

Concise Encyclopedia of Comparative Sociology

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PART THREE

COMPARING INSTITUTIONS AND SOCIAL STRUCTURES

Population Structures

Arland Thornton

Demography as a Comparative Enterprise

I begin this essay with the observation that there has long been great cross-cultural diversity in the basic population structures of marriage, living arrangements, fertility, and mortality. This great cross-cultural diversity has existed both between and within countries and geographical regions. This extensive heterogeneity characterizes the past, the present, and the pathways of historical population change. For this reason, I can only cover some of the basic elements of certain major geographical and cultural regions and must leave aside many important patterns and relationships.

Demography, the study of population, has long been interested in this international heterogeneity. Beginning with the era of European exploration and conquest in the 15th century, Western Europe accumulated an extensive amount of data about populations throughout the world. Scholars from Northwest Europe and its overseas populations made extensive comparisons between this region and other places in the world.

Robert Malthus, perhaps history's most influential and well-known demographer, exemplifies this interest in cross-cultural demography. Malthus published a small book in 1798, *An Essay on the Principle of Population*, and then traveled widely in Europe and read extensively about many non-European populations (1986/1798). In 1803 he published a remarkable four-volume tome with the same title that included chapters describing population processes in non-European societies, including Africa, Siberia, Turkey, Persia, India, Tibet, China, Japan, and the native inhabitants of America and the South Pacific (1986/1803). He also included chapters about places in Europe, including Norway, Sweden, Russia, Switzerland, France, England, Scotland, and Ireland. Research efforts by other scholars were similarly ambitious (for example, Le Play 1982/1855; Millar 1979/1779; and Westermarck 1894/1891).

By the middle of the 19th century, scholars had made numerous discoveries about the international distribution of various demographic factors, particularly marriage, childbearing, and overall family life. Some of the family and demographic differences between Northwest Europe and other parts of the world in the 18th and 19th centuries

are now well known (Thornton 2001, 2005). In comparison with Northwest Europe, other parts of the world were characterized by at least some of the following attributes: little individualism, extensive family solidarity, high parental authority, marriages arranged by parents, young ages at marriage, polygamy, extensive gender inequality, veils for women, and large, extended, and complex households. By contrast, Northwest Europe was characterized by great individualism, little family solidarity, low parental authority, marriages arranged by the prospective wife and husband through courtship, older ages at marriage, monogamy, more gender equality, no veils for women, and smaller and more nuclear (or stem) households.

The Developmental Paradigm and Reading History Sideways

Of crucial importance for the history of demography and the social sciences more generally is that generations of scholars from the 18th century onward interpreted these cross-sectional differences within a developmental or modernization framework (Thornton 2001, 2005). This developmental framework existed in the Western worldview from ancient Greece and Rome, permeated centuries of Christian theology, was part of Enlightenment thinking, and influenced many scholars of the 19th and 20th centuries. This developmental model posits a uniform trajectory of development, with all societies passing through the same necessary and directional stages (Harris 1968; Mandelbaum 1971; Nisbet 1975/1969). The rapidity of development was believed to vary, putting societies at different stages at one point in time. Societies thought to be less developed were labeled backward, undeveloped, and traditional, while societies thought to be developed received labels such as advanced, civilized, progressive, and modern.

In this developmental model the societies of Northwest Europe and their diasporas were considered to be the most modern, with other parts of the world believed to be distributed at many different levels below that of Northwest Europe (Thornton 2001, 2005; Carneiro 1973; Gordon 1994; Harris 1968). The model also suggested that the

past circumstances of so-called modern places could be seen by examining contemporary so-called traditional societies and that societies currently seen as traditional would eventually become like the so-called modern contemporary societies. I have labeled this method as reading history and the future sideways because history was read across geographical areas from east to west and from south to north rather than temporally from the past to the present within the same geographical area (Thornton 2001, 2005).

With this developmental model, many scholars from the 18th through the middle of the 20th century interpreted the observed cross-cultural family differences as being the result of social change. They believed that at some time in the past Northwest Europe had the family patterns they currently observed in other parts of the world. They believed that there had been modernization in Northwest Europe and that with this modernization the region had left behind traditional family patterns and taken on family patterns observed in their own so-called modern societies. In the 1940s, Kingsley Davis (1948) referred to the many inferred family changes as the great family transition.

Particularly important for population studies were the substantial differentials in the prevalence and timing of marriage between Northwest Europe and many other places. Hume (1825/1742) had observed in the early 1700s that young marriage was common in China. In 1803 Malthus reported young and universal marriage in many non-Western places, where in some places women married before reaching their teenage years (Malthus 1986/1803). Malthus reported that, by contrast, Northwest Europe had much later marriage, with substantial numbers never marrying. The general nature of the cross-sectional differences in marriage was confirmed by many subsequent writers, including Westermarck in the late 19th century (1894/1891) and Hajnal in the middle of the 20th century (1965).

In the language of late 20th century demography, Malthus recognized that marriage was a “proximate determinant” of fertility. In fact, he linked marriage and fertility together so closely that he sometimes used marriage rates as indicators of fertility rates (1986/1803, vol. 2: 14–17, 198, 290). He approvingly observed that the low rates of marriage and fertility were preventive checks to the growth of population. According to Malthus,

some people realized that high levels of child-bearing would cause a family’s consumption to outpace its productive capabilities, with the result being an unacceptable standard of living and ultimately misery. Malthus argued that, over time, people in Northwest Europe increasingly had the foresight and prudence to recognize this and to limit marriage, childbearing, and population growth accordingly.

Malthus believed that in societies lacking the foresight and prudence to delay marriage and child-bearing, population growth was only restrained by positive checks such as malnutrition, famine, disease, infanticide, and war. With the limitation of marriage and childbearing in Northwest Europe, Malthus believed that the pressure of population growth on economic resources was greatly alleviated, and mortality declined. Thus, for Malthus the modernization of Northwest Europe before 1800 brought lower marriage, fertility, and mortality—conclusions generally derived from reading history sideways.

Many scholars of the 1700s and 1800s explained the changes in family life that they observed from reading history sideways as natural outcomes of the societal modernization process. They believed that the social and economic modernization of Northwest Europe, including educational expansion, the growth of cities and income, and political democratization had produced the family and demographic changes.

However, the so-called great family transition, including the presumed declines in marriage and fertility in Northwest Europe prior to 1800, turned out to be a myth. Research in the northwest European archives in the second half of the 20th century revealed that the attributes of family life that characterized this region in the last part of the 18th and early part of the 19th centuries had characterized the region for hundreds of years, in fact, at least as far back as the 14th century, before which time data were especially unreliable (Hajnal 1965; Laslett and Wall 1974/1972; Macfarlane 1986; Smith 1979, 1992). The practice of interpreting cross-sectional data as time-series had produced findings that melted under the light of research in the northwest European archives. This discovery undermined the model of uniform trajectories of change, emphasized the likelihood of complex and path-dependent pathways of change, and discredited the practice of reading history sideways.

Mortality and Fertility Declines in Northwest Europe in the 1800s and 1900s

Although the great declines in marriage, fertility, and mortality that Malthus and others believed had occurred in Northwest Europe before 1800 were myths produced by reading history sideways, enormous changes occurred in fertility and mortality in Northwest Europe during the 1800s and 1900s—and these changes have been documented in the historical record. These substantial declines in both mortality and fertility have frequently been labeled as the demographic transition.

The mortality declines were large and ubiquitous across Northwest Europe and its overseas diasporas. During the 19th and early 20th centuries these mortality declines were largely the result of the enhancement of nutrition and the implementation of public health measures (Wilmoth 2003). New medical technologies only played a modest role in this decline before the first part of the 20th century, but in subsequent decades became important.

By the last part of the 20th century, infectious diseases played only a modest role in mortality in the West. However, overall mortality continued to decline in the last part of the 20th century as new approaches began to postpone the ravages of degenerative diseases, with the decline in heart disease being particularly important (Wilmoth 2003). At present, life expectancy in most northwest European countries and their overseas populations is in the high seventies for men and low eighties for women, a level of longevity that could not have been imagined by Malthus and his contemporaries (United Nations 2009b).

The 1800s also brought extensive declines in fertility in Northwest Europe and its overseas populations. The fertility declines began as early as 1800 in France, and by the last several decades of the 19th century, most of Northwest Europe and its diasporas had initiated long-term fertility declines (Coale and Watkins 1986). These fertility declines continued into the early 20th century when, in some countries, fertility fell below the replacement level of somewhat more than two children per woman.

This decline in fertility was not the result of marriage decline, of which Malthus would have approved and expected. At first, scholars suspected that this fertility decline had been the result of a decline in the physical capacity to have children.

It was later determined that it was the result of the deliberate limitation of childbearing within marriage, which Malthus would have denounced as a vice. Although it is difficult to document the precise methods used to lower fertility in the 1800s and early 1900s, it is now believed that coitus interruptus was the most important method.

Interestingly, the same developmental or modernization framework that had been used to explain the mythical great family transition before 1800 was used to explain the actual decline in mortality and fertility of the 1800s and early 1900s (Thornton 2001, 2005). The use of the same theoretical framework to interpret the mythical and actual changes is not surprising because the discovery that the so-called great family transition was mythical did not occur until well after the actual declines in mortality and fertility since 1800 had been documented. In addition, the mortality and fertility declines had first occurred in the same geographical regions that the mythical great family transition was believed to have occurred. Thus, the actual mortality and fertility declines were also interpreted as natural outcomes of the modernization process. The social and economic changes in northwest European society, including educational expansion, the growth of cities and income, and industrialization were believed to have produced the mortality and fertility declines of the 1800s and early 1900s in Northwest Europe.

Two additional factors were believed by scholars of the late 1800s and early 1900s to be important in fertility decline in Northwest Europe. One was the so-called great family transition itself, which was believed to have previously occurred in the region. The many changes believed to be part of the so-called great family transition were natural candidates for explaining the declines in fertility in the 1800s and early 1900s. The second is the causal effect of mortality declines on fertility. Inasmuch as the mortality declines in the 1800s and early 1900s occurred primarily among children, they would have a similar effect as an increase in fertility in producing more children. Faced with what was in effect a mortality-decline-induced increase in the number of children, couples were believed to have been motivated to limit the number of births simply to achieve family sizes existing earlier under high child mortality circumstances.

The standard explanations of the mortality and fertility declines in Northwest Europe and its overseas populations were challenged by a substantial body of scholarship in the second half of the 20th century. The same research that discredited the existence of the supposed great family transition in Northwest Europe before 1800 did not challenge the existence of declines in fertility and mortality but did discredit an important element of the explanation of those declines. The demonstration that the so-called great family transition had never happened in Northwest Europe removed this as a potential explanation of the decline in fertility in the late 1800s and early 1900s.

Research in the last part of the 20th century, especially the Princeton Fertility Project, produced additional evidence casting substantial doubt on the explanations of the decline in fertility (Coale and Watkins 1986). It showed that there was no straightforward or exact correspondence between the changes in social and economic circumstances such as industrialization and urbanization and the decline in fertility. In some parts of Europe that experienced early substantial social and economic changes, the declines in fertility were very late, while in other parts of Europe there were early declines in fertility without substantial social and economic changes (Coale and Treadway 1986). England is an example of the first situation, while France is an example of the second. In addition, fertility declined in Hungary, a country with late industrialization and urbanization, as early or earlier than the fertility decline in England, which experienced earlier industrialization and urbanization (Coale and Treadway 1986; Demeny 1968). More recent research suggests that the substantial rejection of the historical social and economic explanations of the fertility decline may have been premature, but these studies have not returned such explanations to their previous hegemonic status (Brown and Guinnane 2007; Szoltysek 2007).

In a similar way, the idea that mortality declines preceded and helped to cause fertility declines was challenged by research in the last half of the 20th century. It was suggested that in some places fertility declines preceded mortality declines, contrary to the expected temporal and causal ordering (van de Walle 1986; Watkins 1986). More recently, however, researchers have again emphasized the relevance of mortal-

ity declines for fertility declines (Chesnais 1992; Dyson 2001; Cleland 2003).

A particularly important theme of late 20th century research about fertility in Northwest Europe was the importance of culture. Research showed that the fertility decline in this region followed social and linguistic lines, suggesting the importance of cultural factors (Anderson 1986; Watkins 1986). In addition, research showed that fertility change was strongly influenced by religious and political commitments (Lesthaeghe 1983; Lesthaeghe and Wilson 1986).

Mortality and Fertility Declines outside Northwest Europe

With a few exceptions mortality and fertility levels remained high in Central and Eastern Europe through the end of the 19th century. However, in the beginning of the 20th century fertility and mortality began to decline in these parts of Europe as well.

Mortality declined somewhat in some countries outside of Europe and its overseas populations in the early years of the 20th century. However, it was not until after World War II that mortality declined substantially outside the West, and then changes came rapidly. Of importance were the extensive efforts of national and international governmental and nongovernmental bodies to improve health and decrease mortality in many parts of the non-Western world. These efforts were very effective in rapidly reducing infectious diseases, especially among children. Life expectancy increased rapidly and dramatically in most of these countries.

Africa, Asia, and Latin America and the Caribbean experienced sharp increases in life expectancy between the early 1950s and the early 1980s—from 38 to 49 years in Africa; from 41 to 62 for Asia; and from 51 to 65 for Latin America and the Caribbean (Yaukey, Anderton, and Lundquist 2007, 128). Life expectancy continued to increase from the early 1980s to the early 2000s in Asia and Latin America and the Caribbean (to 69 and 73 years respectively), but life expectancy roughly leveled off in Africa after the 1980s (or went up slightly and then declined slightly), with life expectancy in the early 2000s being only 50 (Yaukey, Anderton, and Lundquist 2007, 128).

The contrast in current life expectancy between Sub-Saharan Africa and the rest of the world is especially dramatic (United Nations 2009b).

Except for Benin and Togo (with life expectancies of 61 and 62 years) and six exceptionally tiny countries, every country in Sub-Saharan Africa in the early 21st century had a life expectancy of 60 years or less, whereas the only other country in the world with a life expectancy of 60 or lower was Afghanistan (with a life expectancy of 44). At the regional level, the four regions of Sub-Saharan Africa had life expectancies ranging from 48 to 54. North Africa, Eastern Europe, the four regions of Asia, and the three regions of Latin America and the Caribbean had life expectancies between 64 and 75, and the five regions of North America, Australia/New Zealand, and Europe (except Eastern Europe) had life expectancies clustered in a very narrow band of 79 to 81.

The low levels of life expectancy in Sub-Saharan Africa are related to the AIDS epidemic that has been rampant in the region for the last two decades. The United Nations (2004) estimated that of the 53 countries in the world hardest-hit by the epidemic, 38 are located in Sub-Saharan Africa. The UN also estimated that at the end of the 20th century in these 38 countries the epidemic had taken nearly 6 years off life expectancy. For the 7 hardest-hit countries, the AIDS effect on life expectancy was estimated at 12 years, and in Botswana the effect may have been as large as 28 years (UN 2004, 16–18).

Following the international efforts to reduce mortality, and partially motivated by these reductions and the resulting population growth, there emerged important national and international movements to reduce fertility and population growth in much of the non-Western world. These family planning programs were motivated largely by the Malthusian idea that human well-being was negatively related to population size and population growth (Barrett and Frank 1999; Donaldson 1990; Harkavy 1995; Hodgson and Watkins 1997). Proponents of family planning programs believed that human suffering would be ameliorated and social and economic progress would be facilitated by reducing fertility.

With these beliefs, an international family planning program emerged with the goals of increasing age at marriage and the use of birth control in order to reduce birth rates (Barrett and Frank 1999; Donaldson 1990; Finkle and McIntosh 1994; Greenhalgh 1996). In a relatively short period of time, almost all of the non-Western

countries had initiated such efforts, but with differential enthusiasm and effectiveness (Chimweti *et al.* 2005; Johnson 1994; Nortman 1985). This international family planning program created new forms of contraception, established programs to distribute them, provided expertise and legitimacy, and trained personnel in their administration and distribution. These programs also worked vigorously to create desires in individuals for small families as well as acceptance and desire for the means to reduce fertility. In some places, international aid was used as an incentive for countries to initiate family planning programs. In addition, some of these programs monitored women's reproductive cycles, required government permission to have a baby, and forced abortion and sterilization.

The international changes in marriage, contraception, and childbearing have been phenomenal. In many countries where women previously married as teenagers or before, average age at marriage has extended into the twenties, and in many places into the late twenties. In addition, contraception has become very common, and abortion has been legalized in many places. For the world as a whole, the United Nations estimated a decline in the total fertility rate (TFR), the number of children born per woman, from 4.7 to 2.6 between the early 1970s and the first decade of the 21st century (United Nations 2009a). The United Nations also published total fertility rates for 220 countries within 21 regions having data for both the 1970–1975 and 2005–2010 periods (United Nations 2009a). In all 21 of the UN regions and in 210 of the 220 countries with data reported in both periods, the TFR in 2005–2010 was lower than the TFR in 1970–1975. Whereas 15 of the 21 world regions and 166 of the 220 countries had TFRs above 3.0 in the 1970s, only 4 regions and 80 countries had fertility that high in the beginning of the 21st century. Furthermore, in many places, the decline in fertility was dramatic.

The countries with the highest fertility at the beginning of the 21st century were concentrated in Sub-Saharan Africa, with many of these countries continuing to have total fertility rates above 5. The only countries outside of Sub-Saharan Africa with total fertility rates above 5 were Afghanistan, Timor-Leste, and Yemen. There were clusters of countries with fertility between 3 and 5 in South, Southeast, and West Asia, in Central and South America, and in Oceania.

Family and Fertility in the Late 20th and Early 21st Centuries

New family and fertility trends emerged in Northwest Europe and its overseas populations in the late 20th and early 21st centuries, with these trends focused directly on marriage and related matters (Thornton, Axinn, and Xie 2007). Particularly important was the changing nature of marriage and its place in society and the individual life course. Marriage became less central as a marker of mature adulthood in Western societies. Although still valued, it became seen as an optional arrangement, a partnership meant to be permanent but which could be terminated easily.

In addition, there was an erosion of old norms restricting sexual relations, cohabitation, and childbearing within marriage. Marriage was further de-linked from childbearing as childlessness became an acceptable alternative lifestyle. The meaning of marriage has further evolved, as many in the Western world have expanded the centuries-old heterosexual definition of marriage to include homosexual relations.

These trends in marriage and related matters have not been limited to ideational trends in worldviews and tolerance. Instead, there have been enormous increases in the postponement of marriage and childbearing in the Western world (Thornton, Axinn, and Xie 2007). There have also been dramatic increases in sex, cohabitation, and childbearing in unions not sanctioned by legal marriage. In addition, divorce has been increasing dramatically in most of the Western world. These trends in the West have been so large and dramatic that many scholars have labeled them a second demographic transition, contrasting these changes with the above-mentioned declines in mortality and fertility that they now call the first demographic transition (Lesthaeghe and Surkyn 2008; Lesthaeghe 2010; van de Kaa 1987, 1994).

Although these trends in marriage, cohabitation, and divorce were first documented for Northwest Europe and its diasporas, there is now evidence that they are occurring well outside the boundaries of Northwest Europe and its overseas populations. They have been documented in the countries of Eastern and Southern Europe (Lesthaeghe and Surkyn 2008; Thornton and Philipov 2009). There is also evidence that they have spread to Latin America and certain parts of East Asia (Cerrutti and Binstock 2009; Lesthaeghe 2010;

Thornton and Lin 1994). They may also be spreading elsewhere as well.

A somewhat different marriage trend has been spreading widely in many parts of the nonwestern world—that is the trend from arranged marriages to marriages arranged by the prospective bride and groom themselves. As mentioned earlier, a long-standing difference between Northwest Europe and many other parts of the world was the common practice of arranged marriages outside the West and the largely self-choice marriages in the West. However, in recent decades, there have been dramatic increases in many places outside the West in the fraction of marriages in which the prospective bride and groom have an important, sometimes determinative, say in who and when they will marry (Ghimire *et al.* 2006; Thornton 2005; Thornton and Lin 1994). It also appears that in some places such trends in marital arrangements are being followed by at least moderate increases in premarital sex and other previously disapproved behaviors (Thornton and Lin 1994; Lesthaeghe 2010).

From a purely numbers perspective, perhaps the most dramatic demographic trend in the late 20th and early 21st centuries is the reduction in fertility in some countries below the replacement level of just over two children per woman. In fact, 83 of the 220 countries (38 percent) in the early 21st century had total fertility rates at 2.0 or below, and in 41 of these countries the TFR was at 1.5 or below (United Nations 2009a). The 41 countries with such low fertility include most of those in Southern and Eastern Europe as well as some in other parts of Europe and in Asia. In places like Japan the low levels of fertility have been in place for a substantial length of time, and in some places in Europe preferences for low fertility have become so extensive that some now believe that 0 or 1 are not only acceptable, but preferable to 2 (Sobotka 2009). With the rapid fertility declines in many other parts of the world, it would not be surprising to see fertility fall to very low levels in other places as well.

Population Shrinkage and Aging

Although the causes of fertility levels below replacement are still controversial, there is widespread consensus about many of the consequences of below replacement fertility. By definition, below replacement fertility over long time

periods will result in the decline in population size. Furthermore, population declines with fertility levels at 1.5 children or fewer, if sustained over long periods of time, will reduce the number of people by one-quarter or more each generation. The large reduction in working age populations is of great importance to the economy.

Sustaining population numbers with such low levels of fertility, by necessity, requires large inflows of international migrants. This is happening in many parts of Europe and may happen in other low fertility populations as well (Coleman 2006, 2009). High levels of international migration will also change the ethnic composition of populations, with the potential for clashes of cultures.

We also know that shifts in fertility and mortality have important implications for the age composition of the population. Any fertility decline will make the age distribution of a population older by reducing the number of children in the population. This effect can be especially large as the number of children born declines to replacement from levels of 6 or 7 children per woman. Further reductions in fertility from two children per woman to an average of 1.5 or even lower further tilts the age distribution towards older ages. The aging of the population can be rapid when the fertility declines are steep, as they have been in some countries.

The influence of mortality on age structures is more complicated. Low life expectancies in the past were generally the result of high levels of mortality at all ages, but high infant mortality was especially important in producing low life expectancies. The early historical declines in mortality were usually concentrated among infants and children rather than among adults. The result was that early mortality declines were equivalent to fertility increases in that they increased the number of children and the youthfulness of the population. However, as infant mortality was largely eliminated, subsequent mortality declines were concentrated among the elderly. These mortality declines among older people made the age distribution of the population older.

Low mortality among older adults and low fertility have resulted in a substantial aging of the population in many places. Although such aging is becoming a world-wide phenomenon, it is particularly marked among the populations of the world

with long-standing low fertility and low mortality such as Europe and Japan. However, population aging will be even more dramatic in countries with low adult mortality and especially rapid fertility declines, as has occurred in such places as China and Iran.

A Comment on the Concept of Demographic Transition

As I indicated earlier, demography has for centuries been interested in demographic differentials across countries and demographic change across time, often conflating cross-cultural differences and time trends. Within the developmental model dominating demography and other social sciences is the concept of transitions transferring populations from lower to higher levels of development (Thornton 2005; van de Kaa 2008). Development and demographic transitions, or the lack thereof, are frequently used to explain both cross-cultural differences and historical change.

For nearly a century, the most important transition for demographers has been the very large changes from high mortality and fertility to low mortality and fertility that demographers have merged together into a construct called the demographic transition. As noted above, this so-called demographic transition has now occurred or is occurring in most of the world.

Many demographers contrasted what they called the demographic transition with the increases in marriage ages and nonmarriage that were believed to have occurred before 1800 as part of the supposed great family transition (Caldwell 1982; Chesnais 1992; Coale 1973; Freedman 1979). Like Malthus, these demographers recognized the importance of late marriage and extensive celibacy for fertility and called this supposed earlier decline in marriage the first demographic transition to contrast it with what they called the demographic transition consisting of changes to low mortality and low fertility. More recently, with the increasing recognition that the supposed great family transition—including the decline in marriage—in northwestern Europe before 1800 was a myth, this usage of the first demographic transition concept has been dropped.

More recently, as noted above, some demographers have designated the large recent changes in marriage, cohabitation, divorce, non-marital sex, and non-marital childbearing as the second

demographic transition (Lesthaeghe and Surkyn 2008; Lesthaeghe 2010; van de Kaa 1987, 1994). With the designation of these changes as the second demographic transition, the changes in mortality and fertility were renamed the first demographic transition.

In recent years, demographers have introduced the concept of the third demographic transition. One version of a third demographic transition has been offered by Coleman (2006, 2009) who suggests that the combination of low fertility in a country accompanied by high rates of in-migration constitutes a third demographic transition. Pettit (2008) takes a different approach and suggests that the increase in the prison population has been so substantial and important that it merits the label of a third demographic transition.

I have argued elsewhere that demography would be well-served by dropping the demographic transition concept (Thornton 2005, 105–07). The demographic transition concept grew out of the developmental or modernization model, with demographic transitions being stages in the overall process of modernization. Dropping the demographic transition concept would help remove the modernization model and its uniform and directional stages of development from population studies. It would also assist in the analysis of the relationships within components of a so-called demographic transition, such as between mortality and fertility and among marriage, divorce, and non-marital sex and cohabitation.

Causes of Demographic Differentials and Change

Although there is not space here to provide anything close to a reasonable explication of the causes of demographic differentials and change, some mention of various causes seems appropriate. As noted earlier, demographers and other social scientists have for hundreds of years interpreted cross-sectional differences in demographic structures and relationships in dynamic temporal terms. Differences in demographic structures and relationships were seen largely in terms of differential development or modernization. Northwest Europe and its overseas populations were seen as being different because they were more developed than other places. Changes within populations were also frequently interpreted as the result of an overarching developmental model.

Demographers have long emphasized the importance of socioeconomic and structural fac-

tors for explaining population structures and change. These factors include such things as industrialization, urbanization, the implementation and expansion of mass education, and increases in economic production, consumption, technological innovation, and wealth. Levels of these societal attributes are often invoked to explain both cross-cultural differences and historical change.

More recently, scholars have turned to governmental and organizational explanations of demographic change. Here the emphasis is often on national and international governmental and non-governmental medical and public health efforts to reduce mortality and on family planning programs to reduce fertility.

In addition, demographers are now recognizing the importance of ideational factors in explaining family and fertility change in both the West and elsewhere. Many of the structural explanations mentioned above, such as schools, are the product of ideational forces and are designed for the purpose of transmitting new beliefs, values, and skills. Many explanations of the fertility decline in Europe and elsewhere now emphasize ideational influences (Lesthaeghe 1986; Caldwell 1982; Cleland and Hobcraft 1985; Cleland and Wilson 1987). In addition, explanations of the so-called second demographic transition often focus on the strong role of ideational forces in those changes (Lesthaeghe and Surkyn 2008; Lesthaeghe 2010; van de Kaa 1987, 1994).

I have, with several colleagues, argued that many of the ideas of development and modernization have been transformed into a cultural system of beliefs and values that I call developmental idealism that has strong influences on many dimensions of demographic behavior (Thornton 2005; Thornton, Binstock, and Ghimire 2007; Thornton *et al.* 2012). This cultural system of developmental idealism states that the elements of the so-called modern family are good and to be attained, that adopting modern family structures will help achieve modern economies with both health and wealth, and that freedom and equality are fundamental human rights. Many demographers from Malthus to the present, family planning advocates, and others have played an important role in spreading the important developmental idealism values and beliefs that planned and low fertility is good and that it helps to bring economic development—ideas that have spread widely around the world among both policymakers and people in everyday life (Thornton *et al.* 2012). Although

such beliefs are often resisted by many around the world, they are also frequently adopted with important implications for demographic behavior and changes.

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