

## **Major trends affecting families in the new millennium – Western Europe and North America -**

Robert Cliquet\*

### **Introduction**

The 20<sup>th</sup> Century has witnessed remarkable changes in family structures and dynamics in Western Europe and North America: smaller household sizes, a further shift from extended to nuclear families, a decrease in nuptiality and an increase in separation or divorce, the appearance of new forms of unions such as unmarried cohabitation and living-apart-together, changing gender and intergenerational relations, and, last but not least, a substantial decrease in fertility, often to below-replacement levels.

Beginning in the 1960s a number of interrelated and mutually reinforcing economic, technological and cultural factors combined to accelerate and extend those changes in existing family features. These changes, and their demographic and social consequences, have raised considerable concern, if not panic, among some researchers and policy makers. Doom mongering about the dying Occident and the disintegration or even the end of the family have been advanced or discussed (e.g. Cooper, 1986; Kaufmann, 1991).

This chapter will look at recent trends in family structures and dynamics throughout the life course, discuss the context of those trends, and consider possible future developments in the new Millennium. Three major groups of family characteristics will be distinguished: those pertaining to relational behaviour (partnership), to reproductive behaviour (parenthood) and to intergenerational behaviour, the latter mainly focused on the living conditions of older persons.

### **Recent changes in family structures and dynamics**

Western Europe and North America experienced changes in their family structures and dynamics throughout the 20<sup>th</sup> Century. In the past two decades, some changes accelerated or resumed after a temporary slow down, halt or temporary reversal. Notwithstanding some considerable variation among countries in levels and trends, the following general changes in family-related behaviour are observed.

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\* Population and Social Policy Consultants, Brussels; formerly general director of the Population and Family Study Centre, Flemish Scientific Institute, Brussels and professor of anthropology and social biology at the University of Ghent, Belgium.

### ***Relational behaviour***

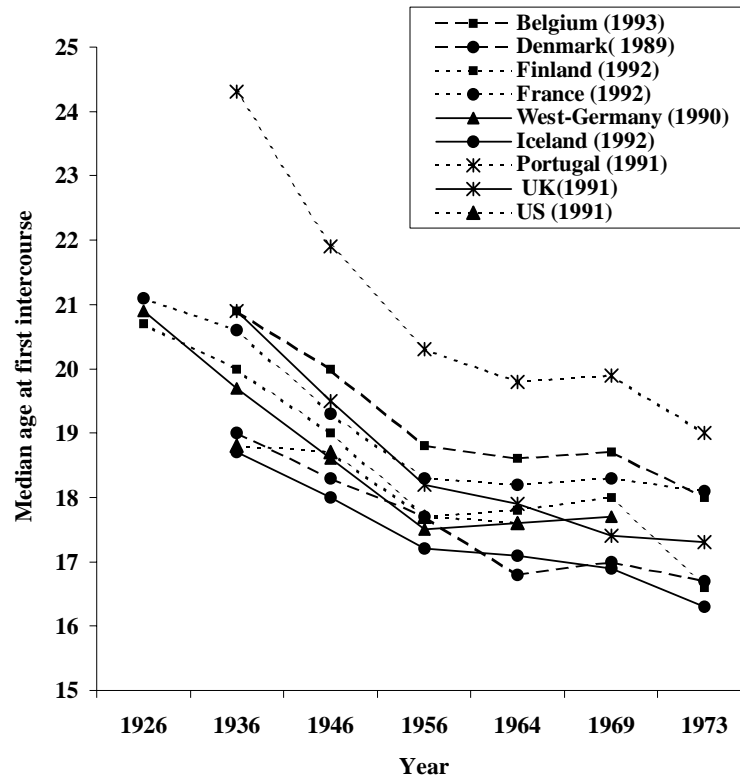
Regarding relational behaviour, the age of first sexual intercourse further decreased in the 1990s. At the beginning of the 1990s among young adult women (birth cohorts of the early 70s), the median age at first sexual intercourse in many western European countries was between 16 and 18 whereas it was between 19 and 21 among birth cohorts of the early 30s (Bozon and Kontula, 1997) (Figure 1). For men the decrease was somewhat less because they already had earlier sexual experience. In the United States, where the age at first intercourse falls within the range of the northern European countries, a similar decrease could be observed (Laumann *et al.*, 1994). Premarital sex has in most countries become a virtually general behavioural pattern, although differences in age at first intercourse continue to exist, - earlier in Northern Europe than in Central, and especially Southern Europe. Notwithstanding an increase in the use of effective contraceptive methods, undesired adolescent pregnancy has not yet disappeared completely. Most countries are characterised by decreasing birth and abortion rates – the first somewhat stronger than the second - during the last decades. Noticeable in the United States is a persisting high, although decreasing, prevalence of teenage pregnancies, one of the highest in the developed world (Jones *et al.*, 1986; Singh & Darroch, 1999; 2000; Ventura *et al.*, 1999; Ventura *et al.*, 2001) (Figure 2). Several explanations have been given for this remarkable transatlantic differential, but the most important factor probably consists of the more traditional, religiously inspired approach towards sexuality resulting in more ambiguous or even negative attitudes towards sex education and contraceptive information and motivation, in homes, schools, media and among public authorities.

First marriage continued to be postponed and so did age at first birth. More young people left the parental home to live some time on their own before cohabiting or marrying. This resulted in an increasing number of single person households of young adults. However, the age of leaving the parental home, after decreasing in the 1970s and 1980s, increased in the 1990s in some countries. The proportion of young adults (age group 25-29) still living in the parental home was particularly high in southern European countries (65 percent among men and 44 percent among women) (Cordón, 1997). In Central European countries such as France, Germany and the United Kingdom, those figures were much lower (25 percent for men and 11 percent for women). The same was true for the United States (20 percent for men and 12 percent for women) (Cherlin *et al.*, 1997). The recent reverse trend in some countries is explained by a number of factors, such as increased unemployment, longer studies, higher affluence and moral tolerance in the parental home and consequently less pressure to leave (Galland, 1997).

In Western Europe the age at first marriage, for women below 50, stands at an average of 28 years (Council of Europe, 2002). Both in North America and in Western Europe postponed marriage is increasingly replaced or preceded by cohabitation or 'Living-Apart-Together' (LAT) relations. Unmarried cohabitation is increasing, premarital as well as after separation, divorce or widowhood. However, there is still a considerable between-country variation: in some of the Scandinavian countries, premarital cohabitation is a quite generalised form of behaviour; in countries such as France and the Netherlands, it is fast increasing; in some regions, such as Flanders, Scotland, and Wales, and in Southern European countries it is still a minority phenomenon. In most countries cohabitation occurs as a premarital stage in

the life cycle (e.g. Carmichael, 1995; Corijn & Klijzing, 2001; Da Vanzo and Rahman, 1993; Prinz, 1995; Schoenmaeckers, & Lodewijckx, 1999; Trost, 1979).

**Figure 1: Median female age at first intercourse in selected European countries and mean female age at first intercourse in the United States**



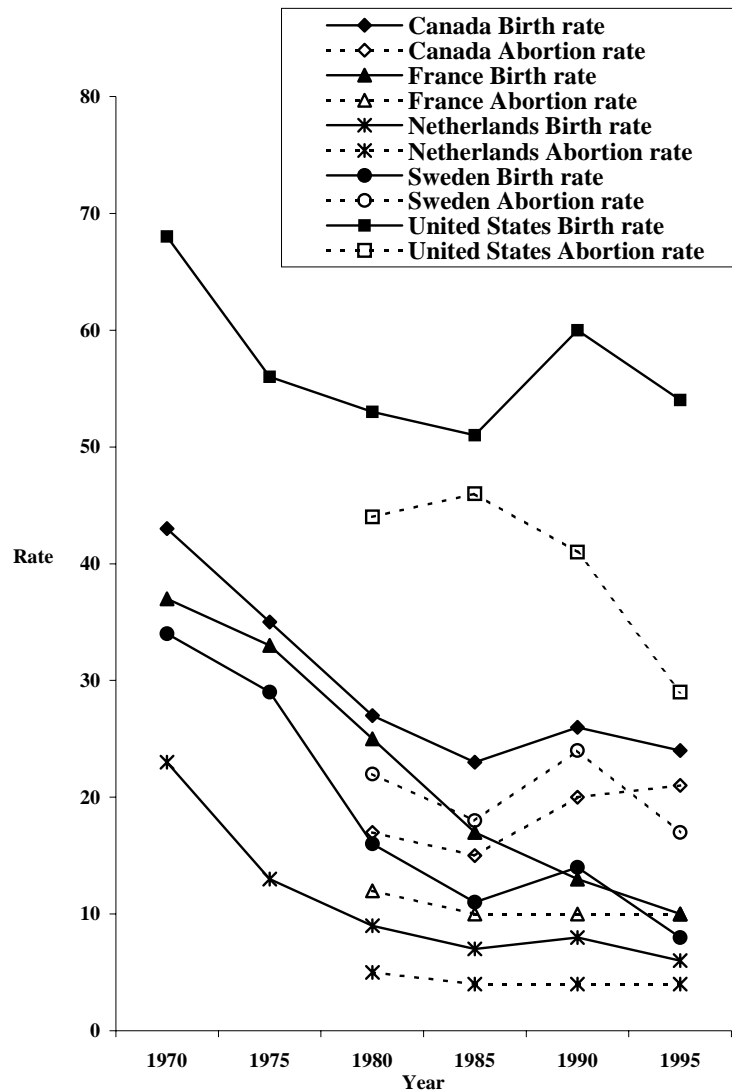
Source: Bozon & Kontula, 1997; Laumann *et al.*, 1994

Some people have an intimate relationship but maintain - temporarily, partly or completely - separate households, in the majority of cases as a result of occupational or other compelling circumstances, less often as a conscious choice (e.g. Trost, 1998; Rindfuss & Stephen, 1990; Villeneuve-Gokalp, 1997). These are the so-called LAT-relations (Living-Apart-Together). Some of them can be classified as commuter marriages, others as visiting marriages (Fisher, 1992). It is still a minority phenomenon that will probably remain so given its financial costs, and in some cases also its psychological stress.

Nuptiality has decreased considerably in most countries, mainly as a consequence of the postponement of the first marriage. In the second half of the last century the total first marriage rate fell in many countries from close to uniformity to half or even less. Also remarriage rates decreased. These spectacular declines in marriage and remarriage rates, however, should not be interpreted as a sign of disintegration of the family as a social unit. Marriage and remarriage appear to be replaced by other forms of unions, mainly consensual unions, or are postponed. Eventually the large majority

of the couples marry (Council of Europe, 2002; Kiernan, 1993). In many countries the salient decrease of nuptiality of the last decades slowed down and in some cases even seemed to stabilise (Figure 3). In conclusion, marriage rates no longer present a correct picture of the timing and intensity of family formation.

**Figure 2: Adolescent birth and abortion rates from 1970 to 1995 in selected European countries, Canada and the United States**



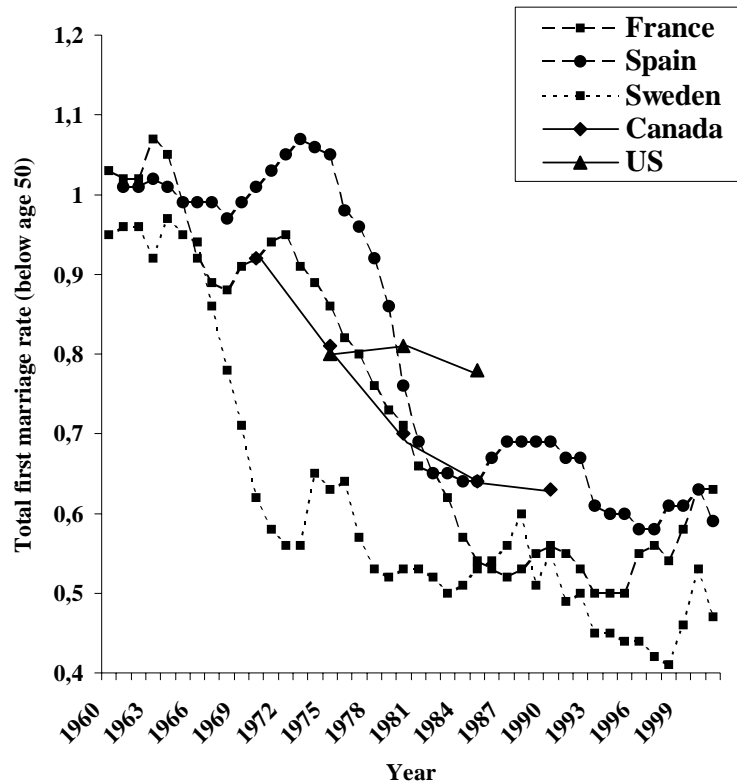
Source: Singh and Darroch, 2000

In recent decades the formation of single-person households has been increasing among different age groups. Among young adults it seems mainly to be the result of a conscious choice related to the desire for more independence or to educational or occupational reasons. However, the recent worsening of the economic situation has slowed down or even slightly reversed this trend (e.g. Cherlin *et al*, 1997). Among older adults, separation or divorce is the major cause of the increase of singlehood.

Among older persons, the increasing sexual difference in life expectancy (longevity) is primarily responsible (Corijn & Klijzing, 2001).

Divorce has increased substantially. The total divorce rate in most western European countries reaches approximately 30 percent, whereas in the Scandinavian countries, the UK, and the US it is close to 50 percent or even higher (for data, see Council of Europe, 2002; Sardon, 2002). In the case of nuptiality, divorce figures no longer measure the real prevalence of union separation. If separation figures of cohabitant couples and divorce rates are combined, couple dissolution appears to be a much more frequent phenomenon. Divorce rates were still on the increase in the 1990s, but in Northern Europe, in the United Kingdom and the United States, where a high prevalence was already recorded in previous decades, a slowdown, stabilisation or even a slight decrease could be observed (Figure 4).

**Figure 3: Total female first marriage rate (below age 50) in selected European countries, Canada and the United States**

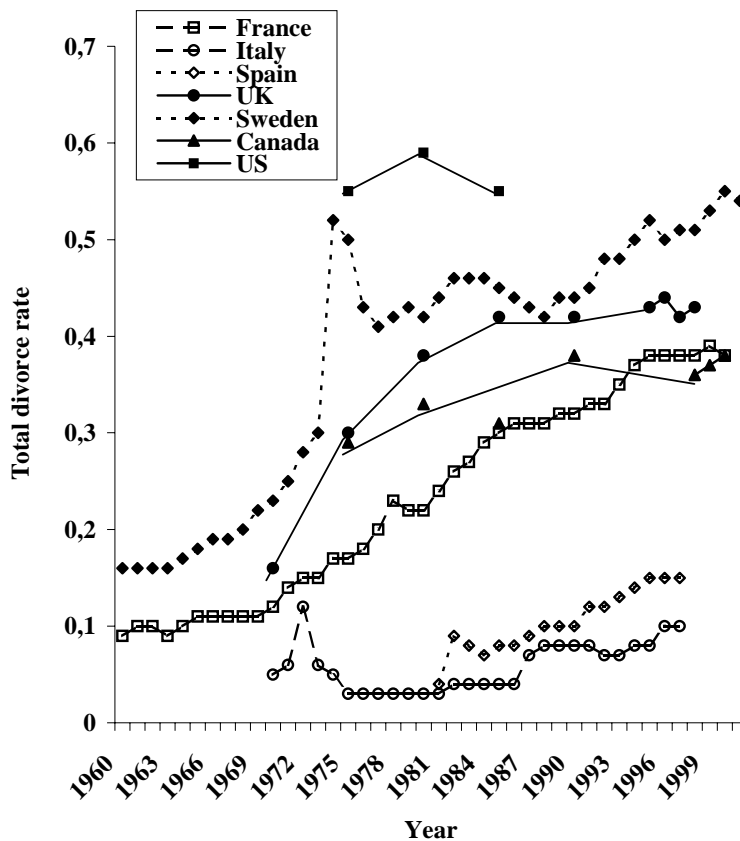


Sources: Council of Europe, 2002; Sardon, 2002; Statistics Canada; Population Reference Bureau

Concomitant with the increasing divorce rate is the rise in one-parent families, the majority headed by women (e.g. Burghes, 1993; Van Delft *et al.*, 1988). Single-parent households, however, also increase because of the growing number of mothers who are single by accident or choice (Miller, 1992). The degree to which single

motherhood by accident is on the increase is not completely clear, because many studies only use formal criteria such as marital status to identify lone mothers. More thorough sociological studies show that, at least in some countries, many unmarried mothers are living together with a partner (who may or may not be the father of the child(ren)), or that single motherhood is only a temporary, transitional stage in the union formation. Many unmarried mothers, in other words, are not necessarily to be considered as lone parents. Single motherhood by choice, more particularly among older, better-educated, working women, also seems to be on the rise (Miller, 1992), but this phenomenon is not yet well documented. Contrary to all the former categories of one-parent families, widowed lone-parent families are, as a result of decreases in mortality, strongly declining.

**Figure 4: Total divorce rate in selected European countries, Canada and the United States**



Source: Council of Europe, 2002; Sardon, 2002

After breaking up a union, most people - 75 percent of women, 80 percent of men - constitute a new union, either in the form of a consensual union or in the form of a marriage. Some authors (e.g. Fisher, 1992) interpret this trend as the re-establishment of the old-time serial monogamy; this time, however, as the result of divorce instead of the death of a spouse.

Although the legitimation and social visibility and acceptability of same sex couples has gradually increased in recent decades, it appears from probability sample surveys in different countries that the prevalence of same sex couples is statistically very limited. Even the proportion of people identifying themselves as homosexual or having a homosexual relationship is very low. In the American National Health and Social Life Survey of 1992 (Laumann *et al.*, 1994) only 2.8 percent men and 1.4 percent women reported some level of homosexual (or bisexual) identity. The percentages reporting any same-sex partners since age 18 amounted to 4.9 percent among males and 4.1 percent among females. A recent British survey reports 5.2 percent of men and 2.7 percent of women ever having had any homosexual experience (Wellings *et al.*, 1994). A recent French survey reports 4.1 percent men and 2.6 percent women having any same-sex partner in their entire life (Spira *et al.*, 1993).

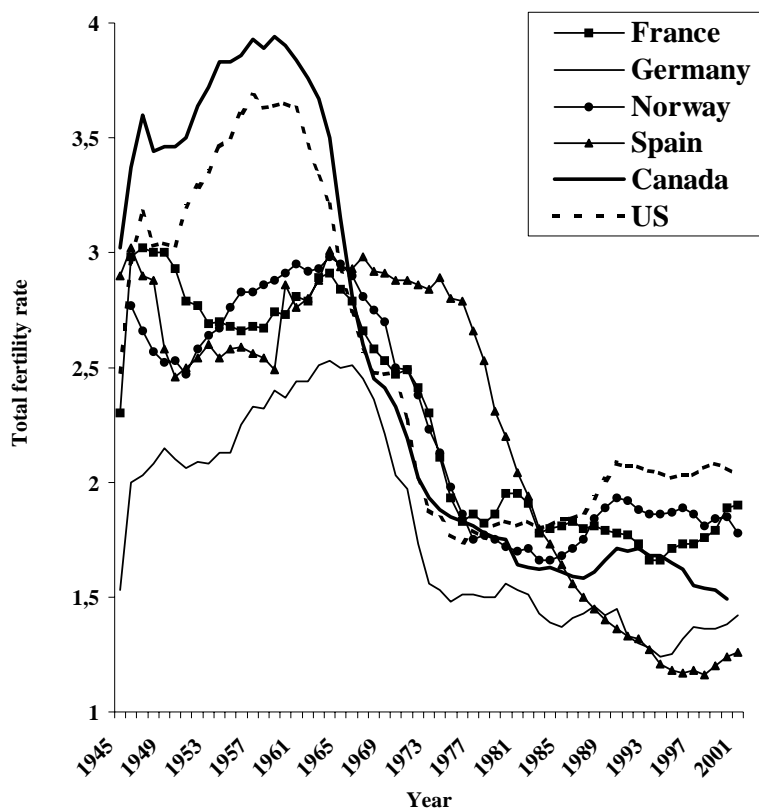
Due to the increasing prevalence of various forms of unions – single-parent families, consensual unions, LAT-relations, reconstituted families – considerable proportions of children – and in some countries even a majority of children - will experience one or more of those family forms in their life course (e.g. Pryor and Rodgers, 2001). Some of the recent changes in family structures, such as the increasing dissolution of two-parent families and the increasing prevalence of single mothers by choice or chance have elicited concerns about shrinking fatherhood in modern culture (e.g. Burghes & Clarke, 1997; Clarke *et al.*, 1998; Jensen, 2000). Although increasing numbers of fathers have less contact with or support less or even not at all the children they begot, it must be acknowledged that most fathering still continues to take place in intact two-parent families.

The important changes in family structures observed in the past decades are partly the result, but also partly the cause, of changes in the relational contents, dynamics and processes (Deven, 1996). Both partner relations and parent-child relations are characterized by several changes in the values that prevail, in the balance of power and decision making, and in the emotional content of the relations among family members. Partnership shows shifts from complementarity towards egalitarianism, from normative action towards individual choice behaviour, from a commanding towards a negotiating housekeeping. Parent-child relations equally undergo changes from paternal power to parental authority, from submission to self-development, from obedience towards exploration, from unilateral towards bilateral transmission of values and knowledge. All in all, both partnership and parent-child relations are subject to much higher cognitive and emotional exigencies. Family relations have, consequently become more vulnerable, less stable, but also more satisfying.

## Reproductive behaviour

Most (married) couples in Western Europe and North America want and have children, but a small number of children. After a strong decline in the 1960s, 1970s and in some countries the 1980s, fertility – measured by the total fertility rate – seems to have stabilised at the end of the 20<sup>th</sup> century at below-replacement levels. This stabilisation was already apparent in North America and in most northern and western European countries in the 1980s, but is now also observed in Southern Europe and Ireland. Fertility levels still show a considerable between-country variation (Council of Europe, 2002; Population Division, 1997; Sardon, 2002). In Europe, fertility is highest in the North and in France, while in the largest part of Southern Europe fertility is almost 60 percent below long-term replacement (Figure 5). The socio-economic differentials in fertility are strongly reduced. In Europe salient higher fertility levels are mainly found among immigrant populations from non-European countries.

**Figure 5: Total fertility rate (TFR) in selected European countries, Canada and the United States, since WWII**



Sources: Council of Europe, 2002; Population Reference Bureau; Sardon, 2002; Statistics Canada

The United States has a total fertility rate close to replacement level (TFR = 2.03). However, substantial differences exist between states, with relatively high levels in

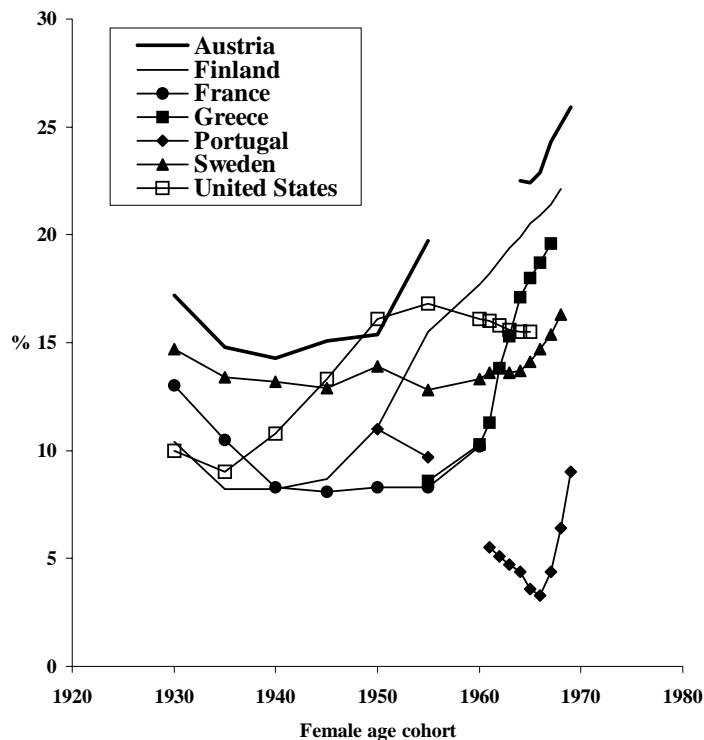


the southern states and relatively low levels in states of the Northeast. The birth rate in Utah is twice as high as the one in Vermont. Appreciable differences exist also according to ethnic-racial groups. The population of Hispanic origin has a TFR = 2.7 (Ventura *et al.*, 2003) and the Black-Non-Hispanic population has a TFR = 2.1 whereas the total fertility rate of the White (Non-Hispanic) population (TFR = 1.8) is similar to the one found in some northern European countries and in France. Canada (TFR = 1.5) falls within the middle of the range of the western European levels.

An interesting fact is that in most European countries the actual fertility lies below the desired number of children (e.g. van Peer, 2002). Socio-economic (education, work), relational (age at start childbearing, partnership) and biological-reproductive factors have been shown to influence this discrepancy (Cliquet, 1998).

A recent, statistically important development in some countries with very low fertility levels is the substantial increase in childless couples (Figure 6). For the western provinces of Germany, Dorbritz & Schwarz (1996) expect that almost one third of the women and men born after 1960 will remain childless.

**Figure 6: Definitive childlessness of female generations (percent of childless women)**



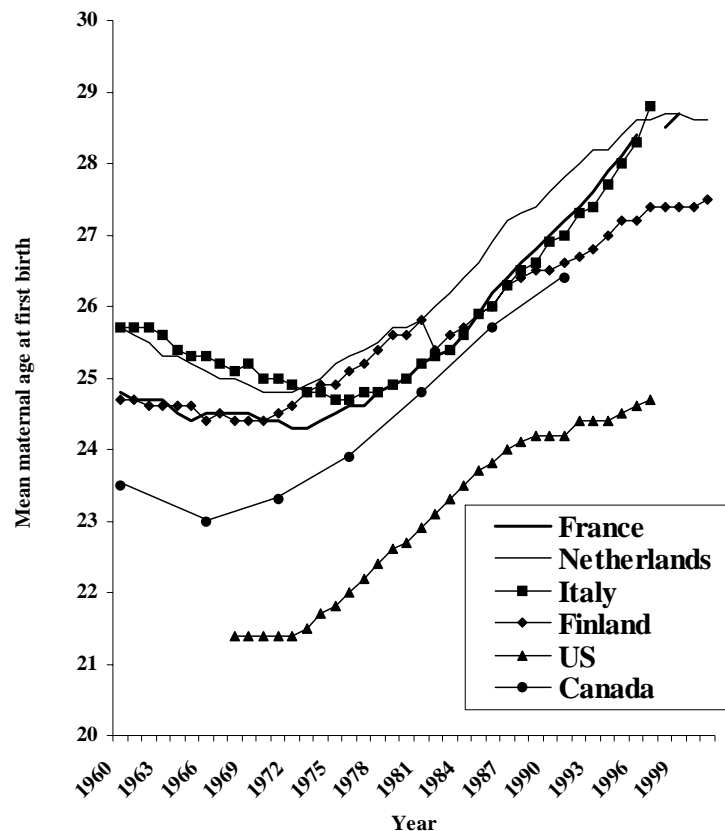
Source: Sardon, 2002

Concerning the timing of births, since the mid 1970s both the mean age at first birth and the average age at childbearing have increased continuously. In most countries, the age at first birth now lies between 25 and 29 years (Figure 7), but most couples have their last child before 35 years of age (Council of Europe, 2002). The lower averages of the United States are striking, although also here ethnic and socio-

economic differentials are important: among Blacks and some Hispanic groups, maternal age at first birth is 22 years, while among the White-Non-Hispanic population it averages 26 years: geographic differences are noticeable: Mississippi it is 23 years whereas in Massachusetts it is almost 28 years.

The postponement of births is one reason for decreasing or low fertility, because there is insufficient recuperation time at higher ages, either because of increasing subfecundity or because postponement easily leads to renouncement once a particular lifestyle without children or with a small number of children has been adopted (Lesthaeghe, 2001). The recently decreasing TFR probably underestimates somewhat the final descendance that may be expected because the postponement of births will be somewhat recuperated at higher ages. Nevertheless, it is considered to be unlikely that the expected recuperation will redress fertility at replacement level (Bongaarts, 2002).

**Figure 7: Mean maternal age at first birth**



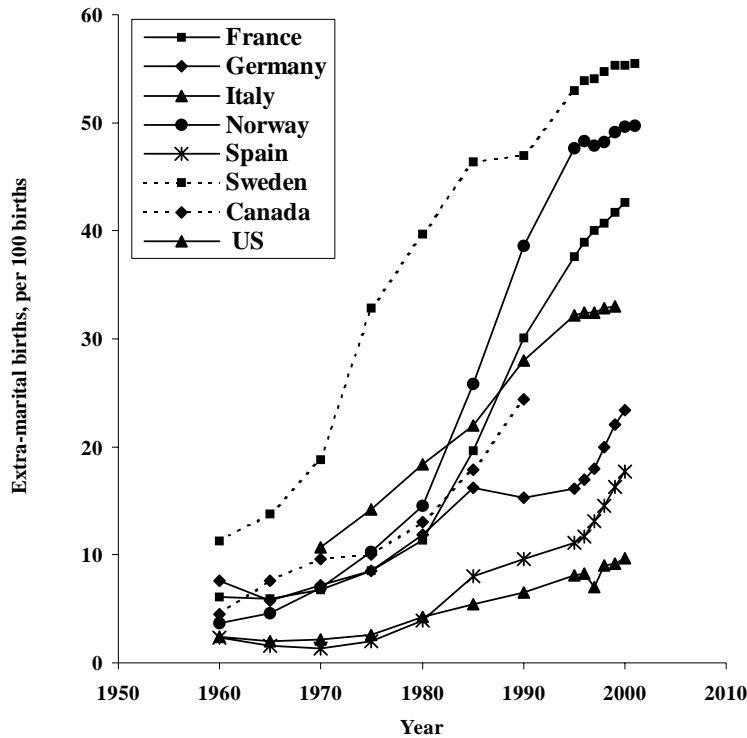
Sources: Council of Europe, 2002; National Center for Health Statistics; Zheng Wu, 1999)

The consequence of the rise in different forms of cohabitation and in single motherhood is in many countries that the proportion of births outside marriage has increased considerably. The level reached shows a large variation throughout the industrialised world. In some of the northern European countries one out of two first

births is out of wedlock, whereas in some of the southern European countries only one out of 10 is out of wedlock (Council of Europe, 2002). In the United States, births to unmarried women accounted for one third of all births in 2001 (Figure 8).

The contraceptive profile continues to evolve. In North America and Western Europe the contraceptive transition or revolution, i.e. the transition from traditional and mechanical methods to highly effective methods (sterilisation, hormonal methods and intra-uterine devices) took place mainly between the 1960s and the 1980s, albeit at different times in different places (Figure 9). It is difficult to sketch the trends in abortion rates because of the differences in national legislation and registration systems. Some striking between-country differences, however, can be explained by differences in contraceptive prevalence and/or attitudes towards pregnancy interruption (Sardon, 2002).

**Figure 8: Extra-marital births (per 100 births) in selected European countries, Canada and the United States**

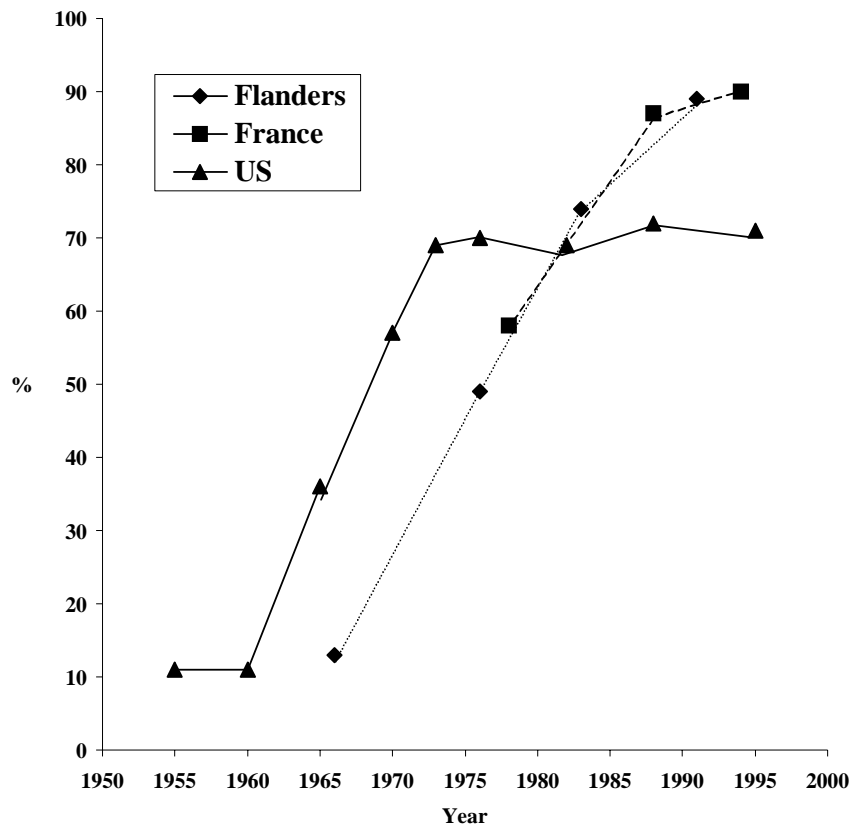


Sources: Council of Europe, 2002; Sardon, 2002

### *Intergenerational relations*

During the second half of the 20<sup>th</sup> century the proportion of persons aged 65 and over in the total population of the most advanced market economies in Europe and North America rose from some 10 percent to 15 percent. At the dawn of the 21<sup>st</sup> century Europe and North America have among the highest proportions of older persons to their total population of any countries in the world. The figures are well known, as are the forces driving the ageing of societies: increases in life expectancy and falls in fertility. Declining mortality, first achieved for children and young adults, was followed by falls in fertility and improved survivorship of middle aged and older persons. This resulted in declines in the size of the population of children and increases in populations of older persons (Figure 10).

**Figure 9: The contraceptive transition in Flanders, France and the United States**

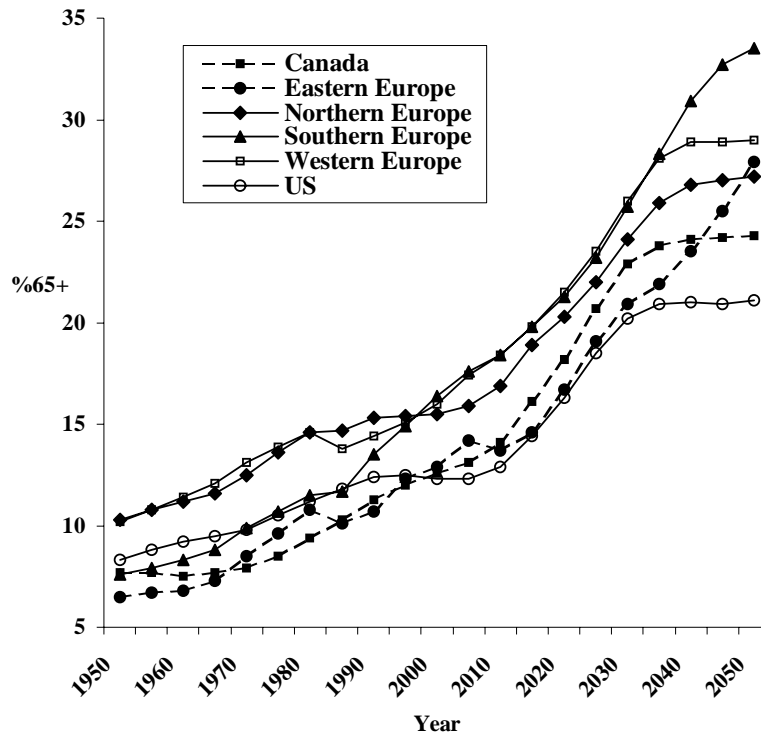


Sources: Cliquet and Lodewijckx, 1986; De Guibert-Lantoine & Léridon, 1998; Ford, 1979; Freedman *et al.*, 1959; Mosher & Westoff, 1982; Mosher and Bachrach, 1988; Whelpton *et al.*, 1966; Westoff and Ryder, 1977; Fertility and Family Survey in the ECE Region.

Europeans and North Americans are living longer and healthier lives. However, cross-country differences in the pace of population ageing and the impact of changes in the age pyramid - at the bottom (caused by fertility declines) and at the top (caused by

longevity increases) - on population ageing patterns continue to persist, between the two continents, but also within Europe. In the year 2001 Italy had the highest proportion of older persons (18 percent) while Ireland had the lowest (11 percent).

**Figure 10: The recent and further expected increase of the elderly population in Europe and North America, 1950-2050**



Source: United Nations, 2001

Most people want to see their parents and close relatives to live long lives and are prepared to provide care for them when it is needed (e.g. Grundy, 1999). However, modern living circumstances, involving fewer siblings, greater female participation in paid labour and geographical mobility and migration – more particularly in large countries - often prevent an extended family setting or family care network and more particularly multigenerational co-residence. Also, in an increasing number of cases care thresholds are being reached. When degenerative diseases and ailments last for years, the burden of dependency becomes disruptive for the entire family. Solutions that go beyond the family itself may have to be envisaged in order to reconcile care for the elderly with quality of life of a couple and responsibility towards one’s own children. This need may become larger in societies where traditionally strong family ties prevail (e.g. the Mediterranean region) than in societies that are characterized by relatively weak family links such as in North America and Northern and Central Europe (e.g. Reher, 1998).

Public health and welfare budgets will not only have to increase owing to the larger absolute numbers of dependent older persons, and more particularly oldest old, but also because health and welfare care probably will be performed less and less by close family members. The traditional family providers of care are more and more employed outside the home, and households are smaller due to a variety of social and demographic changes. Lower fertility not only results in fewer children, but also in a smaller number of other relatives (siblings, cousins). Higher frequencies of separation and divorce in combination with existing sex differentials in longevity also contribute to a higher prevalence of smaller, if not single person households. The increasing female employment at higher ages make women less available for caring functions in the later stages of their life course. Furthermore, geographic mobility also contributes to a reduced chance of being in daily contact with close relatives. Finally, in recent decades, the health and welfare care system has also grown as a result of its intrinsic development and maturation, not only involving expensive technological innovations, but also the emergence of health and welfare care professionals and services. All this has to be set against shrinking human resources as consequence of population dejuvenation and greying.

Regarding care provision, there is a general consensus that care for older persons provided in institutions (old age homes, hospitals, hostels) is, with the exception of the seriously disabled, the most expensive and least client-friendly arrangement. Indeed, the general shift in policy goes from institutional care towards family-, community- and self-care, publicly funded or co-funded. The restructuring of welfare policy in Europe aims at making as many people as possible responsible for their own life situation (e.g. Daatland, 1992; Evers *et al.*, 1994; Giarchi, 1996; Hugman, 1994). The change is not only provoked by the financial constraints of too greatly expanding pension and health care provisions, but is also induced by the desire to enhance the social and psychological quality of life and to allow older people to maintain as long as possible an independent and socially well integrated life. The major policy shift clearly goes in the direction of increasing the capacity for self-reliance (e.g. Vanderleyden, 1996).

Extensive survey research on the older persons in many countries show that independence in old age is an ideal which is highly desired both by the younger and the older age groups (e.g. Dooghe *et al.*, 1988). Most older people do not want to be a burden to their children and weigh on their children's family life, at least as long as they can function independently. Modernisation has multiple effects on the lives and lifestyles of people, both old and young who develop different values, tastes and lifestyles. Not all older people want to become main caregivers to their grandchildren and homemakers to their adult children. Increasing numbers of divorcees, or widows and widowers wish to maintain an emotional and sexual relationship with a partner who may or may not be co-residing. This is not possible if they co-reside with their children or are called to provide extensive services on a daily basis. Older persons may not wish to be disturbed by the different lifestyle of their children and grandchildren. The power structure in modern families is less and less age-related.

A significant proportion of older persons continue to provide care for children, grandchildren or other persons after the age of retirement. In the age group 50 to 65 between one third and one fourth of women take care of others. Even the oldest old aged 80 to 85 continue to provide care for others, but the proportion clearly is small

and concerns one out of every 10 very old people (Avramov & Maskova, 2003). Older persons can be a significant source for education and mentoring as well as for volunteering in organizations and institutions. In addition, older persons have become a major target of the advertising industry since their spending power is significant. Services and products that are geared towards demands of older persons will increase to a great degree in the future. In addition, a large amount of assets and cash will be transferred between generations within the next few decades.

### **Background of the modern family transition**

In order to understand the most important trends affecting families in the new millennium, it is crucial to consider the essential functions of the family and the changes they underwent in modern culture.

The fundamental '*raison d'être*' of the human family is of a biological nature, mediated by environmental and socio-cultural living circumstances. It is a social structure that emerged with the increasing need of help of the human child in its maturation process. The human infant's prolonged dependence necessitated a rise in parental investment, by the male as well as the female, and this in turn required a more enduring partnership and an increasing control of sexual behaviour. In the course of human evolution and history, the family became a socio-biological survival tool for all its members, children and adults alike (Cliquet & Avramov, 1998; Emlen, 1995; Filsinger, 1988; Gough, 1971; Lampert, 1997; Mellen, 1981; Van den Berghe, 1979).

In modern culture, the family lost several of its historical functions, the most important of which had to do with the fact that several of its survival and welfare functions have partly or even largely been taken over by broader societal structures. Its emotional caring functions, both towards children and adults, have become much more prominent in a culture where the stakes of quality of life have risen so considerably.

Three broad groups of factors - socio-biological, socio-economic, and socio-cultural - have contributed to the modern family transition. All of them, however, are to be related to the development of modern science and its application in modern technology.

The socio-biological causes of the family transition have primarily to do with the demographic transition, i.e. the shift from high to low mortality and fertility levels. Mortality control does not in all societies precede fertility decline and its associated effects on the family; it is, however, the pre-condition for the demographic transition and its associated family transition. Without mortality control, fertility decrease and all of the other observed family changes could not persist over time.

The considerable increase in life expectancy in modern societies has four major consequences for family life: an important motive for having a large number of children disappeared; parents can develop much stronger emotional ties to their children; partnership becomes virtually a lifelong probability, and most people now experience the simultaneous existence of three, four, and even five generations.

Mortality control, in turn, made possible and necessary fertility control beyond levels ever seen before, resulting in a fertility decline which was expected to evolve towards a new equilibrium with mortality but which currently is more or less strongly below replacement levels in most developed countries. The present availability of effective and safe methods of birth control not only brings the realised number of children more closely in line with the desired number by largely eliminating excess fertility, but also has considerable implications for the psychosocial dynamics of partnership and gender relations.

Socio-economically, the modernisation of the family was mainly characterised by the transition from a familial towards a socialised production system and its associated industrialisation and urbanisation. In family-transcending systems of production, individuals, more particularly at older ages or in periods of strong vulnerability, are no longer directly dependent upon a large number of children or other close kin for their basic need satisfaction (Caldwell, 1982; Turke, 1989). Their economic security depends much more upon their individual abilities and performances, and risk periods are covered by social security systems. In general, many traditional family functions have partly or even largely been taken over by broader societal structures. Increased opportunities for social and geographical mobility further weakened the extended family and isolated the nuclear family. Cultural and economic changes also gave rise to the appearance of divorce, which more and more takes the place of death as the cause of couple disruption.

The socio-biological and socio-economic changes associated with the modernisation process also strongly changed the biological, social and psychological position of women. They face reduced pressures to achieve numerous pregnancies, while receiving increasing opportunities in education and the work place. The availability of effective methods of birth control offers them a degree of independence, which has reshuffled fundamentally the power relations within marriage and the family.

Modernisation, moreover, enormously extended leisure opportunities, which strongly compete with traditional family values and patterns, in particular with having (a large number of) children (Keyfitz, 1987). Modernisation creates higher demands and exigencies for individual development, not only in the field of education and training, but also in the fields of partnership and parent-offspring relations. Increasing expectations and requirements in modern culture for personality development combined with increased possibilities to fulfil and safeguard human needs through the welfare society, helped to change perceptions of what well-being means. An increased emphasis on material things, often diverts people from family building or extending goals. Not only does this lead to a smaller number of children, but probably also to more scrutiny and hesitation with respect to the start of an enduring relationship, resulting in postponements of marriages and births (Schmid, 1984).

Related to the development of science and technology, and the economic transition, modernisation also induced important changes in values and norms, characterised by phenomena such as secularisation, democratisation, and individualisation. Not only were the foundations of the traditional normative systems and institutions undermined, but new ideologies and normative institutions were also developed and spread. This resulted in a broader ideological pluralism, and a more pronounced relativism, changeability and tolerance (Lesthaeghe, 1985; Inglehart, 1989). In general, it can be



stated that a shift from external towards internal control is observable, i.e. from the societal towards the individual level (Hoffmann-Nowotny, 1987). This results not only in an increased freedom and personal choice of behavioural patterns, but also in increasing anomie and decreased socio-normative control (Kirk, 1983).

All in all, modernisation resulted in a situation where individual and societal needs with respect to intergenerational continuity no longer coincide. Individuals and couples can, in modern living circumstances, be satisfied with one or two children, whereas society needs, for its long-term continuity, a substantial proportion of three and four child families to compensate for the childless and one-child families (Cliquet, 1998). If below replacement fertility continues for an extended period of time, the size of societies will shrink. Suggestions for economic and social policies that address such a phenomenon are needed and should be developed and formulated as soon as possible.

### **Background of the recent family changes**

In recent decades, all of these major changes connected with the evolution of modern culture continued to exert their influence on families and were extended to more and more families. A variety of explanations have been given: the post WWII economic development, the oil-boom, technological innovations in different domains (from jet-planes, to TV and the Internet, to modern contraceptives and medically safe abortion methods), women's emancipation, further changes in cultural values, more particularly in the domains of individualisation and secularisation. For many researchers, however, no single factor alone can explain these generalised and accelerated changes, which can only be attributed to the synergy of a number of interrelated and mutually reinforcing economic, technological and cultural factors which have accelerated since the 1960s (e.g. Cliquet, 1991; Kooy, 1985; McDonald, 2000; Roussel, 1989).

### ***Advancement in technology and science***

A number of scientific and technological innovations have played an important role in recent demographic and family changes. The massive spread of technical innovations such as television, the Internet, and faster and more affordable travel have considerably increased the physical and mental horizons of people and contributed to changes in attitudes and expectations. This may also have affected their behaviour in the domain of family building.

Particular attention should be drawn to the contraceptive transition or revolution. (Cliquet & Lodewijckx, 1986; De Guibert-Lantoine & Léridon, 1998; Ryder & Westoff, 1971). It has been suggested that modern contraceptives (and medical abortion methods) are the cause of the renewed decline of fertility since the mid sixties. However, when one looks at indicators such as wanted and desired number of children, there are not such big differences before and after the spread of modern contraceptive methods. What those methods mainly changed was the number of un-timed and non-desired children, i.e. they reduced considerably the former "excess fertility" (e.g. Lodewijckx, 1988). In addition, modern contraceptives changed attitudes (and behaviour) affecting the decision-making process about having children. While it is true that the desired number of children has decreased slightly in

recent decades, it is likely that the cause of this phenomenon is not to be found in the contraceptive transition, but in social, economic or cultural shifts. Modern contraception was the means but not the cause of reproductive changes. The efficient control over fertility allowed or favoured several other family-related processes: premarital sex became less risky; marriage could be postponed or temporarily replaced by other types of union formation. Perhaps it also facilitated multiple partnership and extra-marital relations.

Modern medical technology is not only involved in developing methods to limit fertility, but has also made considerable progress in developing techniques to enhance fecundity. Considered in its broad sense, medically assisted fertility is a phenomenon which developed gradually with modernisation, and which involves a broad range of medical techniques, from genetic counselling to specific technical interventions to facilitate or replace natural conception, - donor insemination, ovum donation, in-vitro fertilisation, gamete and zygote intrafallopian transfer, embryo transplantation - to methods aimed at maintaining the pregnancy and inducing or facilitating delivery. In recent decades, the concept of medically assisted fertility is more and more considered in the narrow sense of methods to facilitate or replace natural conception (e.g. Bentley & Mascie-Taylor, 2001; de Jonge & Barratt, 2002). Whereas medical interventions related to the whole process of childbearing are quite well spread, conception-related interventions are still quite rare. Nevertheless, it can be observed that increasing numbers of couples who experience difficulties in getting pregnant turn to these techniques to fulfil their family building desires. The first in-vitro fertilization in the United States was performed in 1983. By 1998, 0.7 percent of 3.9 million or 27,300 births were the result of assisted reproductive technology (Schieve *et al.*, 2002).

### ***The HIV/AIDS pandemic***

The effect of HIV/AIDS on family structures and processes will largely depend on the sexual behaviour of the population in its childbearing years, and in particular whether the infection is concentrated in specific minority subgroups of the population, - such as injecting drug users and male homosexuals - or whether it is also spread among the broader heterosexual population. Sexual promiscuity in the heterosexual population, in combination with the absence or low prevalence of condom use or other safe sex measures, obviously boosts the spread of the infection, particularly among the younger adult age groups. In such circumstances, the disease must have disastrous effects on several aspects of family life and family structure on a broad scale. Households hit by the disease risk a dramatic decrease of their income, either because of sickness or because of the high costs of treatment. The sexual life of the couple risks deterioration. Finally, the family structure is affected: children are removed to other households or are orphaned, and the surviving partner widowed. If the infection is limited to particular small population groups such as injecting drug users or male homosexuals, the effects on family life and structure are more limited in terms of the magnitude of the population affected, but not less dramatic for those concerned.

The adult infection rate (the percentage prevalence among the population aged 15 to 49) of the pandemic has reached 1,07 percent on a global level. In Western Europe this figure stands at only 0.23 percent and in North America at 0.58 percent. These are low figures compared to the 8.57 percent in Sub-Saharan Africa. Within Europe and

North America some variation exists among countries. The lowest figures are found in the Scandinavian countries (< 0.10 percent) and the highest in some Southern European countries (Spain = 0.58 percent; Portugal = 0.74 percent), a difference which might partly be due to origin of their immigrant populations. In North America, the Canadian proportion is only half (= 0.30 percent) that of the United States (= 0.61 percent) (UNAIDS, 2000).

In both Europe and North America HIV infections are mainly concentrated among injecting drug users and gay men. Heterosexuals in the general population show very low HIV infection rates. In Germany in the mid 1990s only 0.03 percent of women of childbearing age appeared to be infected.

Surveys on recent changes in sexual behaviour show that there has been an increasing protection against sexually transmitted diseases, either by the use of safer sex methods or by limiting the number of sexual partners (e.g. Lagrange and Lhomond, 1997; Laumann *et al.*, 1994; Johnson *et al.*, 1994; Hubert *et al.*, 1998). Sexual promiscuity is, however, not so strongly spread among the heterosexual population.

The HIV/AIDS profile in Europe and North America and the prevailing patterns in sexual behaviour, however, should not lead to reduced efforts to further prevent the spreading of the disease. Adolescents become sexually active at younger ages. Safe sex behaviour or exclusive monogamous partnerships are far from being the generally spread patterns. Furthermore, the fact that more effective antiretroviral therapy is becoming available may lead to a relaxation of the vigilance about safe sex.

The recent trends in sexual behaviour of gay men are illustrative in this respect. Whereas male homosexuals drastically changed their behaviour in the 1980s and early 1990s by adopting safer sex methods and limiting the number of partners (e.g. Schiltz, 1997; Cohen and Hubert, 1997), the new therapies seem to be accompanied by an increase in the prevalence of unprotected anal sex and multiple partnership (Piot and Seck, 2001).

By way of conclusion it may be said that HIV/AIDS does not appear to be a major general risk factor affecting family formation and family structures in Europe and North America. However, its impact on life chances of individuals, especially those belonging to the risk groups, should not be underestimated, and policy implementation should continue to focus on comprehensive preventative strategies.

### ***Increasing migration***

Economic development, in combination with increased opportunities for mobility, results in increasing both internal and international migration (e.g. Barbara, 1994; Finnas, 1988; Höhn, 2003). Migration is one of the basic demographic variables influencing the composition and size of populations and the future of family structures. In recent years immigration has increasingly captured public, media and political attention. In scientific circles efforts to address the dynamics, features, determinants and past and expected future trends are increasingly coupled with identification of policy implications of migration for individuals and families. The Network for Integrated European Population Studies (NIEPS), for example, addressed migration issues in relation to family and gender relations and ageing and

intergenerational solidarity (see CBGS, 2003). Two aspects appear to be increasingly important in the policy discourse on migration: volume of migration and origin and characteristics of immigrants.

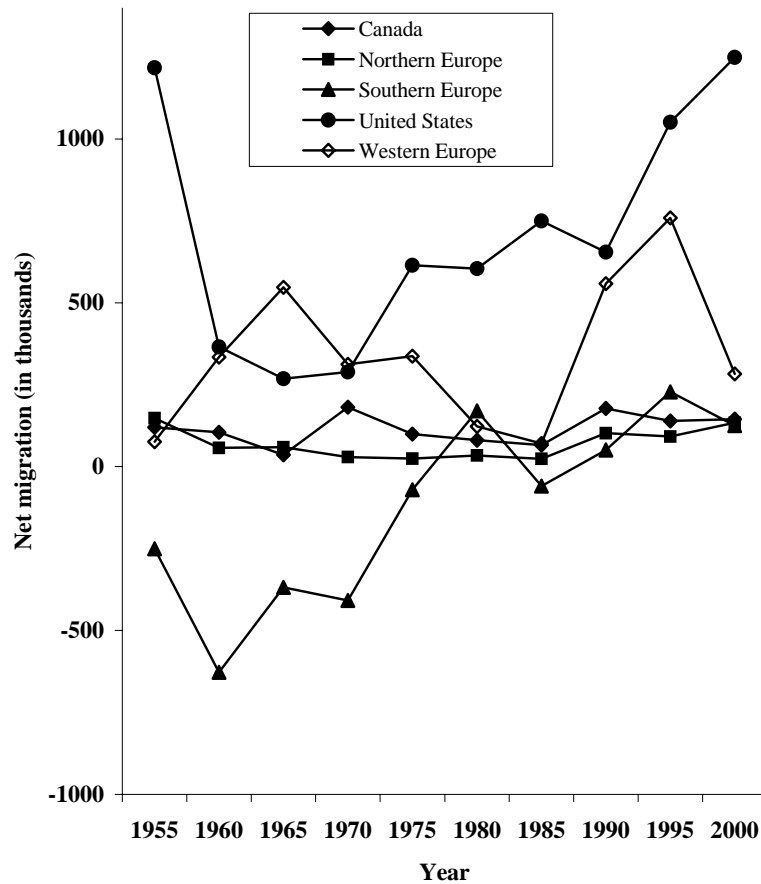
Regarding migration and family structures the first distinction to be made is between internal and international migratory movements. Internal migration is a process that can influence family life and family structures in several ways. If the migration involves only one family member, it can, particularly in large countries, lead to atypical family living arrangements such as LAT-relations. If it concerns the nuclear family as a whole, it can make contacts with and support to or from other kin more difficult or less frequent. Geographical segregation of kin or intergenerational networks often requires the replacement of their traditional support and care mechanisms by non-family care systems.

An important aspect of international migration and family dynamics is the overall impact of the volume and origin of immigrants and capacity of societies to adapt and integrate immigrants. With respect to the volume of immigration there are substantial differences within the Western world. There are not only striking differences between North America and Europe as a whole, but also within Europe a substantial variation in immigration flows and stocks can be found (Figure 11).

In terms of family formation, research on migrants shows that the relational and reproductive behaviour of migrants of European or American origin is not very different from that of the sedentary, non-migrant population in developed countries (e.g. Schoenmaeckers & Callens, 1999). In some cases, immigrants from developed countries show lower nuptiality and fertility rates than the nationals in the host countries. Differences in family and demographic behaviour are, however, much more striking for migrants coming to Europe and North America from developing countries and in particular from less advanced rural regions in those countries. These immigrants encapsulate in their demographic behaviour more traditional beliefs and customs specific to their agrarian cultural and economic background. Family relations and dynamics are often characterised by patriarchal relations and gender divide, early marriage, low divorce rate, low age at first birth and childbearing into higher ages, high fertility, and larger household size. Because of initial difficulties to adapt to the new social, economic and cultural environment and their ethnic and/or religious differences, they tend to remain isolated from the host culture, living in communities where they strive to preserve traditional family structures, gender relations and cultural specificity in general (Courbage, 2002). The persistence of these behavioural differences is in general interpreted as an example of ineffective integration policies of the receiving country (e.g. Collinson, 1993).

Consideration of the degree to which international migration, particularly of ethnically more distant migrants, influences family life and structures depends in part on the distinction between the effects on the migrants themselves and on the receiving population.

*Figure 11: Net migration (in thousands) in Canada, Europe and the United States*

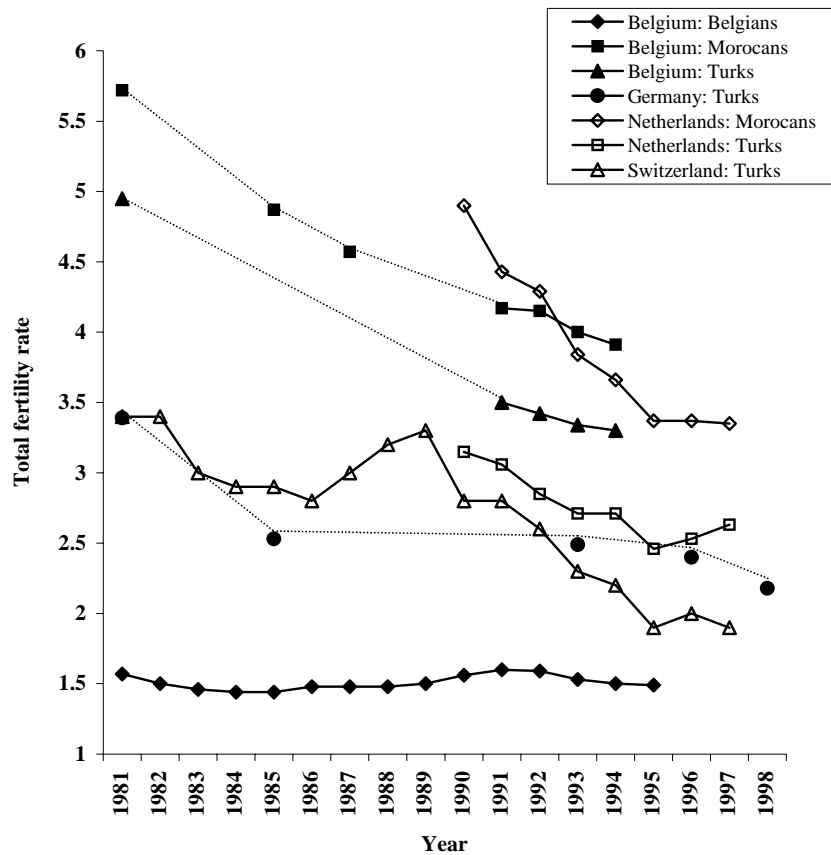


Source: United Nations, 2001

Population research on migrants who are ethnically more diverse, particularly those from developing countries, shows that, notwithstanding the initial differences in family behaviour, demographic integration gradually does occur with the increased duration of stay. Changes are also observed between successive generations. Marriage rates, age at marriage, adolescent births, fertility rates (Figure 12), and extra-marital births all show a tendency to converge to the levels of the receiving country (e.g. Compton and Courbage, 2002; Courbage, 2002; Lesthaeghe, 2000).

International migration increases chances of the formation of mixed couples. There are, however, strong differences according to ethnic origin, religion, gender, and developmental stage of the country of origin. Whereas immigrants coming from developing countries initially remain largely endogamous, migrants from developed countries are more exogamous (e.g. Compton and Courbage, 2002; Harmsen, 1998; Neyrand & M'Sili, 1997).

**Figure 12: Total fertility rate of foreign nationals/immigrants in selected European countries, 1980-2000**



Source: Courbage, 2002

As far as can be judged from current demographic trends, international migration seems to have no effect on the family behaviour of the nationals in the host countries. The relational and reproductive behavioural patterns associated with traditional cultures appear not to be attractive for people who aspire towards modern living circumstances. Consequently, in the domain of population and family matters one cannot speak of a convergence or a mutual adaptation in the behaviour of immigrants and nationals. It are clearly the immigrants who gradually the demographic and family behaviour prevalent in their host society and not *vice versa*. The pace at which they adopt prevailing cultural behaviour of the host country depends to a large extent on their ethnic origin and religious adherence.

***The impact of globalisation***

The extent and the degree to which ongoing globalisation influences family structures and dynamics in developed countries is largely a function of the impact of modernization on people’s attitudes and behaviour, including in fundamentally important domains such as family structures and dynamics.

Globalisation is, primarily a macro-economic phenomenon leading to an increasing interaction or integration of national economic systems through the growth of international trade, investment and capital flows. It also leads to increasing cross-border technological, cultural, social and political exchanges. However, globalisation is not just about big systems, remote and far away from the individual. It also influences the intimate and personal aspects of our lives (Giddens, 1999). The role of the family may even be completely different in a globalised economy (e.g. Walker, 2000).

Indeed, the advancement in technology and science, and their spread across the globe, influence people's knowledge, attitudes and beliefs, and finally also their behaviour. With regard to effective contraceptives, for example, the mere existence and availability of safe methods not only allowed people to spread and plan their births, but changed fundamentally their attitude towards parenthood: whereas previously people were confronted with the question of when to stop having children, they have now to decide when to start having children.

Globalisation does not only have positive and favourable effects, such as the availability of effective contraceptives. It also has consequences which people, and more particularly some more vulnerable groups in society, perceive as immediately threatening (e.g. Avramov, 2003). Globalisation intensifies international competition in various societal domains – economic production, commerce, science, sports - resulting in economic processes and political reforms which increase phenomena such as heightened stress at work, precariousness of jobs, unemployment, and earlier forced retirement (Alber and Standing, 2000; Esping-Andersen, 1994; Galtung, 1995). A perverse effect is, that it threatens the social protection system in the welfare state, particularly in the field of family policy (Gauthier, 2002; Hoffmann-Nowotny and Fux, 2002). These consequences, in combination with the heightened expectations regarding quality of life and continuous bombardment with publicity promoting a culture of consumption, may make people more sensitive to long-term risk-taking and commitment such as enduring partnership and the responsibility for decades of child-rearing. Risks obviously also existed in the past, and many were definitely more threatening, but in the present day, it is fear of relative deprivation that counts (Schmid, 1984). Another possible consequence is that the increasing insecurity, changeability and flexibility which people experience, could cause them to question many of the values underlying globalization and seek emotional stability primarily within the family. This would make them perceive the family in a more positive way again (Bergmann, 2001).

### **Future expectations**

Family-households in western countries are becoming smaller in size, but show an increasing diversity and complexity in structure and dynamics. The unlinking of sexuality, marriage and reproduction further progresses, resulting in a de-institutionalisation of relational and reproductive behaviour. Many individuals experience more complex family-related life courses with a limited number of successive unions.

The multiplication of family forms in recent years constitutes the basis for the majority of hypotheses regarding the future of the family. In recent literature

(Cornish, 1979; Duvold, 1995; Roussel, 1989) mainstream 'visions of the future' can be regrouped in the following three major types of scenarios:

- (1) The disappearance of the family;
- (2) The restoration of the traditional family;
- (3) The persistence or further increase of family variation.

### ***The disappearance of the family***

The recent trends of various demographic indicators of family life may, at first sight, seem to confirm that the traditional family is about to vanish: nuptiality and fertility are decreasing, while consensual unions, LAT-relations, union disruptions, single person households are increasing.

While it may be argued that the strong decline in nuptiality rates is indicative of a loss of appeal of a certain type of legally regulated partnership, they do not necessarily foreshadow the disappearance of the family. Lower propensity to conclude matrimony or postponement of formal marriage is (more than) compensated for by other types of partnership such as non-marital cohabitation and LAT-relationships. Evidence from a variety of sources shows that most people establish an enduring relationship and eventually marry. Moreover, investigations have shown that cohabiting couples strongly resemble married couples in many ways (Brown & Booth, 1996).

An increase in divorces may be interpreted as a threat to the continued existence of the family. It may be argued that present levels of divorce rather reflect the difference in gender expectations with respect to partnership than a rejection of enduring relationships. Research shows that most divorced people want to, and do, establish new, enduring relationships.

Declines in fertility have been fairly spectacular. But, recent fertility surveys in many countries (e.g. Klijzing & Corijn, 2002) as well as demographic registration data (Council of Europe, 2002; Sardon, 2002) point to a nearing stabilisation of fertility, although at a low level. Fertility surveys also show that the vast majority of the married and unmarried couples want to have children. In fact, many affirm that they want more children than they currently have or expect to have. Both on the basis of a biosocial approach, based on the analysis of the biological predisposition toward nurturing behaviour (Foster, 2000) and demographic analysis (Golini, 1998), it is concluded that most women will choose to have at least one child and that, consequently, in the absence of extreme environmental pressures against having children, the limits to low fertility are very probably in sight.

A nuanced analysis of demographic data reveals the shallowness of 'the death of the family' scenario based on a quick reading of statistics. But, even stronger arguments against the disappearance scenario are found in human biology. After all, human beings have been selected - for reproductive ends - to form enduring, not necessarily lifelong, sexual bonds. Indeed, there is ample evidence that in modern culture, where a wider range of relational options has become available, the vast majority of the population continues to want to develop enduring relationships in which romantic love is seen as a buttress (Laumann *et al.*, 1994; Sternberg & Barnes, 1988). The same



holds for bearing and rearing children. The large majority of couples want to have children and want to raise their children themselves.

### ***Back to the traditional family?***

What should be understood by 'traditional family'? Is it the traditional biological family, as it existed under conditions of high mortality and high fertility that produced high frequencies of one-parent families and stepfamilies as a result of death of a spouse? Is it the traditional economic family with the father as the sole breadwinner and the mother as homemaker? Or is it simply the traditional ideological family in which sexuality, nuptiality and reproduction are expected to be inseparable? Is it the model of a family which excludes contraception, premarital sex, unmarried cohabitation and which starts with heterosexual matrimony and produces children in lifelong monogamy?

It is difficult to imagine a reoccurrence of generalised high mortality, implying the need for a compensating high fertility. While the traditional economic family model, with its clear-cut gender-based division of roles and tasks, is still advocated by some groups, it would appear that the aspirations of younger generations of women in most countries of the region have contributed greatly to its demise. All recent surveys show that the overwhelming majority of young women want to join the labour force, to earn money or to develop careers (Van Dongen *et al.*, 1995). These career and family aspirations rule-out asymmetrical partner roles.

Thus, it appears safe to say that, with the exception of a decreasing minority of families, a generalised return to the traditional family with father as breadwinner and mother as housekeeper, must be regarded as unlikely. The biological, economic and cultural basis for such a return is simply no longer available. Mortality and fertility control and new insights on man and society have eroded the functional basis of traditional relationships.

This does not mean that some of the current development tendencies of family formation might not lead to a partial countermove. Sustained very low fertility, by generalising the one-child family, could produce unfavourable social effects in the long run, particularly regarding intergenerational continuity and intergenerational transfers. Therefore it is possible that future generations will draw lessons from the reproductive behaviour of former generations and increase their fertility spontaneously. It is likely that the state will try to prevent a sustained very low fertility and will expand or extend a wide range of family supporting measures (Roussel, 1991). But the number of children in a family is not the main issue. The main issue is the evolution in partnership roles, and even a two- or three-child family does not imply a return to the traditional family.

### ***Modern family variation***

The family demography of modern society shows increasing variation in household types and more complex family life courses in recent decades. Family and household variation is, however, not a completely new phenomenon. In pre-Victorian societies, some family and household types - celibacy, single-parent families, reconstituted families - were as common if not more common than they are today, but the causes of

their prevalence - mortality levels, economic constraints, ideological choices - were different from those prevailing today (Laslett, 1965). What is also different is the ideological attitude towards family variation. Modernisation has clearly led to an evolution from a uniform ideal towards tolerant acceptance of a variety of forms that is the outcome of individual choice. This choice is supported by social security networks and the ideologies of equality and liberty. These circumstances give reason to expect that the recently increased diversity of family and household types, more specifically in the matter of partnership, will be largely maintained or will even continue to increase (e.g. Hoffmann-Nowotny, 1987; Höpflinger, 1990; Roussel, 1989).

Nevertheless, most people will continue to strive for enduring relationships, even though they will not necessarily or always be of a lifelong nature. Moreover, surveys have corroborated that most people want to develop enduring relationships and want to marry (Corijn & Klijzing, 2001; Kiernan & Wicks, 1990). Thus, while relationships may become even more complex and differentiated than they are today, they will continue to persevere.

Since the external pressures - familial, religious or general social influences - and also the internal pressures - economic dependence, a large family - have weakened, if not phased out the need to maintain a 'legalised' partnership, intimate relationships become more and more dependent on individual personality features and decisions. In addition, the demands made upon intimate relationships become greater and greater. It follows that families become much more vulnerable and may, to no inconsiderable extent, end in separation or divorce. The result may be a further increase in the frequency of one-parent families. Some authors (Rivera, 1994) even predict that the one-parent family headed by the mother will become the future family pattern or, at least, one of the most frequent family types. This would mean that the pre-hominid mother-child bond would become again the basic unit of society. It is important, however, to not confuse one-parent households with one-parent families. Co-residence is not necessarily a good indicator of the functional roles of parents. Fathers who no longer live with mothers may still be active fathers, and joint or shared custody may become more prevalent. Modern working conditions leave more time to working fathers to enjoy their role of caregivers. Men may not wish to abdicate as fathers when they cease to function as husbands.

The rising separation and divorce rates do not necessarily have to result for long in one-parent or single-person families. Most divorced people, with or without children, build up a new relationship or remarry. With divorce becoming a quite frequent phenomenon, values and standards relating to divorce and parenthood of divorced or separated persons have changed as well. It is likely that divorced or separated people will adopt a modified relationship between former family members (partner and children).

It is likely that the frequency of one-parent families, at least as a transitional family stage in the life course, will increase or remain high. These families are highly vulnerable, since most are headed by women, whose social position is still relatively weaker than that of men. These women have to cope with the existing incompatibilities between gainful employment and family life, especially child care (Avramov, 2003).

The rise in the number of divorces, combined with the drive to develop enduring relationships, may lead to the maintenance, or even, a rise in the frequency of reconstituted families by way of remarriage or cohabitation.

The modern bio-cultural context leading to considerable increases in life expectancy, has also led to the re-emergence or re-enforcement of successive monogamous relationships. Long life expectancy is a novelty to which the human species is perhaps not well adapted, especially since traditional biological, cultural and economic constraints that promote family bonding, have loosened. Successive monogamy may be the outcome and the best response to longevity, although it is probably not free from particular issues, such as the relations between stepparents and stepchildren in the presence of surviving biological parents, and the gender differences in reproductive clocks and ageing patterns.

Unmarried cohabitation, especially as a premarital phase, may continue to increase. In some countries cohabitation is already a generalised stage in the life course (Prinz, 1995). Nevertheless, we may expect that, in the end, most people will continue to marry for a variety or a combination of reasons such as the emotional need for an enduring affectional relationship, certainty of paternity for the male, guaranteed paternal investment for the female, legal advantages, social status, pressure from other family members, social advantages, ideological grounds and the magic effect of rituals. Furthermore, the removal of the traditional impediments to divorce may decrease reluctance to marry or the current trends of delaying marriage.

Several aspects of modernisation, mainly increased career opportunities for women and increased geographical mobility, also offer the possibility or, as the case may be, necessitate development of a LAT-relationship ("Living-Apart-Together"). This concerns a type of relationship which may be entered into for a variety of reasons or circumstances (personality type, employment conditions and location, mobility requirements, family phase, financial position). Given the economic and psychological burdens that, in many cases, weigh on this type of partnership, it is likely that LAT-relationships will remain a minority among partnership choices, or constitute a transitional stage in a person's life course. It may become more important in later life stages, such as after a divorce or at widowhood (Troost, 1998; Villeneuve-Gokalp, 1997).

Some people will, at least during some stages in their life course, opt for free and variable relationships. Recent surveys show that this category of people, especially consisting of young males, is rising (Corijn & Klijzing, 2001; Laumann *et al.*, 1994). Given the multiplicity and diversity of human needs and drives, it is not surprising that, in the absence of stringent life or welfare threatening environmental pressures, a larger variation in behavioural choices manifests itself. It is also not surprising that this is more striking for the human male, given his still relatively lower parental investment and less tight reproductive clock.

Same sex relationships, as they become less stigmatised, may be expected to increase or, at least, become more visible to the general public. As more evidence is corroborated that homosexuality is largely determined by biological factors

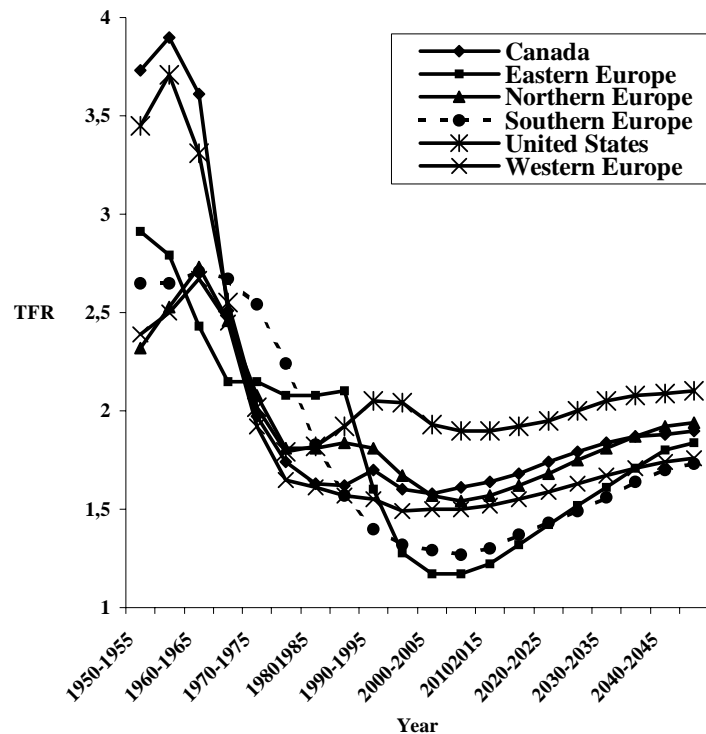
(Mondimore, 1997) we may expect that the social acceptance of homosexual households and families may increase.

Celibacy is a phenomenon that in circumstances of pre-modern culture was not uncommon for various economic, biological and ideological reasons. Higher standards of living, improved states of health, equality and secularisation, cause this phenomenon to regress. Celibacy may be expected to persist, because some people will continue to regard celibacy as their conscious choice, although surveys found that this group clearly constitutes a minority (Corijn & Klijzing, 2001).

All forms of forced partnership or sexual exploitation, such as enforced or unwillingly arranged marriages, paedophilia, incest, rape, constrained prostitution, may be expected to regress, not because their biological basis would have disappeared, but because circumstances of modern culture promote the existence of emancipatory ideologies, more particularly as regards children and women. Forced partnership or sexual abuse is incompatible with modern cultural values.

Fertility surveys (Abma *et al.*, 1997; Klijzing & Corijn, 2002; Wu, 1999) repeatedly and amply show that most people will continue to want children, but - given the current social, economic and cultural circumstances - in restricted number, not more than one or two. Owing to the unavoidable occurrence of wanted and unwanted childlessness and one-child families, this will lead to a perpetuation of below-replacement fertility (Figure 13).

**Figure 13: Total fertility rate in Canada, Europe and the United States, 1950-2050**



Source: United Nations, 2001

Because of social security systems and a wider range of opportunities in the sphere of employment and recreation, families may increasingly choose to have just one child or even childlessness in certain economic or cultural circumstances. However, it should be stressed that childlessness may be the effect of the postponement strategy, as a consequence of current role incompatibilities, rather than the conscious choice not to have children. The still persistent partial incompatibility between family duties and employment, especially for women (Van Dongen, 1993; Van Dongen *et al.* 1995) constitutes a well-known bottleneck.

The introduction of social security and other social protection systems and processes which in modern culture ensure survival and well-being largely independent of family circumstances have complemented and even replaced individual parental investment in their offspring. They have also changed the way intergenerational transfer of resources and to a lesser degree services operates between adult children and aged parents. All this has led in the last few decades to an erosion of parts of the functional basis of the family. In the 1990s we have seen an increase in intentional single motherhood (Miller, 1992) and a decrease in the interest and investment on behalf of fathers in their offspring from former relationship(s) (Roussel, 1991). Institutional solidarity has sometimes replaced direct family transfers as part of the modernisation process, leading to substantial changes in family relations and family structures.

Despite the weakening, or even the disappearance of several traditional social and economic functions of the family, it seems ineluctable that, because of human nature, families will continue to fulfil their fundamental roles as the primary expression of enduring intimate partner relationships and in the production and primary socialisation of offspring. Moreover, being successful in modern culture requires, despite the existence of social structures, a high individual parental investment in offspring, an effort that most parents want to continue. Nepotism is a particularly strong driving force (Alexander, 1979a). Consequently, it may be expected that the major part of the population will continue to consider the family as the most important unit for physical care and emotional security, for both children and adults. Experiments to entrust other institutions with family duties relating to primary socialisation of children or to have other than enduring partner relationships failed because of their poor results (Prigent, 1955), their high economic cost, or their emotional dissatisfaction (Bowlby, 1951; Montagu, 1957).

The future ageing of the regions in Europe and North America depends on their demographic past, and on the courses that fertility, mortality and migration will take. According to the latest medium variant population prospects (United Nations, 2001) the population of 65 years and over will reach 33 percent in Southern Europe, 28 to 29 percent in the rest of Europe, 24 percent in Canada and 21 percent in the United States by 2050 (Figure 10). These figures may be underestimated, because progress in life expectancy might be faster and fertility levels might remain below replacement level. Mortality decreases at higher ages are expected to continue, and by 2050, the oldest old (aged 80 years or over) are, according to the UN medium variant, expected to account for 8 percent in the US, 9 percent in Canada, 10 percent in Northern Europe and some 12 percent in Southern and Western Europe.

## Policy implications

Identifying policy implications of such an ideologically sensitive issue as the future of the family depends on a number of very diverse but interlinked issues, such as general societal goals, individual human rights, gender equality, intergenerational solidarity, and, the population and family models to be pursued. All countries considered in this chapter are characterised by an ideological pluralism with respect to the major issues related to family structures and processes: the family concept itself, to start with, and – obviously – the goals of family policy; the policy target (individuals, children, women, families); the role of the state; the economic model and situation; attitudes towards issues such as gender equality, intergenerational solidarity; and, the role of citizens and the state in society's intergenerational continuity. Ideological pluralism and competition in western societies may be one of the major reasons for the lack in clarity about policy goals with respect to family building, gender equity and work patterns. Particular attention should be given to policy goals regarding macro-level phenomena such as population ageing due to below replacement fertility levels and its relationship to gender relations and to the way work patterns can be modelled. The ideological pluralism and the multitude of issues involved in family- and population-related policies also explain why it is so difficult to clearly distinguish different types of policies (Levy, 1998) and, even more, to identify neat family and population outcomes of particular policies (Ditch, 1998; Ekert *et al.*, 2002; Gauthier, 2002; Hantrais, 1997).

Above, three broad domains of family structures and dynamics have been dealt with: partnership, parenthood, and intergenerational relations, the last more particularly focused on the care of older persons. A comprehensive family policy will have to deal with all three of them and more, in particular with their interrelations. The ultimate objective of family policy consists of creating or promoting circumstances that contribute to or guarantee, quantitatively and qualitatively, the process of childbearing and rearing at the various relevant levels involved, individual, familial and societal.

The literature shows that it does not suffice to foster family policy objectives in principle. It is also necessary to implement effective policy measures enabling their realisation. The current extremely low fertility levels in the Mediterranean countries that are historically and ideologically characterized by a strong family-oriented ideology is an example of this discrepancy between family policy objectives and family policy outcomes (Chesnais, 1996; Golini, 1998). The literature also shows that few countries have, for a variety of reasons, an explicit, comprehensive family policy (Kammerman & Kahn, 1997; Kaufmann *et al.*, 1997).

McDonald (2002) has rightly pointed out that one shouldn't expect a simple relation between isolated policy measures and family effects. It is not a particular policy measure that matters, but the nature of the society as a whole. The efficacy of specific family policies depends on the larger context in which they are implemented. That is probably the reason why family policies developed in Northern Europe, where the combination of modern family planning policies, universalistic and generous public welfare policies towards children and parents, and especially gender emancipatory and egalitarian policies, backed up by successful general economic and welfare policies, are associated with relatively high fertility levels, whereas in Southern

Europe they are associated to extremely low fertility levels (Chesnais, 1996; McDonald, 2000). The necessity to consider family behavioural patterns not only in conjunction with the presence (or absence) of particular family policies, but also with the total societal context appears also when trying to explain the higher fertility levels of the United States compared to those of Canada and Western Europe, which are opposite to what would be expected from a family policy point of view. The higher US fertility appears not to be due to the presence of a specific family policy, but to the combination of several other sociological phenomena, such as the higher fertility of particular ethno-racial groups, the earlier start of the fertility career, and in particular the higher pregnancy rates among adolescents, the higher level of religious practice indicative of a more traditional and less secularised society (Bélanger & Ouellet, 2002). Another example of the discrepancy between fertility levels and family policies due to other sociological factors can be found when comparing France and the United Kingdom (Ekert *et al.*, 2002).

Recently the Network for Integrated European Population Studies (NIEPS) of the national population institutes in Europe synthesised its policy-relevant findings on the interactions between gender relations, work patterns and family building, and on intergenerational relations (Avramov & Cliquet, 2003). It was pointed out that well-defined and integrated social policies appear to alleviate the incompatibility between labour force participation and family life. Improvement of the position of women in the labour market and family-friendly policies and measures facilitate childrearing and contribute to enabling women to approach more closely the number of children they wish. A strong gender perspective in family policy-making appears to be indispensable, including policies that concentrate on changing attitudes and behaviour of men. Obsolete value orientations on gender differences, gender based abilities and gender biased relations, and remaining forms of gender discrimination in the labour force regarding employment selection, wages, and occupational positions seriously impair modern family- and population-related policies. Public support of childcare facilities further appears to contribute to reconciling labour and family life. The same holds for work time flexibility and variability, adapted to family needs, and greater job stability for both men and women. Gender equality in the domain of family-work relations might also be favoured by a generalised reduction of working time. It is also advantageous to conceive family-friendly and child-related policies, universalistic, with benefits granted irrespective of the type of family or household form. Institutional supports aimed at correcting market mechanisms remain necessary to improve gender-family-work interactions, especially in the face of globalization leading to increasing work pressures and flexibilisation of the market. With respect to the living conditions of older persons, the ongoing trends in population ageing, changing family structures, and work and mobility patterns require policies that at the same time increase the abilities of older persons to remain independent and function autonomously, to support family members caring for an older person, to support older persons caring for family members, and to promote or develop community care services.

Whereas all of the foregoing policy orientations may be useful, both for pursuing goals with respect to genuine gender equity/equality and intergenerational continuity, they appear finally to be insufficient to definitively resolve the dilemmas facing individual women and men on the one hand and modern societies on the other hand. The current family policy toolbox is clearly insufficient to fully realise family-related

policy goals. In order to reconcile the peak years of family formation with competition in the labour market, the entire life course perspective of employment and retirement might have to be rethought so as to provide more free time and resources for young families but to compensate for that at later stages in adult life when children have become independent.

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