

The shrinking family

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THE MOST REMARKABLE human achievement of the past 200 years has been the conquest of premature death. It has been a task of great complexity, drawing on political and economic changes, safe water, improved food supply and distribution, government regulation, medical and technological advance, the spread of literacy, the emancipation of women, the moral struggle against discrimination in all forms, revolutions in communication and connection, and above all, changes in human expectations and values. Its complexity defeats mono-causal explanations such as medical innovation or public health interventions, and it remains one of the great historical puzzles.

For we mere mortals it means that most babies born today can expect to grow old; most children can expect one or both of their parents to survive to be grandparents, and most old people can expect to return to a state of dependency such as they have not experienced since childhood: from nappies and to nappies. Household incomes that once had to support life for four or five decades, now have to remain viable for double that.

Yet, while the growing costs of the extension of old age concern us, the most dramatic impact of the conquest of premature death has been on infancy. Now most babies in the world survive to have their own babies, and this vast increase in the number of people living long enough to reproduce has driven the global rise in human population. The extension of life expectancy by medical advance since the 1970s affects our

spending; the liberation of humanity from high infant mortality has been the engine of the population explosion.

To put this exponential growth in perspective, it took all of human history until 1800 to build a world population of one billion, 130 years to add the second billion (1930), 30 years to reach three billion (1959), 15 years to add the next billion (1964), 13 years to reach five billion (1987), 12 years to reach six billion (1999), and 13 years to reach seven billion (2011).¹ Alarming, yes, but the growth rate is slowing down and that's because of the second great human achievement of the modern era: the fertility transition, where human reproduction for the first time can be reliably constrained by safe choices and technologies rather than by sexual restraint, termination of pregnancy or infanticide.²

In pre-industrial societies, premature death maintained a 'balance' between birth rates and resources; this fearful symmetry was broken by the discovery of stored fossil energy that fuelled increased building, transportation, and agricultural and industrial productivity. For the first time in human history, people captured the carbon of the deep geological past to replace living trees and plants. The modern growth of population could be supported because we had short-circuited time and plundered the past to fuel the present and the future. It looked like such a smart idea,³ except that it meant delivering into the living world the stored carbon dioxide of the deep past and releasing the exponential growth potential of human reproduction.

But the scientific and social advances that have enabled us to escape from premature death have also delivered the means to choose when and how often we have children. In the developed world, where women can work and household incomes are more secure, people have chosen to have small families to the extent that many are now reproducing at below replacement level.

Unintended consequences

However, there have been unintended consequences. Countries with shrinking populations will run short of workers at productive ages and face a reduced economic capacity to support the non-working. Immigration from over-populous nations is the obvious and traditional solution to workforce shortages, so that Filipino nurses keep the hospitals of the first world functioning — that is, until China runs out of workers to care for its ailing aged.

The problem is, of course, that many countries, in particular past colonial powers, resent being reversed colonised by their former subjects from Africa, the Middle East and Asia. The Japanese resist all immigrants and are hoping that personal robots can care for the aged when human nurses are scarce. What we are seeing in the desperate people seeking opportunity in rich countries is just the same as the flight of surplus Europeans to ‘empty’ lands from the middle of the 19th century. That is the way human populations have always responded to resource scarcity.

The mathematics of China’s one-child policy are now not adding up. China is already short of women and soon will be short of working-age adults. Married only children are finding themselves obligated by tradition, sentiment and the law to support four parents and even more grandparents as well as their own child. To make matters even more difficult, urbanisation and economic development have driven families geographically and culturally apart. Russia is desperately short of men over the age of 50; Japan, Italy, Spain, Portugal, Germany, Taiwan and Singapore are all short of babies.

Fertility is falling almost everywhere, and not all demographers are pessimistic about the future. Danny Dorling, at least, believes that global population will peak below 10 billion and that human beings, despite shocks and conflicts, will adjust to a

more crowded world where there will be enough to go around provided we behave better towards each other and stop licensing greed and unfairness.⁴

But smaller families mean fewer grandchildren, siblings, cousins, uncles and aunts. Smaller families diminish resilience: fewer potential breadwinners, less collective human and material capital to provide for those who cannot provide for themselves. In big families, if there are more mouths to feed when young, there are more hands and minds to work when mature.

This matters still for very poor people, who are the slowest to reduce family size, especially where premature mortality is still severe. Children's role has always been to support the previous generation; historically, people without kin perished once they could not fend for themselves.

For most of humanity, the family is the fundamental source of support in times of dependency: in sickness, in childhood, in old age, in poverty. People without families and family resources in the past simply perished and their lineages died out. Institutions — the church, the temple and the mosque — might smooth the dying pillow of the solitary, but dead lineages comprise the vast tribe of the forgotten in History.

England was unusual in always having nuclear families comprising a household of a married couple, their children, apprentices and servants. Until the Reformation, the monasteries had provided alms and care for the destitute and friendless, but in 1601, the Elizabethan Poor Law secularised the Christian obligations of charity into civil obligations, carried out by the parish and paid for by a tax. The *Act of Settlement* of 1674 endowed each English person a lifelong entitlement in their place of birth to alms, education, and support in destitution.

This was the first welfare state, and for the next 200 years it worked to protect the English people against famine, maintained services during epidemics, educated the orphaned, fed the sick, and housed the homeless. It was far from perfect,

but it was, scholars are finding, significantly better than elsewhere. The take-off of the industrial revolution in the English midlands owed much to the greater human capital of the English common people.

This secularisation of charity framed the parish as a ‘civic family’, where it exercised with orphans and destitute children a ‘civic parenthood’. It was a welfare state, which in its many forms and iterations over time, exists to enable those without families or family capital to survive. It pays pensions to the aged, the sick and the disabled; it tides people over in unemployment. It supports single parents and orphans — it is so much part of our social DNA that we can forget that societies need not bother to care. There are many places where if people have no resources, they can die on the street.

If the modern welfare state has evolved to enable those without a family to survive, it has also assumed a larger responsibility of providing collective services and insurance that are otherwise beyond the means of individuals. Health care and education are both complex services where we need collective investment and insurance to amortise risk and expenditure.

Running out of money

The welfare state has expanded most rapidly since World War II. But in its inception it was only really costed for one generation, and that was the small cohort born in the 1930s and early 1940s, before the baby boom. That cohort, now enjoying a relatively prosperous retirement, was the lucky cohort — first into good jobs as the economy developed, first into the property market when prices were low, first to receive subsidised higher education.

Now the baby boomers are approaching retirement. They are healthy and it will be 10 to 20 years before they start needing extended rehabilitation for fractures, care for dementia and daily support. The ageing of the population means the

shrinking of the working-age population that will be supporting them for the next half a century.

But baby boomers are not necessarily a selfish generation. Most have children under 40 who are disproportionately trapped in contract work and the casual economy. They know that while their own real estate is highly valued, their children cannot afford to buy a home. They need interest rates to be high; their children need them to remain low. They need to work longer because they are living longer and need to contribute to the public purse, but the young need their secure jobs for themselves.

Neither are all the baby boomers well provided for. Most started in superannuation too late; many are divorced and impoverished by the loss of the marital home. And those who have funds are increasingly transferring wealth across generations so that their children can enter the housing market.

Even if politicians discover the nerve to increase taxes where they can be increased without unfairness, and remove unnecessary perks and privileges, public funds will still be insufficient because the actual real costs are rising faster than the economy can grow. Health care is currently growing at 7% to 8% per annum. The default solution is too often privatisation and increased inequality.

What will immediately suffer will be services; in particular, all sorts of small, local and centrally provided interactions and goods. More will be expected of people in the home and in the community. Yet, with the shrinking family, rising divorce rates and globalised families, more people live alone than ever before in human history.

And that's the rub. If you live alone, who will nurse you when you are discharged from hospital? Who will find you when you fall? Who will keep in touch when your confusion makes using the computer impossible? Who will simply 'be there' for you?

Within the retiring baby boomer cohort resides immense human capital: skills, experience, human warmth. Perhaps it has become time to build a culture of volunteering a day a week for the pension. Volunteers can visit the sick and lonely, mind children while parents return from work, garden, cook, help with accounts, read, talk, knit, make things, coach students, mentor young people, provide community services, work in libraries.

Will they take people's jobs? Only if the funds are still there to pay multiple librarians, long-term home visitors and nurses, child-minders, and permanent carers. Companies are privatising aged care in the home, but most find that unaffordable in the long term and such a business model relies on public subsidy. Perhaps the best role of the professionals would be high-level, short-term services followed by supervision, coordination and quality control of volunteers.

As the family shrinks and scatters, more eat their Christmas dinner around a very small table. Perhaps it is time we delved into older traditions of community and connection and build social families, focused on local communities, nourished by volunteering, and monitored by professionals for good practice and fairness.

This is not David Cameron's 'Big Society', dreamed up to replace the welfare state, but 'social families', to capture the energy and experience of the retired and compensate for the shrinking of the biological family.

Endnotes

- 1 Retrieved from <http://www.worldometers.info/world-population/>
- 2 RW Fogel, *The escape from hunger and premature death, 1700–2100*, Cambridge University Press, Cambridge, 2004.
- 3 EA Wrigley, *Energy and the English industrial revolution*, Cambridge University Press, Cambridge, 2010.
- 4 D Dorling, *Population 10 billion*, Constable, London, 2013.