

THE CHANGING FOCUS OF DIFFERENTIAL FERTILITY RESEARCH: THE SOCIAL MOBILITY HYPOTHESIS¹

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INTENSIVE research in the field of differential fertility according to socio-economic levels began, in the United States, in the late 1920's and early 1930's. Despite the fact that fertility and various types of socio-economic data were available from earlier censuses, it was not until nearly 1930 that data from the 1910 census were first exploited (1). Since that time a rash of studies has appeared, many of these concentrated in the early '30's, which have employed various approaches to the subject of differential fertility. The development of these studies has proceeded along three different but related lines.

The first of these may be called the descriptive empirical studies. The main purpose of these was to establish the nature of the relationships and to confirm their stability. (2) From these analyses the inverse relation of fertility to social class became the familiar expectation to students of the subject. The purpose of the frequent repetition of these descriptive studies, apart from the application of more refined techniques of measurement, has been to measure time trends in the differentials, the central question being whether class differences in fertility were contracting or becoming greater. From this "second wave" of statistical studies, (3) it became evident that the usual inverse relationship had been superseded by a type of relationship which assumed the form of an oblique "J" curve, with the inverse relationship of marital fertility only continuing up through the business class, the high school graduate group, or the upper-middle income or rental groups, while the topmost groups manifested either similar or higher fertility rates. These exceptions to the inverse association have been interpreted as

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evidence of a general contraction of class differences in fertility. This interpretation was given substance by the theory of the differential rate of diffusion of birth control information and practice which presumably began in the upper classes and only gradually seeped down to the middle and lower classes. A recently published study by Kiser, using the fertility ratio data of the 1947 and 1949 Current Population Surveys, indicated still further contractions since 1940 which are the result of differential *increases* in fertility as opposed to the earlier contractions due to differential *declines* in fertility. (4)

These descriptive studies have been indispensable in defining the subject but, nevertheless, are only preliminary to the equally important task of ascertaining the causal complexes involved. The use of birth control techniques is *per se* an unimpeachable *immediate* cause of differential fertility and family limitation in general, but is in turn a cultural product. The mere possession of its knowledge is no guarantee of its utilization. The social scientist, therefore, is obligated to go further and to ascertain within which subcultural or class environments and under what social circumstances this knowledge is applied. In other words, what are the differences in subcultural value-systems which encourage or discourage the use of birth control devices and which influence motivations governing the size of the planned family?

Most of the theories which were advanced to explain the relationships discovered in these early studies were largely of the so-called "ex post facto" variety and at best, under the circumstances and in the absence of supporting deductive research, can be considered as only more or less plausible inferences. In other words, although many insightful sociological hypotheses have been stimulated and derived from these descriptive studies, the data were collected and analyzed without substantive, analytical hypotheses in advance.

The second line of interest in differential fertility may be classified as the "evaluative" approach. Eugenicists, demographers, biologists, and sociologists alike contributed many

articles to various journals in which differential fertility was usually deplored and feared. (5) Gloomy predictions for the genetic future were forecast. Extrapolating the class differences in fertility, they predicted that in some few hundred years the so-called "best" elements in American society would die out because of under-reproduction. In assessing these qualitative implications, the only redeeming feature seen by some observers was contained in the theory that differential fertility facilitated vertical mobility and thus contributed to the maintenance of an open-class system and democratic values in general. (6) In some instances, at least, this was considered as only slight consolation since the process of vertical mobility itself was believed to lead to a waste of society's "best" biological stock. On the whole, it was a rather pessimistic picture of the future.

The third area of interest in the differential fertility of socio-economic groups—research into its causes—represents the most recent development. (7) The Indianapolis Study, a study of the social and psychological factors affecting fertility and a landmark in this research field, is the first major study to test empirically substantive hypotheses which raise the question "why." The Study Committee in 1939 selected and formulated twenty-three hypotheses involving the relation of many sociological variables to fertility planning and fertility. The completed analyses of seventeen of these have already been published;² the remaining ones are in the final stages of preparation. Up to date, one of the major results of the Indianapolis Study has been to highlight the analytical importance of socio-economic status. This importance is manifested, with only few exceptions, in the fact that given relationships between specific variables, for example, general planning, feeling of economic security, feeling of personal adequacy, religious interest, and others, and fertility planning and planned fertility are either considerably weakened or disappear completely when socio-

² The first report of the Indianapolis Study appeared in July, 1943 in *The Milbank Memorial Fund Quarterly*. Following reports have appeared irregularly in this journal and will continue to be published there until the Study is completed.

economic status is held constant. For example, Freedman and Whelpton report that:

To a large extent—but not entirely—the relationship between general planning and fertility planning is a function of the socio-economic status of the couple. (8)

Kiser and Whelpton in their report on economic security conclude that:

Among the couples studied, success in fertility planning is directly associated with economic security but this relation virtually disappears when socio-economic status is held constant. (9)

In this particular instance, however, the direct relation of economic security to the *fertility* of planned families does persist to some extent with socio-economic status controlled. Freedman and Whelpton, in another analysis, indicate that:

A slight negative relationship exists between the effective practice of contraception and degree of religious interest as determined in this study. However, this relationship is mainly a function of socio-economic status. It is not maintained with any consistency within categories based on the Index of Socio-Economic Status. (10)

and

A large part, if not all, of the relationship between (religious) denomination and effective planning is a function of the distinctive socio-economic status of the different denominations. (11).

In a recent article in this series relating to feeling of personal adequacy, the authors state:

The data indicate that when socio-economic status is held constant, much of the original association of fertility planning with personal adequacy disappears, although the positive direction of the relationship is, for the most part, still maintained. (12)

and

No systematic relation of fertility to the index of personal adequacy of either the wife or the husband is found when the factor of socio-economic status is held constant. (13)

This is only a partial list. Other factors, such as Traditionalism also experienced a considerable, if not entire, loss of association with fertility planning and/or fertility when socio-economic status was controlled. (14) In most of these side-analyses where socio-economic status was held constant, statistical treatment necessitated retaining only three class levels instead of the original five. In view of the resultant loss of homogeneity in these groups, it is even more surprising that socio-economic status exerted as strong an influence as it did.

The Index of Socio-Economic Status employed throughout this Study represented the summation of scores assigned to couples on the basis of eight factors: average annual earnings of the husband since marriage, shelter rent at the time of interview, net worth, husband's longest occupation since marriage, purchase price of car, education of husband, education of wife, and rating on Chapin's living room scale. (15) In essence, these factors can be reduced to three basic phenomena: financial position, occupation, and education. Ideally, in view of the evident importance of this Index as revealed in the quotations above, it would be very desirable to perform the same type of factor analysis using these three major components as controls rather than the summary index by itself. This might possibly establish some indication of the relative importance of one or the other component in "outweighing" the previously observed strong relationships between economic security, general planning, personal adequacy, etc., and fertility planning and size of family. Although it is of course true that all of these sociological and psychological variables are themselves related to socio-economic status, the relationships are by no means so high as to preclude automatically independent influences on fertility and fertility planning.

The fact that these relationships are considerably reduced when socio-economic status is held constant at least leaves open the definite possibility that social mobility may be the dynamic variable that empirical research has for so long ignored. One hypothesis (the analysis of which has not yet been published)

which was formulated in the Indianapolis Study—relating to the difference between actual level of living and standard of living desired³—represents a pioneer attempt to explore a part of the subjective aspect of social mobility in its relation to fertility planning and fertility. Unfortunately, the basic interview questions designed to test this hypothesis which asked the couples, for example, the amount of income they would need to live satisfactorily, the kind of car they would like to own, the amount of rent they would have to pay for a house in which they would like to live, and so forth, were of a nature that encouraged, among low-income groups, wide relative differences between actual and desired standards of living and did not distinguish couples who were actively oriented toward closing these gaps from couples to whom these expressed desires were only idealistic aspirations never seriously entertained.

Two other analyses of the Indianapolis Study data⁴, currently in process, are attempting to relate data on occupational, income, and educational mobility to fertility planning and size of family. Unfortunately, only tentative and completely unreliable inferences can be drawn about the aspirational dimension of mobility from these data. Riemer's preliminary findings indicate that upward occupational mobility is associated with greater relative success in fertility planning but her analysis of the fertility of planned families suggests that a higher rate of deliberate childlessness, rather than a lower average number

³ The stated hypothesis is: "The greater the difference between the actual level of living and standard of living desired, the higher the proportion of couples practicing contraception effectively and the smaller the planned families."

⁴ Ruth Riemer is currently analyzing the hypothesis: "The stronger the feeling that children interfere with personal freedom, the higher the proportion of couples practicing contraception effectively and the smaller the planned families." John Kantner is also analyzing two hypotheses of relevance to social mobility: "Family and childhood situations and attitudes" and "conformity to group patterns" both of which are presumed to affect the proportion of couples practicing contraception effectively and the size of the planned families. All of these reports will be published in future issues of *The Milbank Memorial Fund Quarterly*. Kantor is also analyzing data from the Indianapolis Study on the subject of *intergenerational* mobility, the results of which have not yet been made available. Riemer's study of mobility, on the other hand, is confined to *intragenerational* mobility. The preliminary results of Riemer's analysis were presented in a paper read at the 1952 annual meeting of the Pacific Sociological Society.

of children, is associated with upward mobility. This latter relationship is by no means, according to Riemer, conclusively demonstrated.

It is impossible, within the limits of this paper, to discuss in any detail the various social and psychological implications of social mobility. (16) Very briefly, however, the ideal-type of the couple either in the actual process of vertical mobility or effectively geared toward its anticipation probably has the following characteristics: a maintained rationality of behavior; intense competitive effort; careerism with its accompanying manipulation of personalities; psychological insecurity of status with its attendant anxieties; and an increasing exhaustion of nervous and physical energies; in short, a pervasive success-orientation and all that is implied by it. In reality, of course, not all of these elements will be found necessarily to be either operating together or of equal intensity.

It would seem very probable that social mobility is present in varying degrees in and between all strata of American society, although sociologists have maintained that mobility and its accompanying personality structure are most characteristic of the middle class. As a matter of fact, one sociologist has defined the middle class as "that class whose members have welded their attitudes and values into a life-long striving toward an improvement of personal socio-economic position within the class-structure." (17) Although this emphasis on the so-called middle class is probably quite justified, it by no means obviates the necessity for studying the mobility patterns in the other classes.

All of these characteristics of social mobility would appear to have definite implications for fertility planning and size of family. Arsene Dumont, for example, recognized this relationship some 60 years ago in his theory of social capillarity which claimed that "just as a column of liquid has to be thin in order to rise under the force of capillarity, so a family must be small in order to rise in the social scale." (18) The theoretical relationship is clear enough; what is suggested here is the need for

quantitative research into the extent of the precise empirical relationship of these variables.

On the assumption then, that having children is considered inimical to social and economic ambitions, the following hypothesis emerges: social mobility, both in its subjective and objective dimensions, is directly related to fertility planning and inversely related to the size of the planned family—both relationships persisting within otherwise homogeneous socio-economic groups. Furthermore, it is quite possible that the direct relationships manifested between socio-economic status and feeling of economic security, feeling of personal adequacy, general planning, and the like, would not retain their original intensity if social mobility were introduced as the test factor. In other words, it is just as plausible to hypothesize that these social-psychological variables in addition to fertility planning and planned fertility, are as much dependent upon the presence or absence and type of social mobility as they are on the more static phenomena of a given occupation, financial status, and educational level. At the very least, it would seem necessary to take into account the *process* of achieving a certain status as well as the end result.

The theoretical extension of these assumptions for *differential* fertility would be that social class differences in fertility planning and differential fertility itself are related to the differential frequency of socio-economic ambitions and social mobility within and between class levels—the middle classes exhibiting the clearest manifestation of this type of “atmosphere” and having the lowest fertility.

One of the most difficult methodological obstacles to designing a study to test these hypotheses is the problem of quantifying and measuring social mobility. In its most simple outline, there is a three-point continuum: upward mobility, immobility or stability, and downward mobility. In addition to direction, there is the question of intensity or degree of movement. Many of the existing statistical studies of mobility (they are mostly studies of occupational mobility) have measured movement be-

tween occupational categories as defined by the Bureau of Census classifications. This certainly leaves much to be desired since it leaves untouched what probably amounts to the most frequent type of mobility, namely, movement within the same broad occupational class from one position to another.

Advancement from the proprietorship of a newsstand to the presidency of a bank, for example (although undoubtedly not too frequent an occurrence), would not be perceived if the "Managers, Officials, and Proprietors" classification were the smallest breakdown, as it so frequently is in these studies. Countless other illustrations could be offered of many routine occupational movements which are necessarily overlooked in the use of these broad classifications. These census groupings were clearly *not* designed as indices of personal occupational mobility and their use for this purpose, particularly at the level of individual mobility, is quite meaningless. Another pattern of these studies has been to consider mobility in terms of the comparison of father's and son's occupations, which has definite limitations from the point of view of fertility studies. It would also seem that an ideal study of the relation of mobility to family limitation should include the more strictly economic as well as occupational mobility and the changes in position that might connote prestige as well as actual occupational changes within a given career line. Some of these factors might possibly be reconstructed in terms of their influence on motivations governing size of family or could certainly very profitably be included in future studies of couples in their reproductive age periods.

An extremely important dimension of the sociology of vertical mobility is the so-called subjective aspect, that is, the effect upon individual motivation of the anticipation of socio-economic advancement. With respect to factors influencing decisions on size of family this aspect of mobility is probably the most important. This so-called subjective aspect of mobility cannot be deduced in its entirety from *actual* mobility since there is the type that aspires but is not mobile and, conversely,

within the general type that is upwardly mobile, the amount and intensity of ambition and effort required is a relative and non-inferable variable. Also, individuals who feel that their existing status is of uncertain tenure and who react in an "economizing" fashion to the fear of loss of status must also be included in this subjective concept of mobility. It is suggested here that aspirations for advancement and increasing success are important factors in the making of decisions regarding the size of family planned as well as the extent and effectiveness of contraceptive practice, while, conversely, the actual degree of subsequent mobility is at least partially due to the conditions resulting from these decisions. In addition to all of these facets of the subject, there is another, this emphasized by Dumont, namely, that small families may be motivated by the desire of parents to provide better opportunities for the advancement of their children rather than by their own mobility ambitions.

There are two recent empirical studies of European populations which have yielded some information about the relationship of social mobility to size of family. One of these studies, by Marcel Bresard and Alain Girard, (19) is based on data collected from a national sample of about 3,000 males in France. The research concentrated primarily on job changes and comparisons of grandfathers', fathers', and sons' occupations and educational levels, in other words, the objective rather than the subjective aspects of mobility. The data collected on size of family were restricted to information about only the actual number of children in the different families that is, no information was obtained on the extent of fertility planning or anything to do with birth control practices. It would not have been feasible in this particular study to obtain such information. Ideally, however, we are more interested in the extent to which social mobility operates in affecting the size of the *planned* family as well as fertility and fertility planning *per se*. Nevertheless, the statistical analysis did reveal that the proportion of small families was highest in instances of upward mobility,

lowest in downward mobility, and generally intermediate in stable families. In summarizing this part of the study, Bresard concludes that “. . . it is in the group of small families that we note the largest proportion of persons who have risen socially.” (20)

The other major study, by Jerzy Berent (21) based on close to 2,000 marriages taken from a nation-wide sample of 10,000 cases which were collected by the Social Survey in England and Wales in 1949, also analyzed the relationship between fertility and both intergenerational and personal social mobility. Similar to the studies of the French population, Berent's analysis did not include either data on socio-economic ambitions or contraceptive practice. The findings of this study are in general agreement with other studies of the subject. When the family size of persons in the same class of origin is considered, those who have moved “up” have the smallest families, on the average, and those who have moved “down” have the largest families, with static families having an average size intermediate between the two. On the other hand, when persons of the same present social status are compared, the pattern is reversed. Berent resolves this apparent contradiction by the theoretical isolation of two phenomena: “the acquisition of the fertility characteristics of the class into which the sons have moved and the maintenance by them of the family building habits of the class in which they were born.” (22) The author's analysis of personal mobility, that is, change in occupational status since marriage (all marriages in this study were of at least twenty years duration) reveals, with some irregularities, the expected pattern of upward mobility associated with low fertility and downward mobility characterized by high fertility.

A recent study (23) by E. Digby Baltzell of the size of families listed in WHO'S WHO IN AMERICA and in the SOCIAL REGISTER also suggests, rather than conclusively demonstrates, a confirmation of the mobility hypothesis. His analysis of a relatively homogenous social class in Philadelphia indicates consistently that those parents who have *achieved* their class

position have smaller families, on the average, than those whose class positions were *ascribed*.

The most neglected area of study in this field has been research into the relation of fertility and fertility planning to mobility *aspirations* or socio-economic *ambitions* which, as has been suggested, would appear to be potentially a very rewarding line of investigation. Although the various methodological problems which would be encountered in such a study are very complex, an increasing amount of psychological research on levels of aspiration is being undertaken which demographers may be able to incorporate in future fertility research. Certainly both the theoretical significance of mobility aspirations and the extremely sketchy empirical studies of actual mobility would seem to dictate the desirability of future research oriented in this direction.

In summary, the changing focus of the study of class differences in fertility is from descriptive to causal research. The latter type of research has repeatedly indicated the greater relative importance of socio-economic status over a number of discrete sociological variables in relation to fertility planning and planned fertility. It is proposed here that both aspirations for upward mobility and social mobility itself may be the crucial variables as yet not explored to any extent in empirical research.

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