processes negates any conclusion that there is a single pattern of change or a single explanation. The second demographic transition is a significant attempt to explain contemporary family trends, but there are many variations from country to country as well as competing explanations that have validity in different contexts. There is no predicting whether future social changes will alter current trends. Such could be required if age structure depletion is not to cumulate in many countries for decades to come. Policies that support family welfare and couple's child-bearing goals have an important bearing on fertility rates, although diversity in national policies implies that there is no one approach that necessarily fosters birth rates close to replacement. Also, countries with perilously low fertility rates face disadvantages extending far beyond deficient family policies.

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