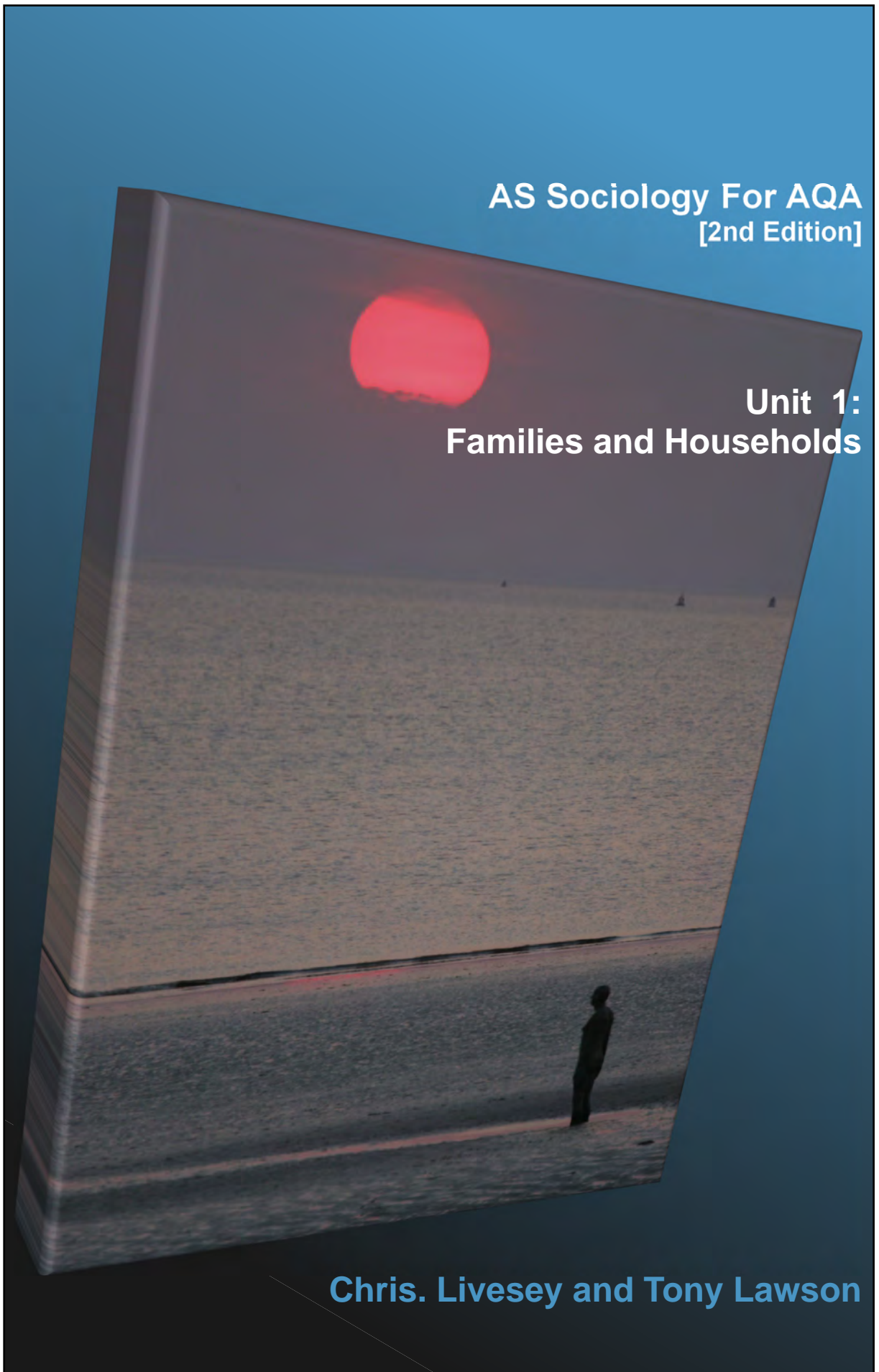


AS Sociology For AQA
[2nd Edition]

Unit 1:
Families and Households

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The background of the page is a photograph of a hallway. The walls are covered in a grid of colorful, abstract art panels. The panels feature various patterns, including geometric shapes, organic forms, and stylized figures. The colors are vibrant, including reds, blues, yellows, and greens. The hallway is lit from above, and the ceiling is visible. The overall atmosphere is artistic and modern.

Unit 1: Families and Households

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5. Demographic trends in the UK since 1900; reasons for changes in birth rates, death rates and family size.

Demographic Trends: Observations

We can begin by thinking about birth rates, death rates and family size in the UK during the 20th century in a relatively discrete way; that is, we can identify a number of general trends for each in isolation from one another (even though, as we will see, it is probably more sociologically useful, once we've established basic trends, to understand how these demographic factors are both interrelated and the general consequences this interrelationship has for family life).

Birth Trends

According to **Chamberlain and Gill** (2005), the total number of live births in the UK fell from a peak of just over 1.1 million at the *start* of the 20th century to around 700,000 at the *close* of the century. Although live births had risen to around 720,000 by 2005, **Self and Zealey** (2007) note this represents "34% fewer births than in 1901 (and 20% fewer than 1971)". Statistically, therefore, the general picture is one of an overall **decline** in UK births, even when we allow for the major "data spikes" (significant increases in live births) that followed both the 1st and 2nd World Wars ("baby booms") and a further spike in the mid-1960's as the post-war baby boom worked its way through the general population.

In terms of birth *rates* the general picture is one of similar, if perhaps more-pronounced, **decline**.

Live Births per 1000 UK Population

Source: **Tiffen and Gittins** (2004)

1900	29
1950	16
2000	12

Over the past 40 years, changing patterns of child-bearing in our society can be summarised in terms of the ideas that:

General fertility has substantially declined, including both the number of live births and the birth rate.

Family size has declined from an average of 3 to around 1.6 children.

Motherhood: The average age at which women have their first child is increasing.

Births outside marriage now account for nearly half of all births - a substantial increase over 40 years ago.

Death Trends

Notwithstanding the existence of a couple of notable "data spikes" between 1914 -18 and 1940-45 (so-called "death booms" reflecting the effects of World Wars), the number of people dying each year in the UK throughout the 20th century has, as **Penneck and Lewis** (2005) note, remained roughly constant. At the start of the century, for example, there were around 640,000 deaths per year, while this figure had fallen slightly to around 605,000 deaths by the century's close. These figures, however, hide a rather different story once we allow for *population increases* (around 20-odd million) over the course of the century. As with birth trends, therefore, we get a more valid picture by looking at:

Death rates rather than raw numbers::

Deaths per 1000 UK Population

Source: **Penneck and Lewis** (2005)

1900	16
2000	10

As this more-valid form of statistical analysis demonstrates, the general trend over the past one hundred years in the UK is for a substantial fall in the death rate.

Module Link

Research Methods

When analysing any form of demographic data the **validity** of such analysis will normally be increased by looking at **rates** (the number per 1000 in a population) rather than raw numbers. By way of further example, a case in point here is the analysis of crime statistics.

Family Size Trends

One way to check the validity of birth rate statistics is to compare them with statistical trends for average (*mean*) family size – and when we do we find that, as predicted, there has been a steady, long-term, *decrease in* average family size. **Diamond** (2007), for example, identifies the following changes in the **fertility rate** (the number of children born per woman) from the mid-19th century to the present:

UK Fertility Rate	
Source: Diamond (2007)	
Year	Act
1901	3.5
1911	2.8
1921	2.4
1931	1.8
1941	1.8
1951	2.4
1981	2.6
1971	2.0
1981	1.7
1991	1.8
2001	1.6
2005	1.7

Grenham (1995) summarises the general trends in UK fertility / average family size in the following terms:

Trends in UK Fertility / Average Family Size

Source: **Grenham** (1995)

1870s	Between 5 and 6 children.
1930s	2 children
1950s	Post 2 nd World War baby boom creates an increase in average family size.
1960s	“Baby bust” – gradual decline in fertility rates until 1970s.
1980s	Continuing decline in fertility rates and gradual fall in average family size (between 1.8 and 1.6 children).
2000s	Slight rise in fertility and average family size (product once more of post-war baby boom as the grandchildren of the original baby-boomers start their own families).

There are a couple of interesting points we can note in relation to fertility / average family size. Firstly, the sensitivity of these trends to social changes - the most obvious of which is the 2nd World War and the “ripple effect” this has produced in terms of “Baby Booms” and “Baby Busts” (but we could also note changes like the introduction of reliable female contraception in the 1960s as a further example of important social changes).

Secondly, **Grenham** notes that the long-term decline in fertility / average family size is something that “has

been shared by the rest of the industrialised world.” This suggests that any explanation for the general decline in fertility needs to take into account that this phenomenon is not unique to the UK.

Tried and Tested

- Explain what is meant by “birth rate” (2 marks).
- Summarise UK trends in fertility and family size over the past century.(4 marks).

Demographic Trends: Explanations

It’s possible to specify a range of reasons that, in alone and in combination, have contributed to the respective falls in birth rates, death rates and family size.

Birth Trends

A number of explanations for changes in UK birth rates over the course of the 20th century can be noted:

War / Economic Depression: As we’ve suggested, UK birth rates have been sensitive to both war and economic depression (such as that seen in the 1930s). During the 2nd world war, for example, the birth rate fell significantly – symptomatic of a general reluctance to marry and start families during the period of violent upheaval and uncertainty. **Tiffen and Gittins** (2004) note how this relationship holds true across just about every developed industrial nation during the 20th century.

Birth Control: They also suggest a couple of specific reasons for a decline in birth rates over the past 40 or so years; firstly, the increased availability and reliability of **contraception** (the female contraceptive pill, for example, entered mainstream use in the mid 1960s) and, secondly, the legalisation of **abortion** (available free and on demand under the National Health Service) in 1967. For **Botting and Dunnell** (2000), legal abortions have “contributed to the falling birth rates” amongst various age groups. Over the past 25 years, for example, 35% of all conceptions for the 18 - 19 age group ended in terminations. Overall, around 20% of all conceptions are currently legally terminated. Although birth control techniques are significant reasons for the declining birth rate they don’t, of course, explain why people want to limit the size of their family in the first place.

To explain this, therefore, we need to note a further set of explanations.

Lifestyle Choices and Changes

One feature of the latter part of the 20th century, as **Abercrombie and Warde** (2000) note, has been an increased female participation in the workforce, both as part of what the **Rapoport and Rapoport** (1969) termed “**dual-career families**” - both adult partners being economically active at the same time and

therefore contributing *dual incomes* to the household / family) – and as **single career** men and women.

Part of this changing economic process involves a delay in the average age of 1st marriage and a consequent delay in conception and childbirth. This, as the **Office for National Statistics** (2005) notes, involves a change in fertility patterns: “In 2004, for the first time, the fertility rate of women aged 30-34 overtook that of women aged 25-29”. This trend towards “later family formation” goes part-way to explaining a general decline in birth rates (given that women have a limited fertility span - usually estimated, for official statistical purposes, at ending around 45 years of age – and are unlikely to have large families during their 30s / early 40s).

Childbirth within marriage is, of course, only part of the story; as **Self and Zealey** (2007) note, 42% of UK live births now take place *outside marriage* (to single or cohabiting parents) and these statistics tell us little or nothing about why the general birth rate has remained low. We need, therefore, to consider a further reason:

Childlessness: An interesting feature of modern households is both the number of childless individuals / couples and the general increase in childlessness over the past half century (as evidenced by the following table):

Childless Women	
Source: Adapted from Self and Zealey (2007) and Summerfield and Babb (2004)	
Year	Percentage childless at age 25
1969	11
1975	12
1995	25
2000	25

Self and Zealey (2007) note that “The proportion of women reaching the end of their childbearing years (age 45) who remained childless” rose from 11% in 1985 to 18% in 2005 and **McAllister and Clarke** (1998) identified two main reasons that help explain why people “choose childlessness” (and perhaps provide further pointers to understanding why women are having fewer children):

1. Risk: “People choosing lives without children held conventional views about partnerships and parenting - but were averse to taking risks”. This idea, in turn, was related to a couple of further points:

- **Life course:** “For women living alone, single parenthood was not considered a viable option” and highly qualified career women are more likely to remain childless.

- **Security:** Parenthood was identified with disruption, change and poverty; the childless chose independence over the constraints of childcare and material security over financial risk.



When looking at how something like “childcare costs” are calculated by different studies we always need to ask whether “like is being compared with like” (a reliability problem) - in other words, do different studies include the different costs under “childcare”?

2. Financial Pressures: When we think about concepts like risk and security we are perhaps getting closer to explaining both current birth rates and, by extension, the trend towards smaller family sizes. A significant consideration here is the:

Cost of children, summarised by the studies in the following table:

Average Cost of Children: Selected Studies	
Study	£ per week per child
Davies and Joshi (1999)	117
Family Expenditure Survey (2000)	52
Pregnancy and Birth magazine (2001)	64
Middleton et al (2002)	49

Although these figures raise questions of both reliability and comparability (different costs are included and excluded by different studies), they do, perhaps, give us a general view of potential childcare costs – and while it’s arguable as to whether potential parents rationally calculate the “costs of children” in any specific way, they will have, at the very least, a general picture of costs in a couple of areas:

Education: The introduction of compulsory education post-1944 added to childcare costs by extending the period of “childhood dependency” (the school leaving age was raised to 16 in 1972). It also meant restrictions were placed on the economic activity (and income) of children. More recently, the introduction of University tuition fees has added to (mainly middle and upper class) family costs.

Work: One parent is effectively removed from paid work during pregnancy and pre-school child development (although both private and state nursery care is available, the cost of such care has to be off-set against the earning power of the parent).

Aside from the general “costs of children” **Grenham** (1995) notes a couple of additional child-related factors in the explanation for declining birth rates and family size.

Firstly, he argues, contemporary families have “Less need for children as a protection against old age and illness” and, secondly, for many families there is a competitive trade-off between having children and maintaining a higher general standard of living.



New car or new child?

In other words, the money that would have been spent on raising children is available to spend on consumer goods and services instead and in dual-income families the decision to have a child potentially means the loss of one partner’s income. We could also note **Tiffen and Gittins’** (2004) argument that many women now have different *aspirations* to both their mothers and grandmothers, in the sense they are less likely to accept personal and social identities built around the home and motherhood.

Finally, the explanations for declining birth rates we’ve just outlined are framed in terms of the various ways people *act* (such as using contraception or wanting to maintain a particular lifestyle and living standard) or *react* (the experience of life during wartime, for example). An alternative reason for this phenomenon can be framed in terms of the historical characteristics of successive:

Birth cohorts: We can relate the idea of childlessness to the fact of increased life expectancy for both men and women. Where (crude) birth rates are calculated as an average for all women, **Tiffen and Gittins** (2004) note that if “a higher proportion of the population live well beyond the normal childbearing years of 15–45, the birth rate falls for that reason alone”. Similarly, **Johnson** (1993) points-out that a decline in the birth rate for any given birth cohort (“a group of people born in a given year”) has a cumulative effect - successive birth cohorts are smaller than the one before. The effect, he suggests, “is for the number of...children in society to decline, followed by the number of young adults as the lower fertility rate works its way up the age structure”.

In other words long-term birth rate decline, although affected by short-term factors such as **war** or **population migration** (**Office for National Statistics** (2005) figures show around 20% of births in England

and Wales are currently to mothers born outside the UK – the birth rate would be significantly lower than it currently stands without this intervening variable) is an almost automatic consequence of an original birth rate decline.

Death Trends

As with birth rates, the general trend in the UK throughout the 20th century has been for a *decline* in death rates. While **macro events** like the 1st and 2nd World War increased the general death rate at various points, **Chamberlain and Gill** (2005) argue that the stability of **crude death rates** (defined by **Grenham** (1995) as “the number of deaths in a year expressed as a percentage of the average population”) is a consequence of two basic factors: Firstly the aforementioned increase in the size of the population and, secondly, “the decline in mortality and its increasing concentration at older ages”.

Penneck and Lewis (2005) note two distinct phases in the age distribution of death rates throughout the 20th century.

Firstly, by the end of the century many more people are surviving into their 60s and secondly, far higher numbers are now surviving into “later old age”:

Average Life Expectancy (years) at Birth by Sex

Source: **Self and Zealey** (2007)

Year	Male	Female
1901	34	49
1951	64	70
1981	72	78
2001	77	81

We can outline reasons for this general trend in terms of two, not necessarily unrelated, broad categories (medicine and public health).

Medicine and Health Care

Self and Zealey (2007) note that “developments in medical technology and practice” help to explain declining death rates and it’s possible to identify examples of medical developments that have improved people’s chances of both staying alive and enjoying a relatively long life span. These include:

Vaccination against diseases like polio and diphtheria that steadily reduced their death toll amongst infants and children. In 1913, for example, the **Department of Health** (2004) notes there were around 8,000 deaths attributed to diphtheria; over the past 20 years it has caused just 2 deaths.

Medicines: The development of antibiotics, for example.

Practices: Developments in surgery (such as heart by-pass operations) have meant those who would, in former times, have died can continue to lead a relatively active life.

Prevention: **Penneck and Lewis** (2005) argue that “In the first half of the 20th century, advances in the prevention of infectious and respiratory diseases led to a great reduction in infant and child mortality” – something confirmed by the following table:

UK Infant Mortality: rates per 1,000 live births
Source: **Self and Zealey** (2007)

Year	Rate
1921	84
1945	49
1956	25
2005	05

Self and Zealey (2007) attribute the fall in infant mortality rates – “one of the major factors contributing to an overall increase in life expectancy” – to three “areas of improvement”:

- Diet and Sanitation.
- Antenatal, postnatal and medical care.
- Vaccines and immunisation programmes.

Module Link Stratification and Differentiation
An interesting point to note here is that despite the National Health Service and the provision of free health care “on demand”, major inequalities still persist in infant mortality rates between *social classes*:

UK Infant Mortality rates per 1,000 live births, 2005
Source: **Self and Zealey** (2007)

Occupational Class	Rate
Class 1: Large employers / higher managerial occupations	3
Class 5: Routine occupations	6
All occupations	5

Public Health Measures

While advances in medicine and health care are clearly significant, of arguably more value in terms of increasing general levels of life expectancy are a raft of improvements in the **physical environment**. Examples here include:

- **Housing** - such as slum clearance and the development of cheap, good quality, public housing after the 2nd World War.
- **Public sanitation** - this includes, for example, steps to ensure public exposure to sewage / waste is minimised as well as things like ensuring people understand basic sanitation principles (how, for example, disease can be spread by unsanitary practices).
- **Sewage / waste disposal** - including improvements in the treatment of sewage / waste.



• **Clean water:** The **Department of Health** (2004) suggests that, over the past century, “the two most significant contributions to better health have been clean water supplies and vaccines”.

To this general list we could also add things like the development of the **Welfare State** (post-1944) and its provision for a:

- **National Health Service** involving an integrated network of General Practitioners and hospitals.
- **National Insurance and Pension** provisions that ensured some level of financial security for the retired.

Module Link Wealth, Poverty and Welfare
To explore developments in the Welfare State in more detail, see the section on “**Welfare Provision**”

Lifestyle Choices and Changes

Towards the end of the 20th century we can note subtle, but significant, developments in these areas in the sense that there is a greater awareness and recognition of a range of “behaviours” that contribute to both individual health and longevity. Examples here include:

Smoking: **Penneck and Lewis** (2005), for example, note the “dramatic reduction in death from circulatory diseases (in part caused by the decline in smoking)”.



Cleaner air: The **Clean Air Acts** (1956 and 1993), for example, placed restrictions on smoke emissions (both from private and industrial premises).

Health Education – a greater awareness, for example, of the importance of balanced diets, daily fruit and vegetable intakes, limits on alcohol intake and the like.

Finally, a couple of significant ideas we need to note in the context of death rates are:

Poverty: The poor generally suffer greater health problems (and, as statistics for life expectancy show, die younger) than those who are not poor. The general UK trend throughout the 20th century has been for the population, on average, to experience higher levels of affluence and, in consequence, there were fewer people living in desperate poverty at the end of the century than at the beginning. We would, therefore, expect to see a decline in death rates to reflect the fact fewer people suffered the life-threatening effects of poverty.

Affluence: On the other hand, increasing *prosperity* brings into play a different range of life-threatening problems – **obesity**, for example, is now a major cause of premature death in the UK (around 30,000 people die each year from health problems related to obesity).

Thus far we've examined birth and death rates in relative isolation from each other and while it's possible to see falling birth and death rates as unconnected, it's also possible to suggest this relationship (or **correlation**) is not coincidental; in other words, to argue that changes in *both* are related to wider processes of **social change** – an idea that is given some credence by the fact that this phenomenon is not unique to the UK.

As **Tiffen and Gittins** (2004) demonstrate, the trend throughout the industrialised nations of the world (Western Europe, Scandinavia, Japan, Australia, the United States and so forth) during the 20th century has been consistently the same: falling birth, death and fertility rates coupled with rising life expectancy.

Demographic Transition

Although a range of different interpretations of this theory exist we can, for the sake of convenience focus on **Notestein's** (1945) contention that the historical development of any society is characterised, as **Newson et al** (2005) put it, "by a progression from high mortality and high fertility to low mortality and low fertility". In other words,

demographic transition theory suggests the trends we've identified are part and parcel of a *general demographic change* that occurs in the transition between four basic social stages in a society's historical development:

Stage 1:
Pre-industrial (or *pre-modern*) society transforms into:

Stage 2:
Early industrial (or *early-modern*) society transforms into:

Stage 3:
Late industrial (or *late-modern*) society transforms into:

Stage 4:
Post-industrial (or *postmodern*) society.

Types of Society (Britain): Selected Characteristics

	Pre-Modern	Early-Late Modern	Post-Modern
Time Scale	Pre-16 th century	16 th - late 20 th century	Late-20 th century to present
Main Economic Activity	Pre-industrial (Agricultural)	Industrial (Machine-based mass production)	Post-industrial (Goods and services)
Scale	Local	National / International	Global

Broad social transitions in UK society: Mid-16th to 21st century

The following table demonstrates how, according to **McFalls** (2003) birth, death and population rates correlate with the above stages across all industrialised nations.

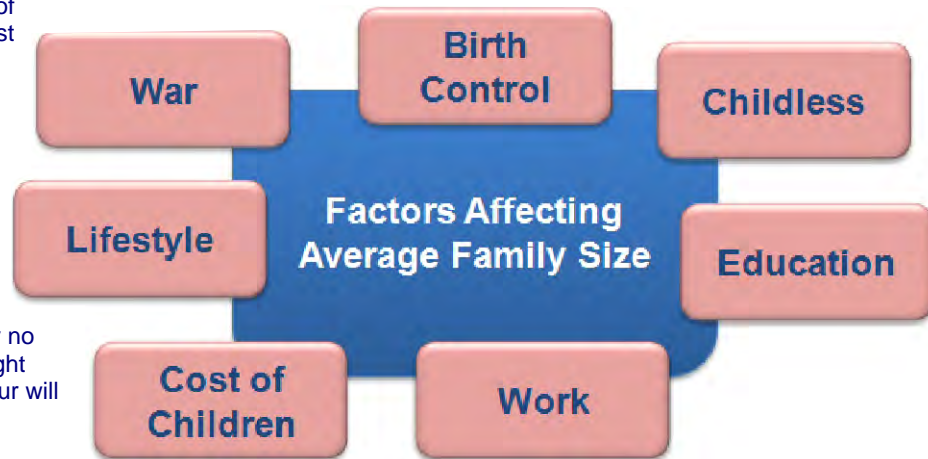
Demographic Transitions: All Industrialised Countries
Source: **McFalls** (2003)

	Birth rate	Death rate	Population
Stage 1	High	High	Low
Stage 2	High	Falling Rapidly	Growing
Stage 3	Falling	Low	Increasing
Stage 4	Low	Low	High

In terms of the general theory, a key variable here is:

Industrialisation - a process whereby machines (*mechanisation*) are extensively applied to the production of high volumes of consumer goods. One result of this process is the development of factories and the ability to *mass produce* consumer goods (such as clothes or cars). Industrialisation, therefore, is seen to be the initial “motor of social change” (it effectively drives the *process of change*).

As **McFalls** (2003), for example, argues: “Most societies eagerly accept technological and medical innovations, as well as other aspects of modernization, because of their obvious utility against the universal enemy: death... Social attitudes, such as the high value attached to having many children, are slower to change. It can take generations for people accustomed to high childhood mortality to recognize that low mortality means that they no longer need to have eight children to ensure that four will survive to adulthood”.



Birth Control: The availability of cheap and reliable contraception allows limits to be placed on family size.

Lifestyle choices and changes: For example, increased female participation in the workforce has meant less time being given to the development of large families.

Childlessness: Where large numbers remain childless, this has an impact on average family size.

Cost of children: Part of the decision to limit family size relates to the cost of raising children, especially in the light of:

Family Size Trends

We can start the final part of this section by noting an obvious relationship between falling birth and death rates and family size. The former, for example, suggests a decline in average family size for completed families, while for the latter “family size” relates more to the long-term survival of its members as a relational group; that is, for example, the contemporary survival of grandparents into an increasingly-lengthy old age means they contribute, in some way, to the overall size of families in the UK (in a way they did not in, say, the 18th century, where life expectancy was much lower than it is today).

In terms of explaining why family size in the UK (and the majority of the developed world) has declined over the past century **Self and Zealey** (2007) provide a neat summary when they suggest the following “contribute to the trend of smaller families”:

- Changing attitudes to family sizes.
- Delayed entry into marriage or cohabitation.
- Increased female participation in education and the labour market.

More specifically, we can note how many of the factors affecting birth rates also play greater or lesser parts in limiting average family size:

War: In the UK, for example, average family size declined slightly during the 2nd World War and increased during the post war “baby boom”.

Education: The period of “dependent childhood” being lengthened by changes to the education system.

Work: Limits on when and where children can work contributes to both the lengthening of childhood and the economic effectiveness of children. Whereas in the past children contributed to family income, in the contemporary UK they are far more likely to represent a drain on that income.

Theories

We can complete this Section by picking-up on some of these ideas and outlining a selection of general theories that have been advanced to explain the decline in average family size in the UK during the 20th century.

Wealth Flow theory: The general idea here is that the decision have children (and how many) is sensitive to both the specific *economic circumstances* of a family group and a wider sense of economic advantage or disadvantage.

Caldwell (1976), for example, suggests the general outcome of the transition from agricultural to industrial society is that children come to be seen as less of an economic



The increasing number of couples who choose to remain childless in our society has contributed significantly to a decline in average family size.

asset (through their ability to work) and more as an economic *liability*. In basic terms, therefore, where wider economic and social changes turn children from a source of wealth (flowing from the child to the parent) into a drain on family resources (family wealth flowing from adults to children) people take the **rational decision** to limit the number of children they produce.

Related to this general theory, albeit in a way that argues rational decisions about family size are taken in the light of a slightly different set of economic and social considerations, is the idea of:

Optimal Investment: This proposes that decisions are made on the basis of a “cost / benefit” analysis that takes account of both *economic factors* (the likely costs of raising a child set against benefits that might accrue to the family through the productive work a child might do) and *social / psychological factors* (such as the comfort and care – or simply pleasure – family members derive from the presence of children). Calculations over family size, therefore, are influenced by factors such as:

- **Psychic income:** According to **Becker** (1991) the *psychological pleasures* to be gained from children potentially increase their demand (the more children, the greater the psychic income accruing to parents). However, the increased economic costs of children means parents “limit their investment” by producing a smaller number in whom they invest a great deal of time, money and effort.

Consumption choices: **Newson et al** (2005) note that (potential) parents now have a greater range of consumption choices, such that “**They can compare the costs and benefits of a child with those of, for example, a new car. As the range of opportunities to acquire consumer durables increases, there is a decline in the relative importance of children in the range of goods to choose from**”.

Support Networks: **Sear et al** (2003) argue modern families increasingly lack the **kin support networks** (relationships with people such as grandparents, aunts and uncles) that potentially provide the resources - a grandparent looking after children while both parents work, for example - to allow for larger families. **Anderson** (1989), however, disputes the idea kin relationships have declined throughout the 20th century (he argues that despite smaller family sizes “**lower mortality meant that adults would have had roughly the same number of brothers and sisters alive**” now as in the past). He further argues that, in the late 19th / early 20th centuries, “**those on whom demographic fortune shone favourably had much larger kinship universes than almost anyone alive in Britain today**”.

However, the key variable here is probably the *quality* of those relationships and **Luscher** (2000) uses the concept of **ambivalence** (“uncertainty”) to suggest that in the light of family changes over the past 40 or so years – such as increased rates of cohabitation – people are increasingly reluctant to either commit to having children with their partner or they limit the number of children in case of family breakdown.

Status Objects: The general idea here is that parents - consciously or otherwise – view children (partly) as measures of their own status; the success of children in their subsequent adult lives reflects back on parents who use this as a means of measuring their own self-worth. Family size is consciously limited to make the greatest possible economic and emotional investment in a small number of children. An alternative, related, explanation here is:



Are children more-likely to be an economic liability to their families than in the past?

Elite self recruitment: In modern societies parents (especially wealthy ones) invest financial resources in their offspring (through things like private education or loans to help establish a home, business or career) to ensure sons and daughters are recruited into the same, or higher, occupational levels. While writers such as **Nicholas** (1999) have tracked the way “a high status

education precipitated unequal access to leading business positions”, **Reay** (2000) has noted how middle and upper class parents invest large amounts of time and effort (*emotional labour*) in their children’s education to try to ensure educational success.

Prestige Influence theory: A final explanation to consider focuses on the idea that the behaviour of those “lower down the social scale” is influenced by the behaviour of those at the top. Thus, as the industrialisation process generally took hold in the UK the initially most successful entrepreneurial families (the middle classes) were seen to gain status and wealth through investment in both the education and future work roles (such as the developing managerial professions) of their children– and this investment meant, as we’ve suggested, smaller family sizes amongst this class. For those lower down the social scale there was, so the argument goes, a gradual realisation that improved **life chances** for their offspring came from imitating the behaviour of their economically successful counterparts.

Tried and Tested

- Explain what is meant by “demographic trend” (2 marks).
- Suggest **two** ways lifestyle choices may affect death rates (4 marks).
- Suggest **three** reasons for the changes in birth rates during the 20th century (6 marks).
- Examine explanations for the change in average UK family size over the past 50 years (24 marks).
- Assess the view that demographic changes are the result of structural changes in UK society (24 marks).

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