

# SOCIAL IMPLICATIONS OF THE UNDER-DEVELOPED FAMILY

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THE decline of the large family has gone hand in hand with increasing urbanization. Now that almost two-thirds of our population reside in towns and cities, where small families predominate, the social implications of the under-developed family become increasingly important.

With respect to size, we may for present purposes regard as "under-developed" families contributing fewer than three children. Simple as this definition seems, the complexity of the problem becomes apparent when it is desired to ascertain from direct sources what proportion of families would be classified as under-developed at the present time. It would obviously be erroneous to regard as "under-developed" all families having fewer than three *resident* children. Among such families would be young couples just beginning their marriage, elderly couples whose children had migrated from home, and couples of all ages who had lost one child or more through death. These difficulties indicate the necessity of relating the problem to total number of children ever born among couples of completed fertility. The trouble with this, however, is that such data reflect fertility levels of the past rather than those of today. This inadequacy is lessened by restriction of the analysis to married women who have just completed the childbearing period, but for recent comprehensive data we must await tabulations from the 1940 Census.<sup>2</sup>

<sup>1</sup> From the Milbank Memorial Fund. This paper was presented in substantially its present form at The New England Conference on Tomorrow's Children, held in Cambridge, July 24-26, 1940, under the auspices of The Harvard Summer School and the National Conference on Family Relations.

<sup>2</sup> In 1940, for the first time since 1910, the Bureau of the Census collected data concerning total number of children ever born. This was done for a 5 per cent random sample through the use of a supplementary questionnaire. From these, tabulations are possible concerning the number of children *ever born* among married women who have just completed the childbearing span, say, wives 40-44 or 45-49 years of age.

In view of the above difficulties, students of the problem have recently used current birth registration data concerning parity (order of birth) for estimating what distributions of completed families, by size, would result from fertility levels of a given year. Whelpton and Jackson have thus reported that under conditions of birth rates existing during 1929-1931, 18 per cent of the white unbroken marriages (with bride under 45) in this country would be childless; 21 per cent would bear only one child, and 20 per cent would bear two children. Thus, a total of 59 per cent would fall into the under-developed class according to our definition. Approximately 21 per cent would bear three or four children, and the remaining 20 per cent would bear five children or more.<sup>3</sup>

The above distribution serves as a reminder that there are problems of the over-developed as well as those of the under-developed family. The number of families having 3-4 children is no greater than the number having five or more. Many studies have indicated that the problem of excessive fertility is a paramount one among under-privileged elements of our society, especially in poor rural areas. The *ideal* distribution of families by size might be that in which families with 3-4 children were more numerous than either the smaller or larger families. Something nearer to the ideal type of distribution might be attained by an effective population policy designed to encourage increase or limitation of family-size commensurate with economic and health conditions.

With the present subject, however, this paper is mainly concerned with the social implications of the under-developed family. Families bearing fewer than three children are in reality under-developed in the sense that they are too small to replace their numbers. On first thought it may appear that two children per family would be sufficient to replace the population since two parents are involved. Actually, however, to replace the population

<sup>3</sup> Whelpton, P. K. and Jackson, N. E.: Prolificacy Distribution of White Wives According to Fertility Tables for the Registration Area. *Human Biology*, February, 1940, xii, No. 1, p. 54.

in this country the fertile couples surviving the childbearing span should average about 3.3 children to compensate for women who never marry, for the sterile married women, for deaths of offspring, and for mortality of women before the completion of the childbearing span.<sup>4</sup>

The net reproduction rate takes the above factors into account and affords a measure of the extent to which a population is falling short of or surpassing replacement needs under current rates of fertility and mortality. A net reproduction rate of 1.0 means that under current age-specific mortality and fertility rates, 1,000 females born today would eventually bear a total of 1,000 daughters. The rate is hypothetical in that it assumes continuance of existing age-specific rates in fertility and mortality during the next generation, but a similar type of assumption regarding mortality underlies the construction of life tables and the well-known concept of expectation of life at birth.

A valuable characteristic of the net reproduction rate is that it removes the influence of age composition. At the present time our crude birth rate is higher than our crude death rate, only because we have an unduly large proportion of our population in younger ages of the childbearing span where birth rates are high and death rates low. Despite the fact that we now have fewer annual deaths than annual births, the net rate of reproduction for white women in the country as a whole in 1938 was just under 1.0. In other words, were it not for the favorable age structure, the births would scarcely balance deaths, even if there were no further declines in birth rates at specific ages. Stated in another manner, under current conditions of birth rates and death rates at specific ages, 1,000 newly-born white girl babies picked at random in the United States would be expected to bear somewhat fewer than 1,000 daughters during their lifetime.

<sup>4</sup> Cf. Lorimer, F. and Osborn, F.: *DYNAMICS OF POPULATION*. New York, The Macmillan Company, 1934, p. 284.

The above is the average situation for whites in the country as a whole. There are important elements in our population characterized by reproduction rates well below the level required for permanent replacement. According to data assembled for the National Resources Committee, the average reproduction rate for native whites in urban areas in 1930 was about 0.86, or 14 per cent below permanent replacement requirements. The deficit was 24 per cent in cities of 100,000 population or more. In cities of smallest size, 2,500-10,000, fertility was just about sufficient for population replacement on a permanent basis. On the other hand, in the total rural population the native whites were reproducing at a level about 54 per cent above replacement needs and in the rural farm population this excess was about 70 per cent. Negroes in rural farm areas were reproducing at a rate 80 per cent above replacement needs, but in all urban areas the fertility of Negroes fell below replacement needs—lower than for whites, and especially low in large cities. In cities of 100,000 population or over, the reproduction rate of Negroes in 1930 was 32 per cent below replacement requirements.<sup>5</sup>

On a geographic basis, one-fourth of the states in 1930 were characterized by reproduction rates too low for permanent population replacement. In six of these the total white population as of 1930 would fail to reproduce itself by 10 to 20 per cent. These were Oregon, New York, California, Washington, New Jersey, and Illinois. In six other states (Massachusetts, Rhode Island, Connecticut, Florida, Missouri, and Maryland), the deficit would be 10 per cent or less. On the other hand, states in the southeast and southwest and West Virginia, Utah, and North Dakota, constitute regions of high fertility.<sup>6</sup>

When the analysis is made by county in relation to plane of living it is found that poorest rural areas are characterized by highest rates

<sup>5</sup> National Resources Committee: *THE PROBLEMS OF A CHANGING POPULATION*. Washington, Government Printing Office, 1938, p. 134.

<sup>6</sup> *Ibid.*, p. 122.

of reproduction. Certain areas in the southern Appalachians are characterized by the highest rates of reproduction found among whites anywhere in the United States. If there were no migration to cities, the population of certain counties in West Virginia, southwestern Virginia, western North Carolina, eastern Kentucky, and eastern Tennessee would double in one generation.<sup>7</sup>

This imbalance in reproduction and especially the contrast between the low rates in cities and the high rates in poor rural areas brings us to what is possibly one of the major social concerns of the under-developed family. The pattern of family limitation is doubtless spreading from cities to rural areas. Nevertheless, it is in cities that the small family is so predominant and such areas must depend upon the countryside for population replacements. Some of the important rural reservoirs for replenishment of urban population are the rural problem areas where schools are poorest, where child health facilities are most meager, where the family and the community have least to offer to the cultural-intellectual growth of its future citizens. Careful students have seen in this situation the need for national responsibility for public education and for child and maternal health activities in rural areas.<sup>8</sup> The problem transcends local importance because many of the young people reared in such communities migrate to distant cities in search of employment. To mention this is a partial diversion to the subject of the over-developed family but perhaps one of the main potential effects of the under-developed family on society arises from the contrasting situations of small families in cities and largest families in poor rural areas.

A second set of social consequences arises from declines in the aggregate number of children. The 1930 Census was the first to

<sup>7</sup> *Ibid.*, pp. 122-123.

<sup>8</sup> See (a) Edwards, Newton: *Equal Educational Opportunity for Youth*. Washington, American Council on Education, 1939, pp. 147-152;

(b) Lenroot, K. F. and Myers, R. J.: *Population Trends and Future Problems of Child Welfare*. *The Milbank Memorial Fund Quarterly*, July, 1940, xviii, No. 3, pp. 198-213.

record an actual decline during the preceding ten years in the aggregate number of children under 5 years of age. The 1940 Census will be the first to record a decline in the number under 20 years of age. In 1930, there were over 48,000,000 children under 20; the 1940 enumeration will probably show about 46,000,000; and by 1960 there will be about 43,000,000 according to medium estimates of the Scripps Foundation. Since 1930, the number of children enrolled in elementary schools has decreased by over 1,000,000 and the declines are beginning to extend into the high schools. This situation of declining numbers of children is something new in our national experience. When the general public and the legislators become more aware of what is happening, a "population scare" may develop with resulting demands for hasty legislation designed to stimulate increase in size of family.

For some years Italy and Germany have attempted to boost the birth rate by monetary rewards for large families and by tax penalties on bachelorhood. These attempts were prompted in large part by military considerations. In contrast, a few years ago Sweden gave the world an example of a population policy which, though induced by concern over very low rates of reproduction in that country, was by no means directed toward the solitary aim of encouraging larger families. In fact, an integral part of the program was to make contraceptive knowledge available to all classes and to encourage its use by families for whom more children seemed ill-advised for reasons of ill-health, poverty, or other inadequacy. On the positive side, was the aim to enhance the attractions of voluntary parenthood by improving the community services for parents and especially for children. This program was integrated with broad measures of housing, public health, education, and general welfare. It is hoped that when a population policy is developed for this country it need not be dictated primarily by military considerations and that it will not be born of emotion or wishful thinking. Instead, in approach at least, it might well follow the pattern af-

forded by Sweden and be geared to long-range programs of health and welfare.

A third possible social effect of spread in the small family pattern is linked with the changing age structure. It is well in this connection to note the decline in proportion of children to the total population in relation to increases in that of the aged and to speculate on possible consequences for society. In 1900, children under 20 constituted approximately 44 per cent of the total population. Today, 1940, they comprise about 35 per cent and it is estimated that by 1980 they will form only about 25 per cent. On the other hand, individuals 65 and over comprised 4 per cent of the population in 1900; 6 per cent in 1940, and the medium estimate for 1980 is about 14 per cent. Thompson, Whelpton, and others have described at length the pervasive changes in consumer demands and in ways of life that may accompany an aging population. More and more the community in all of its ramifications may be geared to the life of elderly people rather than to that of children.

There is some danger that public services for children may be unduly curtailed in order to meet the increasing demands of the aged. It is true that the child burden will be lighter in the aggregate, whereas the problems of old-age dependency will become greater by virtue of increased numbers and proportion. But the Townsend movement and others of similar vintage are probably just examples of the organized demands that can be expected in the future from the aged and the near-aged. Dr. Clague of the Social Security Board has recently pointed out that, according to medium estimates, persons 45 years of age and over will constitute about 40 per cent of the total population and over half of the population of voting age in 1980. They will have the numerical strength to swing elections toward candidates specially committed to a furtherance of the interests of the aged.<sup>9</sup> Children, on the other hand, make poor lobby-

<sup>9</sup> Clague, E.: *The Aging Population and Programs of Security*. *The Milbank Memorial Fund Quarterly*, October, 1940, xviii, No. 4, p. 347.

ists. As the political power of the aged increases, so increases the danger that appropriations for public education and for child welfare will diminish in amounts disproportionate to reductions in numbers of children and regardless of the pressing need for improvement in educational facilities in rural problem areas where plane of living is lowest and birth rates highest.

The aging of the population may also tend to shift the emphasis of public health work to the aged.<sup>10</sup> Increases in average length of life during the past forty years in this country have accrued in large part from the lowering of death rates among young people and notably from savings in infant mortality. There has apparently been only minor improvement in life expectancy among people 40 years of age or over.<sup>11</sup> Whatever the future trend in this respect may be, the urgency of the problem of chronic diseases, for instance, will become greater as the number and proportion of people in advanced ages increase. Without attempting to minimize the need for increasing attention to the diseases of the aged, one may simply restate the necessity of being on guard lest provisions for child health be unduly curtailed, and to say again that public services for child health in rural areas are in a meager state of development.

Bordering on the social consequences of the under-developed family are the psychological aspects which can only be mentioned in this report.<sup>12</sup> Students, however, have written at length on the stabilizing effect of children on marital adjustments and have pointed to the higher rates of divorce among childless couples. The readier convenience of divorce among childless couples is doubtless a factor in this situation but few would argue that children have

<sup>10</sup> See Perrott, G. St.J. and Holland, Dorothy F.: Population Trends and Problems of Public Health. The Milbank Memorial Fund *Quarterly*, October, 1940, xviii, No. 4, pp. 359-392.

<sup>11</sup> Cf. Dublin, L. I. and Lotka, A. J.: LENGTH OF LIFE. New York, The Ronald Press Company, 1935, p. 68.

<sup>12</sup> For more detailed discussion, see Lorimer, F.; Winston, E.; and Kiser, L. K.: FOUNDATIONS OF AMERICAN POPULATION POLICY. New York, Harper and Brothers, 1940, pp. 131-138.



only a nuisance-value in keeping the family together. Another psychological aspect of the small family is that concerning the personality development of the children themselves, particularly that of the only child. Recognition of this problem has perhaps been no small element in the increasing popularity of kindergartens, nurseries, and community provisions for supervised recreation in urban centers.

It is not the intention of this paper to overemphasize the adverse consequences of the under-developed family. There have been many socially desirable accompaniments of the trend toward smaller families. Perhaps foremost among these has been the changed attitude regarding woman's place in society. Reductions in family size have acted both as cause and effect of woman's increased participation in activities outside the home. It should also be borne in mind that families may often be deliberately limited in size in order to assure maximum opportunities for the children.

From the standpoint of the community the decrease in aggregate number of children eases the total burden and permits efforts toward improvement in and more equitable distribution of facilities for popular education and for child welfare activities. With the spread of contraception, the rural-urban contrasts in birth rates and the problems attending this situation should tend to diminish. With regard to health, it should be pointed out that the very reductions in size of family have doubtless been conducive to declines in infant mortality rates by making possible better care per child. Students have also pointed out that the trend toward smaller families has greatly facilitated control of communicable diseases. The epidemic nature of these diseases can be better controlled when children in a community are distributed in small families than when they are distributed in large families, simply because there are fewer close family contacts among the children.

In broad summary, it may be said that the rise of the small family system has accompanied our transition from frontier agricultural

to urban industrial economy. We were not much concerned about the rural-urban differences in fertility as long as we had constant and substantial increases in the aggregate number of births. Now that nearly two-thirds of the population is urban and now that we are witnessing declines in school enrollments, we realize fairly suddenly the imminence of a stationary or declining population. The danger lies not in this situation but in the possibility of hasty public reaction to it, i.e., the danger of ill-considered schemes designed merely to increase the birth rate. A saner approach might be to take cognizance first of the inadequate provisions for child health and welfare in the rural areas where birth rates are high. Within the framework of maternal health programs there would appear to be a well-deserved place for the dispensing of reliable contraceptive advice in areas where too frequent pregnancies endanger the health of mothers and where extremely large families contribute to poverty. Such service would be an indispensable part of a well-rounded population policy, for the advent of a child into a family is too important to be a circumstance of ignorance and poverty. The ultimate objective might well be to maintain population replacement without sacrificing quality and to have the nation's children "wanted" by the families into which they are born. A different set of problems and complexities is encountered should we wish to stimulate desires for larger families among urban dwellers who now elect to have only one or two children. We need to know more about the social and psychological reasons for the small family among groups *free to choose*. It is possible, however, that nothing would contribute so powerfully to a new release of fertility among these people as a greater degree of social and economic security. The widespread attainment of these conditions may now appear remote; so there is all the more reason to guard well the health, lives, and training of children who are being born into this troubled world.