

The Natural Family

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The Natural Family

Failure of the Swedish Model of Family Policy

Allan C. Carlson

IN AN ICONIC ARTICLE PUBLISHED a decade ago and entitled, “The Motherhood Experiment,” the *New York Times Magazine* celebrated Sweden for solving the population and family problems of modern European society. It explained: “Curiously, Europe’s lowest birthrates are seen in countries, mostly Catholic, where the old idea that the man is the breadwinner and the woman is the child-raiser holds strong. . . . Meanwhile, countries that support high numbers of working women, like [the Scandinavian countries], have among the highest birthrates.” The author called this “the fertility paradox.”¹

These arguments actually have an almost religious hold on the social policy architects of the European Union. As Jean-Claude Chesnois summarizes, “in Sweden, . . . empowerment of women insures against a very low birth rate.”² With Sweden again in mind, sociologist Peter McDonald asserts that “[i]n a context of high gender equity in individual-oriented institutions, higher gender equity in family-oriented institutions will tend

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1. Sharon Lerner, “The Motherhood Experiment,” *The New York Times Magazine* (March 4, 2007): 20.
 2. Jean-Claude Chesnois, “Fertility, Family, and Social Policy in Contemporary Europe,” *Population and Development Review* 22 (December 1996): 733.

to raise fertility.”³ J.M. Hoem links Sweden’s success to a “softening” of “the effects of women’s labor force participation on their life sufficiently to reduce the inherent role conflict [relative to motherhood] to a manageable level.”⁴ Referring to Sweden, Paul Demeny concludes that “[f]ew social policies enjoy greater unqualified support from demographers and sociologists than those seeking” to make “participation of women in the labor force compatible with raising children.”⁵

Of course, the deeper source of anxiety driving these analysts has been the plummeting fertility of the European peoples, a continent-wide development. In the year 2014, the 28 nations of the European Union reported a combined fertility of 1.58 live births per woman, only 75% of the births needed to replace a generation. Almost all of these nations have recorded declines in numbers over the past decades, with deaths outnumbering births.⁶ Moreover, these declines are expected to continue. Eurostat, the statistics-gathering body of the European Commission, reports—using a set of assumptions concerning emigration, fertility, mortality, and net migration—“that the projected number of deaths in the EU-28 will be higher than the projected number of births for the whole of the period 2016 to 2080.” Furthermore, the percentage of the very elderly (over 80) will increase from 5.1% in 2014 to 12.3% in 2080, while the working-age population will continue to shrink. The median age of the population is expected to increase by 4.2 years in the same period. The report concludes, “ageing will continue across all of the EU Member States, Iceland, Norway and Switzerland.” The Eurostat officials’ only hope is that “migration has the potential to help delay the ageing process in some of the EU Member States.” However, they acknowledge that “it may also speed up the process of ageing in those Member States

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3. Peter McDonald, “Gender Equity in Theories of Fertility Transition,” *Population and Development Review* 26 (September 2000): 438.
 4. J.M. Hoem, “Social Policy and Recent Fertility Change in Sweden,” *Population and Development Review* 16 (1990): 735-48.
 5. Paul Demeny, “Population Policy Dilemmas in Europe at the Dawn of the Twenty-First Century,” *Population and Development Review* 29 (March 2003): 22.
 6. Eurostat: Statistics Explained, “People in the EU—population projections,” data extracted in June 2015, page last modified November 27, 2015, available at http://ec.europa.eu/eurostat/statistics-explained/index.php/People_in_the_EU_%E2%80%93_population_projections#Europop2013_E2.80.94_population_projections.

which are characterized by a relatively high proportion of their working-age population leaving, for example in search of work.”

And not only is the population shrinking and aging. The institutions which historically have held up childbearing are failing. In Northern Europe, marriage is increasingly rare, replaced by cohabitation; in Southern Europe, young adults increasingly avoid *both* marriage and cohabitation, refusing to form childbearing unions of any sort. This is the essence of the joint European family and population crisis of the twenty-first century.⁷

More Gender Equality, More Babies?

And so, the Swedes have charged to Europe’s rescue, with claims of a unique solution to the joint family and population crisis, a solution which they say is applicable to all of Europe. In 2001, the Swedish Institute—what might fairly be called that government’s propaganda arm on social and cultural matters—published a paper entitled “Gender Equality—A Key to Our Future Economic Prosperity?” The author, Lena Sommestad, was director of the Swedish Institute for Future Studies. This short document perfectly outlined the Swedish family policy model offered as a solution for Europe’s demographic implosion.

Professor Sommestad’s essay claims that Europe’s challenge of declining birth rates, population aging, tumbling marriage rates, and rising out-of-wedlock births has two sources: female emancipation and “a crisis of the traditional European male breadwinner family.” She says that nations such as Germany, Italy, and Spain, which have tried to protect or shore up the male breadwinner and his homemaking wife, have failed to understand the irrelevance of these roles for the future, and have paid the price with extremely low fertility.⁸

Sweden, in contrast, has recognized women’s full emancipation and complete gender equality as “social facts,” and as the keys to a sustainable future. Professor Sommestad points to the theories of amateur sociologist Alva Myrdal from the 1930s; she had also argued that under

7. See: Paul Demeny, “Population Policy Dilemmas,” 1-3.

8. Lena Sommestad, “Gender Equality—A Key to Our Future Economic Prosperity?” Published by the Swedish Institute, September 1, 2001.

modern conditions, the breadwinner-homemaker model, premised on a family wage for fathers, could no longer produce a sufficient number of children. Myrdal instead insisted that “declining fertility rates should be fought with increased gender equality.” This idea, Professor Sommestad admits, went dormant in Sweden during the 1940s and 1950s when, in a time of affluence and relative policy conservatism, male-breadwinner families became common in Sweden (indeed, another author calls this “the golden age of the Swedish housewife”). However, “[f]rom the 1960s and onwards, a growing number of Swedish women returned to gainful employment, and by the early 1970s, the two-breadwinner norm had been firmly established.”⁹ Today, Sommestad continues:

Swedish gender equality policies build on a strong tradition of pronatalist and supportive social policies. . . . No entitlements are targeted at women in their capacity as wives. The state uses separate taxation, generous public day-care provision for pre-school children, and extensive programmes of parental leave to encourage married women/mothers to remain at gainful employment.

Revealingly, Professor Sommestad argues that “[P]opulation aging, problematic as it is, may prove to be a window of opportunity for radical gender-equality reform.” Feminists, she says, “must overcome their traditional suspicion of demographic arguments and develop [instead] a new, progressive population discourse.” During the 1930s, Alva Myrdal proposed using the birth rate crisis as “a battering ram” for radical feminist social reform. Dr. Sommestad has done so again, although this time on a larger European canvas. She adds “that countries that do *not* stigmatize non-marital *cohabitation* or extra-marital births have a better chance of maintaining higher fertility levels.” Moreover, the Swedish model shows that to raise the birth rate, men must also take on “a greater responsibility” for child care.¹⁰

In sum, using admittedly less lofty language, the Swedish model of family policy sees *radical equity feminism* as the answer to the fertility

9. *Ibid.*, 2.

10. *Ibid.*, 2-3.

crisis. If European peoples want to survive in the twenty-first century, she argues, they should *eliminate* the full-time mother and homemaker, *crush* the family wage idea, *abolish* the home as an economic institution, *welcome* out-of-wedlock births and cohabitation, *push* all women—especially actual or potential mothers—into the labor force, *enforce strict* gender equality in all areas of life, *re-engineer* men into childcare-givers, and *embrace* expensive state child allowances, parental leave, and public day-care programs. The results—almost by magic—will be *more babies!*

Making Family Policy at the EU

These are not just the ideas of academics, I hasten to add. In its 2004 official statement of policy toward the European Union, the Swedish government summarized its goal in one sentence: “We want to see a Union that is open, effective and *gender equal*.” Let me underscore this: *the attainment of the feminist agenda was Sweden’s primary purpose within the EU*. This government statement from April 2004 elaborates: “Sweden has a particular responsibility for increasing the pace of gender equality efforts in Europe. . . . Gender equality aspects should be integrated into all areas of policy.”¹¹

Since then, Sweden’s push on these matters has only intensified. Most recently, Swedish Prime Minister Stefan Löfven demanded before other EU leaders that “workforce general equality” be prominently featured in the Declaration on the Future of Europe being prepared for the March 25, 2017, anniversary celebration of the Treaty of Rome, which launched the EU.¹² Even here in the United States, the Swedish Embassy in Washington, D.C., recently featured a large “Gender Equality Exhibition” entitled “We’ve Come a Long Way, Haven’t We?”¹³

Moreover, official documents pouring out of the European

11. Government Offices of Sweden, “EU Policy” (April 29, 2004).

12. Catharine Stupp, “Sweden Pushes Gender Equality onto Rome Agenda,” EURACTIV.com, March 13, 2017, available at <http://www.euractiv.com/section/economy-jobs/news/sweden-pushes-gender-equality-onto-rome-agenda/>; for a similar, earlier episode, see: “European Union: Sweden and Spain Push Gender Equality,” *Oxford Analytical Daily Brief*, October 26, 2009.

13. News release issued December 4, 2016, available at <http://events.euintheus.org/events/gender-equality-weve-come-a-long-way-havent-we/>.

Commission emphasize ever greater attention to gender equality and harmonization of European family policy around the Swedish model, stressing “an individualization of rights” and a “new gender balance in working life” involving basic “changes in family structure.”¹⁴ As political scientist Silke Roth summarizes, “EU equality law and discourse has [decisively] moved toward the Swedish model.”¹⁵

So what shall we make out of all this? To begin with, I do want to admit that there are *aspects* of the modern Swedish model of family policy that *are* attractive, at least to this social conservative. To begin with, the Swedish system does do a good job of bonding newborns to mothers and fathers—in the short run. The generous—albeit very expensive—“parents insurance” program provides new parents with 390 days of paid leave, at 90 percent of salary, and another 90 days at a lower allowance. This means that virtually all Swedish children enjoy full-time parental care during their first 13 months of life (compared to only a third of infants in the United States). This also allows new Swedish mothers to breastfeed their newborns for longer periods. And even some of the more coercive aspects of Sweden’s parents insurance program—such as the requirement that fathers take 45 days of the paid parental leave for the couple to receive the full benefit—have their human side: it turns out that Swedish fathers in the north of the country have a strong preference for taking their parental leave during Sweden’s moose-hunting season!¹⁶

But that is about it: because the other claims by advocates for the Swedish model—particularly the claim that this approach will be Europe’s demographic salvation—quite simply vanish under scrutiny.

False Claim Number One

To begin with, the Swedish model of family policy has not solved the birth dearth in that land. Assertions that it has commonly rely on a

14. European Commission, “Modernizing and Improving Social Protection in the European Union: Communications from the Commission” (1997); and Herbert Krieger, “Family Life in Europe—Results of Recent Surveys on Quality of Life in Europe,” Family Paper #8.

15. Silke Roth, *Gender Politics in the Expanding European Union: Mobilization, Inclusion, Exclusion* (New York: Berghahn Books, 2013), 219.

16. See: Kristina Hultman, “Mothers, Fathers and Gender Equality in Sweden,” published by The Swedish Institute (March 6, 2004).

peculiar development during the 1988-1993 period, which has since proved ephemeral. Consider these Total Fertility Rates for Sweden, by year:

1960-64: 2.30	1991: 2.11
1965-69: 2.21	1995: 1.74
1970-74: 1.89	1999: 1.60
1975-79: 1.67	2003: 1.54
1983: 1.61	2006: 1.66
1987: 1.88	

As you can see, during the last decade of Sweden's "breadwinner father/homemaking mother" era, 1960-69, the nation had a fertility rate *well above* the replacement level of 2.10. Contrary to assertions by Alva Myrdal and Lena Sommestad, the "family policy" system of that era clearly succeeded relative to population. However, once Sweden implemented the new model built on the deconstruction of marriage, out-of-wedlock births, working mothers, parents insurance, and day care, fertility fell by 30 percent to 1.61 by 1983. True, during the late 1980s, the number *apparently* started climbing again, reaching 2.11 in 1991, just above the replacement level. Progressive social analysts around the European continent shouted *hosannas!* Sweden had found the answer! But it did not last. By 1993, fertility was falling again, and by 2003, Sweden—at 1.54—was close to the European Union average for that time. Indeed, in the year 2000, Sweden joined that grim group of nations where deaths actually exceed births: more coffins than cradles.¹⁷

It turns out that Sweden's so-called "success" in the early 1990s was a statistical fluke. A change in policy regarding eligibility for parents insurance, called a "speed premium," had the one-time effect of reducing the spacing between first and second births. This threw off calculations of the Total Fertility Rate, but this change did not significantly *increase* the total number of children born per family.¹⁸ Judged empirically, then, the

17. Demeny, "Population Policy Dilemmas," 2.

18. See: Britta Hoem and Jan M. Hoem, "Sweden's family policies and roller-coaster fertility," *Journal of Population Problems* (Tokyo) 52 (1996): 1-22.

Swedish model simply did not work; its so-called “success” in the 1990s was a Euro-urban-legend.

Coercive Social Engineers

Second, Professor Sommestad’s brief history of the introduction of Sweden’s new family policy during the 1960s grossly overlooks its radical and coercive nature. As honest Swedish feminist historians have admitted, there was *no pressure* for change from young Swedish housewives and mothers during the mid-1960s. By all accounts, they were largely happy with their situation. Instead, the pressure came from other directions. Government planners in the Labor Ministry foresaw labor shortages in Sweden’s future. Instead of opening the doors to greater immigration or encouraging larger families, though, they decided to pull Sweden’s young mothers into the workplace.¹⁹

At the same time, the radical wing of Sweden’s ruling Social Democratic Party took power, inaugurating what feminist historian Yvonne Hirdman calls Sweden’s “Red Years,” 1967-1976. At their heart was a massive “gender turn” that would radically alter the nature of marriage and family in Sweden. In 1968, the Social Democrats joined with the labor unions in a joint report concluding that “there are . . . strong reasons for making the two-breadwinner family the norm” in all welfare and social policies. The next year, Alva Myrdal chaired a major panel, “On Equality,” which concluded that “[i]n the society of the future, . . . the point of departure must be that every adult is responsible for his/her own support. Benefits previously inherited in married status should be eliminated.” The Report also called for an end to tax policies that favored marriage.²⁰ In 1969, a Ministry of Justice committee declared Swedish marriage law “clearly anachronistic,” based as it was on the now discredited Christian notion of “two becoming one flesh.” Instead, the law should focus on the new imperative of “personal fulfillment.” In 1971, Sweden’s Parliament abolished the income tax system favoring marriage, so giving

19. Dorothy McBride Stetson and Amy Maxur, eds., *Comparative State Feminism* (Thousand Oaks, CA: Sage Publications, 1995): 241.

20. Alva Myrdal *et al.*, *Towards Equality: The Alva Myrdal Report to the Swedish Social Democratic Party* (Stockholm: Prisma, 1972 [1969]): 17, 38, 64, 82-84.

this land the most “fully individualized taxation system” in the world. According to analyst Sven Steinmo, this single change “more or less eradicated” the traditional home in Sweden.²¹ The Family Law Reform of 1973 introduced “no-fault” divorce, deeming it “only natural that if one of the spouses is dissatisfied, he or she may demand a divorce.” All social and welfare benefits tied to marriage were abolished.²² By the time the Social Democrats were voted out of office in late 1976, their forced revolution in family life was complete; the Swedes had been re-engineered into a post-family order.

“Negative Momentum”

Moreover, Sweden—and Europe as a whole—now finds itself in new circumstances where the old calculations no longer apply. In the year 2000, a team of demographers reports in *Science* magazine, Europe’s population reached a vital turning point. Until then, although fertility was abnormally low, the overall age structure of the continent still had a “positive momentum”; that is, long-term stability could still be gained if women raised their average family size to slightly over two. In 2000, however, prior decades of low fertility produced a new situation. Europe’s population entered into “negative momentum,” which means that a fertility rate of 2.1 will no longer suffice to gain even stability. A rate approaching 4.0 would now be needed to achieve the same end.²³

Further, it is becoming increasingly clear that forced “gender equality” can never be the solution to fertility decline, no matter how hard feminist analysts work to cook the numbers. For example, a team of analysts recently noted that the key components to the Swedish model—the reconfiguring of women’s education into equality with men, the movement of women into previously “all male” jobs, the deconstruction of marriage—are the very same policies which have generated dramatic

21. Sven Steinmo, “Social Democracy vs. Socialism: Goal Adaptation in Social Democratic Sweden,” *Politics & Society* 16 (December 1988): 430.

22. Michael Bogdan and Eva Ryrstedt, “Marriage in Swedish Family Law and Swedish Conflicts of Law,” *Family Law Quarterly* 29 (Fall 1995): 678-9.

23. Wolfgang Lutz, Brian C. O’Neil, Sergei Sherbov, “Europe’s Population at a Turning Point,” *Science* 299 (March 28, 2003): 1,991-92.

declines in the fertility of women in the developing world. Contra Alva Myrdal and Professor Sommestad, you cannot turn a *cause* of fertility decline into its *cure*, no matter how much state money you throw at the problem.²⁴ Indeed, no less an authority than Joseph Chamie, Director of the Population Division of the United Nations Department of Economic and Social Affairs, concluded in 2004:

While many governments, . . . non-governmental organizations, and individuals may strongly support gender equality at work and in the home as a fundamental principle and desirable goal, it is not at all evident how having men and women participate equally in employment, parenting and household responsibilities will raise low levels of fertility. On the contrary, the equal participation of men and women in the labor force, child rearing, and housework points precisely in the opposite direction, i.e., below replacement fertility.²⁵

The Swedish model flies in the face of other well documented causes of the decline in fertility. Australian John C. Caldwell, one of the world's most insightful demographers, has examined the dozens of rival theories behind what he calls "the fertility crisis in modern societies." He explores the perils of a liberal economy which create doubts among women whether they should devote themselves to children. He dissects the special circumstances behind fertility decline found in Southern, Eastern, and Central Europe and in Asia. And he considers the effects of varied social policies on fertility, looking for common threads. He concludes "that a social order that does not reproduce itself will be replaced by another" and that the Swedish model works no better than any other social welfare model in countering depopulation. In the end, he admits that he can do no better than repeat the conclusion of Kingsley Davis from 1937, when the Western world faced a similar challenge: "the family is not indefinitely adaptable to modern society, and this explains the

24. Christos Bagavos and Claude Martin, *Low Fertility, Families and Public Policies: Synthesis Report*, Annual Seminar, Seville, Spain, September 15-16, 2000 (Vienna: Austrian Institute for Family Studies, 2001): 15.

25. See "'Gender Equality' Partly to Blame For Fertility Decline, Says UN Official," Center for Family & Human Rights, July 24, 2004, available at <https://c-fam.org/gender-equality-partly-to-blame-for-fertility-decline-says-un-official/>.

declining birth rate.”²⁶

Under this explanation, the Swedish model stands doubly condemned. First, it represents an attempt to engineer a wholly new family system, which can only fail in face of the constants of human nature grounded in the natural family. And second, the Swedish model requires a forced march of all its citizens into modern urban-industrialized society: the very problem to be overcome.

Curse of the Two-Career Norm

Taking another broad look at Europe’s population crisis, Paul Demeny underscores how the two-income, or two-career, family norm eliminates all incentives to have larger families:

. . . despite flexible work hours, generous paid vacation, father’s temporary home leave to care for an infant or a sick child, or other similar benefits—the actual chosen number of children in two-working-parent families gravitates toward . . . families that are either childless or have only one or two children.

He adds that as low fertility continues, the elderly base of the electorate grows, making it highly unlikely that state welfare benefits could ever be rechanneled toward young families. Demeny concludes:

What can be taken as highly probable is the failure of the now prevailing orthodoxy governing European social policies. These policies *will fail* to increase fertility up to replacement levels and thus *will fail* to prevent the long term numerical decline of the European population.²⁷

The very extent of Europe’s demographic implosion points to deeper causes. David Coleman has noted that remaining pockets of high fertility in Europe—such as the rural cantons of Switzerland—all disappeared around 1964, as did the pockets of higher “Catholic fertility” still to be found in Spain and Portugal.²⁸ Dirk Van de Kaa has reported

26. John C. Caldwell and Thomas Schindlmeyer, “Explanations of the Fertility Crisis in Modern Societies: A Search for Commonalities,” *Population Studies* 57 (2003): 241-63.

27. Demeny, “Population Policy Dilemmas,” 22-25.

28. David Coleman, *Europe’s Population in the 1990s* (Oxford: Oxford University Press, 1990): 45-

that by 1985, 97% of 21-year-old Danish women reported having had premarital sex, essentially marking the full collapse there of the Christian sexual ethic.²⁹ Other researchers have shown that by 1985 only 20% of all European Community citizens above age 18 had a significant tie to organized religion: among young adults, the figure was closer to 10%.³⁰ Ronald Inglehart has cited the sharp decline in votes for identifiably religious political parties in Europe after 1963 as a sign of what he calls “the silent revolution” in European values.³¹

Importantly, Belgian demographer Ron Lesthaeghe underscores that “secularization”—defined as “the decrease of adherence to organized religion”—still serves as “the most powerful variable at the outset of fertility decline” and “the one with the longest lasting effect or the highest degree of persistence.”³² He sees plunging European fertility during the late twentieth century as simply continuing the “long term shift in the Western ideational system” away from the values affirmed by Christian teaching (namely “responsibility, sacrifice, altruism, and sanctity of long-term commitments”) and toward a militant “secular individualism” focused on the desires of the self.³³ And as you might guess by now, Sweden leads Europe in measures of secularism and feminist-inspired individualism.

False Claim Number Two

More recently, advocates for the Swedish model point to an apparent climb in the nation’s TFR to about 1.9 by 2011, concluding again that their approach “works.” As before, the truth lies elsewhere. Indeed, this increase was primarily due to a massive influx of high-fertility refugees

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29. Dirk J. Van de Kaa, *Europe’s Second Demographic Transition* (Washington, D.C.: Population Reference Bureau, 1987): 11.

30. Ron J. Lesthaeghe and Dominique Meekers, “Value Changes and the Dimensions of Familism in the European Community,” *European Journal of Population* 2 (1986): 2.

31. Ronald Inglehart, *The Silent Revolution: Changing Values and Political Styles Among Western Publics* (Princeton, NJ: Princeton University Press, 1977): 216.

32. Ron J. Lesthaeghe, *The Decline of Belgian Fertility, 1800-1970* (Princeton, NJ: Princeton University Press, 1977): 230.

33. Ron J. Lesthaeghe, “A Century of Demographic and Cultural Change in Western Europe,” *Population and Development Review* 9 (1983): 429.

and other immigrants into the land, especially from the Middle East and Africa. As a careful recent study showed: “Over the years 2000-2011, female immigrants to Sweden [both European and non-European] had a Total Fertility Rate of 2.10, which was well above the TFR of 1.73 for the same period for women born in Sweden.”³⁴

In fact, while Swedish “family benefits” actually *fail* to raise fertility among Swedes significantly above the EU average, these welfare measures do succeed in stimulating births among immigrants, particularly those from outside of Europe. As it turns out, foreign-born women *accelerate* their fertility after arriving in Sweden. This is especially true for women coming from Somalia, Ethiopia, Eritrea, Afghanistan, and similar poorly developed lands, who record a TFR approaching 4.0 *after* their arrival.³⁵ Once again, the Swedish “solution” to the fertility crisis proves to be no solution at all, but rather a formula for an accelerated national decline. In this case, native-born Swedes are subsidizing through tax-funded “family policy” their displacement by new peoples. As a sign of this, “active Muslims” may already outnumber “active Christians” in this land.

In sum, twenty-first-century Sweden embodies, even cherishes, the very social, economic, and cultural qualities that *cause* fertility decline. The “magic” of the Swedish model does not work. It is an illusion, a conjurer’s statistical trick, a dead end. Real solutions must be sought elsewhere.

Allan C. Carlson is Editor of The Natural Family

34. Lotta Persson and Jan M. Hoem, “Immigrant Fertility in Sweden, 2000-2011: A Descriptive Note,” *Demographic Research* 30 (March 20, 2014), 888. It is important to note that a substantial proportion of these immigrant women come from nearby Nordic nations and the European Union. Their post-arrival fertility is nearly identical to that of native-born Swedish women.

35. *Ibid.*, 892-3; and Johan Tollebrant and Lotta Persson, “Immigrant Fertility in Sweden: A Cohort Perspective,” extended abstract for a paper presented at the European Population Conference, Budapest, Hungary, June 25-28, 2014, available at epc2014.princeton.edu/papers/140875.

European Demography: Good News at Last?

Anne Morse

DEMOGRAPHERS, POLICY-MAKERS, and ordinary citizens have long been concerned about the current demographic situation in Europe. European fertility has dipped well below a replacement fertility rate and inspired the term “lowest-low” fertility, referring to a total fertility rate (TFR) below 1.3.¹ The emergence of lowest-low fertility occurred relatively quickly. In 1990, no European country had lowest-low fertility, but by 2001, over 70% of Europe’s population resided in a country with fertility at or below 1.3.² Decades of low fertility mean that the European continent is now facing an ageing and shrinking population. The percent of the European population over 65 years old is projected to increase from 17% to 27% by 2050, and the total population of the continent is estimated to decrease from 745 to 716 million.³ Several European countries can expect their populations to decrease by more than 15% by 2050.⁴ Many fear that Europe’s declining population means her culture will fade and her global power will diminish. Some have even labeled the phenomenon the “death

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1. H.P. Kohler, F.C. Billari, & J.A. Ortega, “The Emergence of Lowest-Low Fertility in Europe During the 1990s,” *Population and Development Review* 28.4 (2002): 641-80.
 2. Tomáš Sobotka, “Is Lowest-Low Fertility in Europe Explained by the Postponement of Childbearing?” *Population and Development Review* 30.2 (2004): 195-220.
 3. U.S. Census Bureau, Demographic Internet Staff, “International Programs, International Data Base,” Information Gateway, U.S. Census Bureau, June 27, 2011, Web, accessed June 12, 2017.
 4. DeSA, U.N. “World population prospects: the 2012 revision,” Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, New York (2013).

of Europe”.

This label, however, is a misnomer. The European population is indeed ageing and decreasing, but this demographic winter is not as severe as it first appears. Nor is low fertility and ageing a uniquely European phenomenon. Approximately 50% of the world population lives in a country with below-replacement fertility. Of the ten most populous countries with below-replacement fertility, only two (Russia and Germany) are in Europe.⁵ Europe is anomalous only in that—unlike many other populations that have experienced lowest-low fertility—its fertility has shown signs of recuperating.

Caution: Fertility in Europe May Be Higher Than It Appears

Much of the documented lowest-low fertility in Europe was the artifact of measurement issues rather than an accurate reflection of real decreases in completed cohort fertility. An increase in the average age at first birth created many years during which few babies were born. During these years, observed fertility decreased. As those postponed children were finally born, however, fertility recuperated.⁶ During these years when women were postponing their fertility, the European population seemed poised to decrease drastically. If, however, you want to know how many births a woman in Europe had over her lifetime—whether or not she had enough births to replace her and a partner—counting births per year is only slightly useful.

Demographers like to know what is happening *now* and what is changing from one year to the next, but women have over 30 years to have children (from age 15-49 are generally considered women’s childbearing period). If demographers waited until women were done with childbearing before counting how many children the women had, we would have to wait for each cohort of women to reach their 50s before receiving information on their fertility. Such an approach would make most fertility data obsolete before it was collected. Instead, demographers estimate how many births a woman would have over her life *if* she experienced

5. *Ibid.*

6. Sobotka, “Is Lowest-Low Fertility in Europe Explained by the Postponement of Childbearing?”

current age-specific fertility rates for her entire reproductive life. They observe how many births occur to 15-year-olds in each year and how many 15-year-old women there are in a population. They observe how many occur to 16-year-olds and how many 16-year-old women are in the population, how many occur to 17-year-olds, *etc.*, all the way to age 49 in order to create age-specific fertility rates. From these age-specific fertility rates, they say “if these rates—measured this year—stayed constant for a woman’s whole reproductive life, how many children would the woman have over her whole lifetime?” This is the “Total Fertility Rate” (TFR). Now, no woman *actually* lives her whole life with these rates because age-specific fertility rates change from year to year. Women who are 49 today experienced different birthrates when they were 15 than 15-year-olds do today. Generally, however, this approach works very well—demographers can estimate fertility in an intuitive way. It is easy to conceptualize an estimate of how many children a woman has over her lifetime, but it is not intuitive to say whether 60 births per 1,000 20-year-old women is high or low (it is low).

The TFR fell below 1.3 in many countries in Europe, yet most cohorts of women in Europe will finish their childbearing years having had more than 1.3 children. Here is how this phenomenon is occurring: imagine a fictional population in which all women have their first birth at age 20 and then their second at age 25. Then, imagine that a new group of 20-year-olds decides to have their first birth at age 30 and their second birth at age 35. That means that, for ten years, when demographers come into the population to count how many births these women are having, they count *zero*. When demographers sum up the age-specific fertility rates to estimate the total fertility rate, these women have contributed a lot of zeros to the numerator. During these years, the TFR dips very low. “A very low TFR! The population will shrink very quickly!” To a certain extent, this is correct; *if* a whole generation of women experienced these age-specific rates for their whole lives, they would have very few children, and the population would shrink very quickly. However, as mentioned before, the TFR is a synthetic measure. No woman actually lives her whole life subject to these rates because fertility rates change. Sure enough, after ten years of observation, these women have their first child—at age 30. They have their second child at age 35. Even though

both the younger generation and the older generation completed their childbearing having given birth to two children, postponing fertility created an artificially low TFR. This postponement effect made completed fertility in Europe seem lower than it is.

Changing the timing of births makes the year-to-year estimations of completed cohort fertility move around even if completed cohort fertility does not change. This phenomenon is called a *tempo* effect—referring to the effect of timing on the TFR. A change in how many births a woman has over her lifetime is a *quantum* effect—referring to quantity—on the TFR. As a result, demographers have a tempo-adjusted TFR.⁷ A decomposition of the adjusted-TFR shows that both *tempo* and *quantum* effects occurred in Europe in the last 30 years.⁸ European fertility dropped because women postponed their fertility but also because they are having fewer children.

European completed fertility today is lower than it was in the 1960s, even after adjusting for postponement.⁹ European women are having fewer than 2.1 children, and most will finish their childbearing having given birth to an average of 1.6, 1.7, 1.8, or 1.9 children. The decrease in completed fertility partially derives from postponing fertility. Fecundity decreases quickly as women age, and fertility postponed is fertility lost. Postponement can decrease fertility at the macro level, too. Even if women who postpone their fertility finish their reproductive years with all the children they intended, the cohort of women below them will have matured in a population with few children. The new cohort of women form their childbearing intentions and expectations in this child-poor society and therefore have lower intended fertility than the cohort above them. Norms, infrastructures, expectations, and desired fertility adjust to this child-poor setting. This is called the “low fertility trap,” and it has

7. John Bongaarts and Griffith Feeney, “On the Quantum and Tempo of Fertility,” *Population and Development Review* 24.2 (1998): 271-91.

8. Tomáš Sobotka, “Does Persistent Low Fertility Threaten the Future of European Populations?” *Demographic Challenges for the 21st Century: A State of the Art in Demography*, Conference Organized as a Tribute to the Continuing Endeavours of Prof. Dr. Em. Ron Lesthaeghe in the Field of Demography, eds. Johan Surkyn, Patrick Deboosere, and Jan Van Bavel (Brussels, ASP/VUBPRESS/UPA, 2008), 27-90.

9. *Ibid.*

occurred in Europe.¹⁰ Part of Europe's measured low fertility is in fact the genuine product of low fertility.

Total fertility below 1.3 children per woman (lowest-low fertility), however, was almost entirely the artifact of period postponement. You will be hard-pressed to find a large population of women in Europe who will complete their childbearing years having borne an average of fewer than 1.3 children. The mean age at first birth in Europe increased from 26 to 30 years old between 1990 and 2010.¹¹ As the increase in the age at childbearing has slowed, period fertility has risen. Period fertility has been rising in Europe since 2001, and the number of countries with lowest-low fertility in Europe peaked in 2003.¹² The difference between a completed total fertility of 1.3 and 1.9 (only six tenths of a baby!) is actually quite monumental for a population's future. It is the difference between a population halving time of 45 years versus 230 years.¹³ In Europe, the lowest-low recorded fertility was the result of postponement and measurement, not from actual decreases in completed cohort fertility.

Europe's fertility recuperation—rather than its low fertility—makes Europe anomalous when compared to very low fertility regions. As of 2009, only one European country (Moldova) still had lowest-low fertility. Many East Asian countries experienced lowest-low fertility but without a recuperation. Hong Kong, South Korea, and Taiwan, for example, are low and either not recovering or are even still falling. By 2008, only 4 million of the 88 million people living in a lowest-low fertility country were European.¹⁴ If we were to include Chinese provinces with lowest-low fertility as distinct populations, this pattern would increase even more dramatically.

10. Wolfgang Lutz, Vegard Skirbekk, and Maria Rita Testa, "The Low-Fertility Trap Hypothesis: Forces That May Lead to Further Postponement and Fewer Births in Europe," *Vienna Yearbook of Population Research* (2006): 167-92.

11. "OECD Family Database," The Organisation for Economic Co-operation and Development, available at <http://www.oecd.org/els/family/database.htm>, accessed June 12, 2017.

12. Joshua R. Goldstein, Tomáš Sobotka, and Aiva Jasilioniene, "The End of 'Lowest-Low' Fertility?" *Population and Development Review* 35.4 (2009): 663-99.

13. *Ibid.*

14. *Ibid.*

Low Fertility in Europe: Something Old and Something New

Low fertility in Europe is not new. Even before the first demographic transition, when fertility and mortality were high, European fertility was relatively low. Before the first demographic transition, the fertility of European populations ranged from averages of about four to six children per woman.¹⁵ (Of course, many women had more than six children, and many women had fewer than four, but the average fertility for the population ranged from four to six.) In contrast, other pre-transition societies in Latin America, Africa, and Asia ranged from six to eight children per woman. All of these fertility rates are well below the average biological maximum of about 15-20 children.¹⁶ Europeans, like most historical populations, regulated their fertility through social norms. European fertility was regulated first by access to intercourse, which was tied to economics (the ability to provide for a family before getting married) and by strong social institutions and norms which effectively enforced the prohibition of intercourse outside of marriage. Pre-transition Europeans limited fertility by restricting having intercourse to the confines of marriage, although they left fertility unregulated within marriage. Other societies had similar taboos; many tended to regulate fertility within unions. For instance, societies might prohibit a mother's living with her partner after a birth until the child is old enough to walk (spacing behavior), or women might cease intercourse once they become grandparents (stopping behavior). These behaviors tended not to be for the express purpose of limiting childbearing but instead served other social purposes; nonetheless, those types of norms kept fertility well below the biological maximum in most societies for most of human history. Although most pre-transition populations regulated their fertility, European fertility has always stood out as relatively low.

Nor is declining fertility in Europe new. Fertility in Europe has been declining since the onset of the first demographic transition, the

15. Charles Hirschman, "Comment: Globalization and Theories of Fertility Decline," *Population and Development Review* 27 (2001): 116-25.

16. James W. Wood, *Dynamics of Human Reproduction: Biology, Biometry, Demography* (New Brunswick: Transaction Publishers, 1994); John Bongaarts and Robert E. Potter, *Fertility, Biology, and Behavior: An Analysis of the Proximate Determinants* (Cambridge: Academic Press, 2013).

transformation from high mortality and high fertility to low mortality and low fertility. As infant mortality declined, women had fewer births to have the same amount of adult children. As fertility declined to an average of two children per woman, war or economic depression sometimes pushed fertility below-replacement. Several European countries at the beginning of the twentieth century already had fertility levels that were below-replacement levels.¹⁷ Europe has been part of the first demographic transition for well over a century.

Demographers initially hypothesized that the first demographic transition would end with stable populations. They anticipated that fertility would decline to about two children per woman as couples realized that two children was the new replacement level of fertility. Demographers anticipated that populations at the end of the first transition would look like a lower fertility and lower mortality version of the pre-transition population.

But something new happened on the way to a stable population.

This new thing is the second demographic transition (SDT). Like the first demographic transition, the second is also a global phenomenon. It refers to the fundamental re-negotiating of value orientations around sex, marriage, community, and fertility. In the first demographic transition, mortality changes preceded fertility changes, but people's relationship with fertility remained the same. In the second transition, however, a shift in worldviews precedes new fertility patterns. People change their fundamental relationship with fertility. In this second transition, people dissect the ties between sex, childbearing, and marriage. Lesthaeghe describes the change: "during the first transition couples chose to adopt contraception to avoid pregnancies; during the second, the basic decision is to stop contraception in order to start a pregnancy."¹⁸ In the second transition, fertility is now a derivative of self-expression and self-fulfillment; "Fertility is now merely a 'derivative,' the outcome of prolonged 'process of self-questioning and self-confrontation by prospective parents . . . [in which] the pair will weigh a great many issues

17. Sobotka, "Is Lowest-Low Fertility in Europe Explained by the Postponement of Childbearing?"

18. Ron Lesthaeghe, "The Unfolding Story of the Second Demographic Transition," *Population and Development Review* 36.2 (2010): 211-51, at 213.

including direct costs and opportunity costs, but their guiding light will be the outcome of self-confrontation. Would a conception and having a child be *self-fulfilling*?"¹⁹ This new fertility *weltanschauung* drives fertility below what is necessary for a stable population.

In second demographic transition societies, economic well-being only sways fertility behavior on the margins. Fertility ticks up and down slightly in response to the economy, but the compatibility of childbearing with self-expression has replaced economics as the driver of macro fertility trends. Government policies which try to increase fertility with cash bonuses have therefore been unsuccessful.²⁰ At most, these bonuses influence the timing of childbearing; some couples who wanted to have a(nother) child anyway may have the child earlier to receive a cash benefit. But cash incentives have not made substantial increases on the average completed family size. The policies which seem to increase fertility are policies that make careers (not just jobs) compatible with childbearing. Money and jobs boost fertility in societies where the sentence "I can't afford to have a child right now" means: "I can't provide the material conditions and economic security necessary for a child right now." That is, people respond to cash subsidies for childbearing *if* the main reason they're not having children is a lack of money. SDT countries, however, are high-income countries, and their low fertility was generally preceded by an increase in the standard of living. The logical conclusion is that a lack of money did not cause low fertility in these countries. Instead, these countries experience a shift in what it means to be able to afford a child. The sentence "I can't afford to have a child right now" in SDT societies means: "Having a child now would cost me my career, self-expression, or self-discovery." In these societies, therefore, policies which promote third-party child care, renegotiating gendered household tasks, and flex time increase fertility more than cash subsidies do.

Even the policies that do boost fertility, however, do not boost fertility above replacement levels. Such policies work by helping women achieve their *desired* fertility. They help women combine childbearing

19. *Ibid.*, at 217.

20. Jan M. Hoem, "Overview Chapter 8: The Impact of Public Policies on European Fertility," *Demographic Research* 19.10 (2008): 249-60.

and second demographic transition values. This is nontrivial, because the new social-institutional settings of SDT countries prevent women from achieving their desired fertility.²¹ Yet women's desired fertility in these countries is still generally only one or two. The first child allows a person to reap the emotional and identity benefits of being a parent. Second children tend to be "family building" children and allow for balancing a family's sex composition. Higher parity births, however, generally served economic functions, which are now obsolete in countries holding SDT values.²² Policies have increased fertility from 1.5 to 1.9, but seem unable to bring levels above replacement.

A Way Forward?

Many people who worry about Europe's demographic situation are more concerned with the loss of a way of life, associated with low fertility, than they are with the age structure of the population itself. Indeed, the SDT is defined as a new regime that is

governed by the primacy of individual choice . . . a corollary here is the disengagement from civic, professional, and community networks. It is likely, however, that such networks were partially substituted by more expressive (fitness clubs, meditation gatherings) or more affective (friendships) types of social capital. Values of work and socialization equally display a profound shift in favor of the expressive traits. . . . All elements typical of conformity (obedience, order and neatness, thrift and hard work, traditional gender roles, religious faith) and those linked to social orientations (loyalty, solidarity, consideration for others) have gradually given way to expressive traits that stress personality (being interested in how and why, capability of thinking for oneself, self-presentation, independence, and autonomy).²³

People who are concerned with a change of a way of life in Europe

21. Peter McDonald, "Low Fertility and the State: The Efficacy of Policy," *Population and Development Review* 32.3 (2006): 485-510.

22. Philip S. Morgan, "Is Low Fertility a Twenty-First-Century Demographic Crisis?" *Demography* 40.4 (2003): 589-603.

23. Lesthaeghe, 218-19.

are tapping into something real.

When people reminisce about higher fertility populations, they mention many other components that are related to—but distinct from—fertility itself. For instance, they remember neighborhood children playing outside together, part of social networks that were closely tied to a location (the block or the neighborhood). They remember how all the mothers on the block knew each other, and how children walked to and from school unattended—dense networks of familiarity and high levels of social trust. They talk about how couples used to go on “proper” dates, and how others would gossip if they stayed out too late—informal control structures. Sometimes they talk about several generations of people living under the same roof and remember old women chatting on front porches while keeping an eye on grandchildren playing in the yard—intergenerational interactions and less social stratification based on age. These components—social networks, familiarity, social trust, and intergenerational interaction—all interact with fertility, but they are substantively distinct from fertility.

The disengagement from community networks preceded low fertility, and makes even moderate fertility very difficult. In the SDT regime, individual parents are left to fill the void left by the disintegration of dense community networks. Instead of receiving child-care support from your grandmother, your mother, your in-laws, your siblings, or a friend from church (whose child also goes to the same school as yours), your only care support network is now one you or the government pay for. Instead of gaggles of children of many ages running around together with the older children teaching the younger children, parents are left driving their children from one after-school “activity” to the next. If this is the only way your child receives exercise, stimulation, and socialization outside of school, middle-sized or large families become very difficult.

Instead imagine that all your children’s social communities were in the same place. Imagine that this place also happened to be the same place as *your* social community. In such a context, having more children would be easier and therefore more desirable. Substituting community networks with self-expressive leisure precludes the resurgence of higher fertility. The shift in worldviews that defines the second demographic transition did more than lower desired fertility. It lowered desired fertility

by changing the social structures that facilitated raising children.

This is good news.

It is good news because it means that low fertility in Europe runs downstream of a culture shift. It means that turning back the undesirable parts of the second demographic transition can be accomplished by ordinary people, not by one or two magical policy packages. It means that everyday people can shape the course of a continent simply by engaging in their community, knowing their neighbor, and acting selflessly toward their neighbor.

I am not aware of any movements in Europe that are deliberately rebuilding “village-ness”, but I do know individual people in Europe whose lives have that effect. Some of them have more than two children, and some of them do not. Arguably, people who join religious communities—despite their vows of celibacy and TFR of zero—are helping rebuild a society conducive to childbearing by sustaining community life. Individual people in Europe are building and buttressing a worldview and a way of life that is upstream of reproductive behavior.

Demography is important, but demography is not destiny. Human populations are composed of individuals, all of whom have free will. This free will is what determines our destiny; demography merely shapes our choice set. Now—as always throughout human history—selflessness and love are what change the world. In the timeless words of St. John of the Cross, “the least act of pure love is of more value than all the other works put together.”

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Declining Destinies: Increasing Mortality and Decreasing Fertility in America

Nicole M. King

In late 2016, news sources across the U.S. reported a sobering statistic: The average life expectancy of Americans had fallen for the first time since 1993.

The numbers are not, in some ways, startling. For an American man born in 2015, the average life expectancy dropped from 76.5 to 76.3 years, and for the woman, from 81.3 to 81.2 years.¹ But for a developed nation, one for which such dips have happened only a few times in the last century, this is big news.

This statistic comes on the heels of some other sobering numbers that came to national attention recently. Anne Case and Angus Deaton of Princeton University published a paper in 2015 pointing to a rising morbidity and mortality among a certain segment of the non-Hispanic white population, those aged 45-54—*i.e.*, in this group, people are getting sicker, and also dying younger.² The paper was an immediate sensation, and although it has its limitations (some have argued the specific parameters of the study)³, it does demonstrate that at the very least, when it

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1. Rob Stein, “Life Expectancy in U.S. Drops for First Time in Decades, Report Finds,” *NPR*, December 8, 2016.
 2. Anne Case and Angus Deaton, “Rising Morbidity and Mortality in Midlife Among White Non-Hispanic Americans in the 21st Century,” *PNAS* 112.49 (December 8, 2015).
 3. For a summary of these reasons, see “Jonathan Auerbach and Andrew Gelman, “Stop Saying White Mortality is Rising,” *Slate*, March 28, 2017.

comes to longevity, America is losing when compared to other wealthy countries. As Case and Deaton point out, “This change reversed decades of progress in mortality and was unique to the United States: no other rich country saw a similar turnaround.”

Why the increases? Case and Deaton point to what they term “deaths of despair”—rising rates of drug overdose, alcohol poisoning, chronic liver disease and cirrhosis, and suicide. In a later analysis, the authors acknowledge a commentary on their original 2015 work, noting that

increases in mortality from deaths of despair would not have been large enough to change the direction of all-cause mortality for US whites had this group maintained its progress against other causes of death. For the two major causes of death in midlife, heart disease and cancer, the rate of mortality decline for age groups 45-49 and 50-54 fell from 2 percent per year on average between 1990 and 1999 to 1 percent per year between 2000-2014.⁴

In other words, Americans are both losing ground in the fight against some of the biggest killers, and also killing themselves—intentionally, by their own hands, or through alcohol and drugs—at alarmingly high levels. On the other end of the life spectrum, American fertility has been declining for years. Total completed fertility is now at its lowest point ever. Again, this is not news. But taken with a rising mortality rate, it signals a cultural sickness at the core of the American psyche that it will take much, much work to overcome.

Deaths of Despair

One of the most significant factors in this research is what many are beginning to call an “epidemic” of opioids—*i.e.*, drugs that derive from the opium poppy, such as OxyContin and Hydrocodone, and on the illegal side, heroin and illicitly cooked fentanyl.

In 2016, the Centers for Disease Control and Prevention (CDC) issued a report summarizing “an epidemic of drug overdose (poisoning)

4. Anne Case and Angus Deaton, “Mortality and Morbidity in the 21st Century,” Conference Version, Brookings Papers on Economic Activity Conference Drafts, March 27, 2017, at 13.

deaths”⁵: “More persons died from drug overdoses in the United States in 2014 than during any previous year on record.” In that year, “there were approximately one and a half times more drug overdose deaths in the United States than deaths from motor vehicle crashes.”⁶

These staggering numbers are at least partly the consequence of widespread physician misunderstanding and consequent overprescribing of opioid painkillers in the 1990s. In *Dreamland*, Sam Quinones details how aggressive pharmaceutical advertising and infiltration into the medical field worked with the emerging belief that all pain must be treated seriously to usher in a huge surge in the prescribing of narcotics.⁷ The type of pharma-led medical conferences that Quinones describes—in which pharmaceutical companies quite literally created the need for furthering medical education, and then decided what that education should be as well as sponsoring it at luxurious locations—is no longer permitted. Nonetheless, Big Pharma’s aggressive advertising campaigns had a huge impact at the end of the last century, when millions of Americans were first becoming addicted to opioid painkillers. Today, Americans consume about 80 percent of the world’s prescription painkillers; according to a recent National Safety Council survey, about 99% of doctors still prescribe such medications for longer than the recommended three-day period.⁸

Combine these phenomena of doctors overprescribing, patients in real physical or emotional pain, and drugs that are highly susceptible to abuse, and you have a recipe for turmoil. Fortunately, more and more governing bodies are recognizing this epidemic, and it is becoming much harder for patients to “shop around”—visit different doctors to get different prescriptions written, then different pharmacies to get the medications they need. “Lock-in” is a new tool being used by Medicaid and a

5. Rose A. Rudd *et al.*, “Increases in Drug and Opioid Overdose Deaths—United States, 2000–2014,” Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report* 64.50 (January 1, 2016): 1,378–82.

6. *Ibid.*

7. Sam Quinones, *Dreamland: The True Tale of America’s Opiate Epidemic* (New York: Bloomsbury Press, 2015).

8. Dina Gusovsky, “Americans Consume Vast Majority of the World’s Opioids,” *CNBC*, April 27, 2016.

number of private insurers, in which a patient is quite literally “locked in” to one particular doctor and one particular pharmacy, easily tracked online.⁹

But for many, the damage has already been done, and those unable to access the pills their bodies require actually *step down* to heroin. According to the CDC, opioid painkiller addicts are 40 times more likely than those who don’t use these painkillers to then become heroin addicts.¹⁰ Heroin overdoses have more than tripled in the U.S. in the last four years.¹¹ As the laws of economics might dictate, supply is rising to meet demand. Heroin is cheaper, more readily available than ever before, and also of a higher purity, leading to more severe addiction.¹²

Case and Deaton—and most of the commentators on their research—have pointed to the non-Hispanic white population specifically in discussing these trends. And while the CDC does say that the overdose death rate from 2013-2014 increased for both sexes, for people between 25-44 years of age and 55 or less, and for non-Hispanic whites and blacks alike, the data show that there is still a stark racial divide when it comes to opioid use and dependence. In 2015, about *ten times* as many whites died by opioid poisoning than either Hispanics or blacks.¹³ Some have suggested that physicians are more wary of doling out prescription painkillers to minorities, deeming them to be either more susceptible to becoming addicted or more likely to then turn around and sell the drugs on the street.¹⁴

A separate phenomenon but most certainly linked in cause is an

9. *Ibid.*

10. John Cassidy, “Why Did the Death Rate Rise Among Middle-Aged White Americans?” *The New Yorker*, November 9, 2015.

11. Rudd *et al.*, “Increases in Drug and Opioid Overdose Deaths.”

12. *Ibid.*

13. Kaiser Family Foundation, “Opioid Overdose Deaths by Race/Ethnicity,” available at <http://kff.org/other/state-indicator/opioid-overdose-deaths-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22White,%20Non-Hispanic%22,%22sort%22:%22desc%22%7D>, accessed May 11, 2017.

14. Steven Ross Johnson, “The Racial Divide in the Opioid Epidemic,” *ModernHealthcare.com*, February 27, 2016.

uptick in alcohol-related deaths.¹⁵ Alcoholism has been relatively under-reported, likely because it's old territory. Alcohol has been readily available for most of history, unlike, for example, opioids, which are always taking different forms depending on demand and ability to transport, and have been more difficult to access. But according to a recent *Washington Post* story, alcohol-related deaths are also at a 35-year high.¹⁶ The increases in opioid-related deaths have been more dramatic, but alcohol still kills more people annually. One likely reason for this increase in deaths is that per capita alcohol consumption is up—more Americans are drinking more alcohol. As the *Post* reports, “The number of American adults who drink at least monthly rose by a small but significant amount between 2002 and 2014—from 54.9 percent to 56.9 percent.”¹⁷

The most violent in the “deaths of despair” category is suicide, which has also been on the rise. The suicide rate in the U.S. in 2014 was at its highest point in almost 30 years, affecting every age group except the very oldest.¹⁸ Analyzing data from the National Vital Statistics System, the CDC found that from 1999-2014, the U.S. suicide rate increased a staggering 24%.¹⁹

These increases in dying are also coupled with a decrease in new life. For 2016, the Total Fertility Rate in the U.S. was 1.87, beneath that of both Sweden and the United Kingdom, and well below the 2.1 necessary to maintain population.²⁰

Declining fertility in the U.S. is not a new phenomenon. After reaching a peak in the late 1950s, fertility began to plummet in the 1960s, reaching a low sometime in the mid-1970s. There was a small increase in

15. Christopher Ingraham, “Americans Are Drinking Themselves to Death at Record Rates,” *The Washington Post*, December 22, 2015.

16. *Ibid.*

17. *Ibid.*

18. Sabrina Tavernise, “U.S. Suicide Rate Surges to a 30-Year High,” *New York Times*, April 22, 2016.

19. Sally C. Curtin, Margaret Warner, and Holly Hedegaard, “Increase in Suicide in the United States, 1999–2014,” Centers for Disease Control and Prevention, NCHS Data Brief 241, April 2016.

20. The Central Intelligence Agency World Factbook, “Country Comparison: Total Fertility Rate,” available at <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2127rank.html>, accessed May 11, 2017.

the 1980s and 1990s, but another sharp turn downward about the time that the most recent Recession began.²¹ So certainly, the economy plays a large role in the fertility rate. But far more serious are long-term trends in later childbearing, coupled with a reduction in the amount of children desired—both enabled by the modern contraceptive.

The Reasons Why

What all of this data fail to tell us—although myriad researchers and media pundits have offered explanations—is why, precisely, Americans seem to be drugging, drinking, and taking their own lives at such incredible rates, while simultaneously rejecting children. The reasons are complicated and many, but a few stand out.

First, the role of economics cannot be ignored. In his important work on this subject, *Love's Labor Lost: The Rise and Fall of the Working-Class Family in America*, Andrew Cherlin describes the emergence of what he calls the “hourglass economy”: “the idea of a declining demand for labor in the middle of the labor market relative to demand for workers at the top and, to a lesser extent, at the bottom.”²² The “hourglass economy” does not affect men and women equally. While men were pushed further and further down the rungs of employment, women “were able to move into professional and managerial occupations—in part, by graduating from college in increasing numbers.”²³ But women, it turns out, don't want to marry men whom they view as unemployable and unstable. In Cherlin's account, women in the “working classes” began to turn away from marriage in droves. But while resisting marriage, they didn't want to lose the opportunity to have children. Ever-increasing numbers of women began having children outside of marriage, and the rate of unwed childbearing was somewhere around 40% in 2015.²⁴ More children are now born to

21. Mark Mather, “Fact Sheet: Decline in U.S. Fertility,” Population Reference Bureau, July 2012, available at <http://www.prb.org/publications/datasheets/2012/world-population-data-sheet/fact-sheet-us-population.aspx>, accessed May 11, 2017.

22. Andrew Cherlin, *Love's Labor Lost: The Rise and Fall of the Working-Class Family in America* (New York: Russell Sage Foundation, 2014), 124.

23. *Ibid.*

24. Centers for Disease Control and Prevention, National Center for Health Statistics, “Unmarried Childbearing,” available at <https://www.cdc.gov/nchs/fastats/unmarried-childbearing.htm>,

unwed but *not necessarily unpartnered* women, as cohabitation has also been on the upswing for decades. Cherlin highlights that such unions are wildly unstable; the result is often that children grow up with only one of their parents.

America has seen periods like this before, Cherlin says, times of non-traditional attitudes toward marriage and childbearing and periods of low economic prospects. The past several decades, however, have marked the first time in American history when these two forces coalesced. In the Great Depression, the economy was miserable, but attitudes toward marriage, family, and childbearing remained the same, so there was no significant change in overall patterns. And over the past several decades, economic prospects remained largely the same for a certain group of Americans—the educated—yet their attitudes towards family institutions have greatly liberalized. Still, there was no consequent change in behavior. The educated, in spite of professing shifting attitudes towards the importance of marriage and childbearing within marriage, still adhered to very traditional patterns. Cherlin concludes: “Only among young adults who have experienced both a deteriorating labor market and a nontraditional culture do we see the kinds of changes in family and personal lives that characterize the less-educated today.”²⁵

Economics are indeed crucial, but the labor market does not account for everything. In the 2017 follow-up to their original 2015 report, Case and Deaton analyze the causes for the increases in mortality that they had observed in 2015. They find that although the economy plays a role, “it *cannot provide a comprehensive explanation.*” Why? In part, comparison groups which have experienced the same worsening economic conditions—American blacks and Hispanics, other wealthy European nations—have not experienced the same mortality outcomes. Instead, Case and Deaton propose what they term “cumulative disadvantage over life,” which takes into consideration worsening outcomes in the labor market, but also recognizes deteriorating families and ill health.²⁶ As

accessed May 11, 2017.

25. Cherlin, 147.

26. Case and Deaton, “Mortality and Morbidity in the 21st Century,” 2017. Emphasis added.

traditional family life and employment began to decay, life became more difficult for the less educated. The authors argue:

Traditional structures of social and economic support slowly weakened; no longer was it possible for a man to follow his father and grandfather into a manufacturing job, or to join the union. Marriage was no longer the only way to form intimate partnerships, or to rear children. People moved away from the security of legacy religions or the churches of their parents and grandparents, towards churches that emphasized seeking an identity, or replaced membership with the search for connections. . . . These changes left people with less structure when they came to choose their careers, their religion, and the nature of their family lives. When such choices succeed, they are liberating; when they fail, the individual can only hold him or herself responsible. In the worst cases of failure, this is a Durkheim-like recipe for suicide.²⁷

The loss of social support and the decline of job opportunity work together to diminish life prospects for the less educated. Not surprisingly, those states that make up the U.S. “Rust Belt”—the geographic region hit the hardest by the loss of manufacturing jobs—have also seen a spike in suicides.²⁸

Working together with family instability and poor economic prospects is an increase in social isolation or loneliness. In an interview with *Fortune*, John Cacioppo, author of a book on the topic, describes the loneliness “epidemic” in the U.S. today and its effects.²⁹ Cacioppo reports that in the 1970s and 1980s, the “percentage of Americans who responded that they regularly or frequently felt lonely was between 11% and 20%,” depending on the study. Comparatively, in 2010, the AARP conducted a survey and found that the percentage was closer to 40-45%. Cacioppo credits this rise to a combination of increased mobility and a deterioration of generational connections; people form “networking”

27. *Ibid.*, 30.

28. Cf. “Drug Overdose Death Data,” the Centers for Disease Control and Prevention, map depicting “Statistically significant drug overdose death rate increase from 2014 to 2015, US States,” last updated December 16, 2016, available at <https://www.cdc.gov/drugoverdose/data/statedeaths.html>.

29. Laura Entis, “Chronic Loneliness Is a Modern-Day Epidemic,” *Fortune*, June 22, 2016.

relationships online but are losing out on face-to-face interactions. Not mentioned, but certainly related, is the failure of the marriage culture noted by Cherlin and others. Ever more people leave work, and go home to an empty residence. In response to a question about the Case and Deaton study, Cacioppo says that while people aren't dying of loneliness, *per se*, "they are dying of cardiovascular diseases, cancer, accidents, suicide, and diabetes. Based on your genetics and your environmental history, loneliness can make these conditions strike earlier than they otherwise would have."³⁰

What Is To Be Done?

Unfortunately, most of these trends have been bad and getting worse for some decades, so any hopes for relief seem slight.

Nonetheless, there have been at least a few promising trends. First, policymaking bodies have recognized the opioid epidemic and taken dramatic steps toward curbing access to such substances. It's harder to get hooked on prescription painkillers now, which is good news.

Second, the tuition bubble is, some predict, about to burst or even already bursting.³¹ College is becoming increasingly unaffordable, while the worth of a bachelor's degree is declining due to a saturated market. What will happen when the price of education is no longer worth it? We are already witnessing increases in technical certifications, on-the-job training programs, *etc.* Perhaps programs like these can lead to bettering prospects for the working classes, even to something like a revival.

Third, and this may be a stretch, but I suspect that something of a feminist rejection of the traditional work environment is beginning to take place.³² Women are recognizing that the corporate, workplace environment is inimical to life with small children. More companies are offering work-from-home options, increased flex time, more part-time

30. *Ibid.*

31. Cf. Derek Thompson, "This is the Way the College 'Bubble' Ends," *The Atlantic*, July 26, 2017, available at <https://www.theatlantic.com/business/archive/2017/07/college-bubble-ends/534915/>.

32. Cf. Margaret Wentz, "Has the Gender Revolution Stalled?" *The Globe and Mail*, May 25, 2017, available at <https://www.theglobeandmail.com/opinion/has-the-gender-revolution-stalled/article35106810/>.

positions, *etc.*, in an effort to keep female employees. It remains to be seen what, if any, effects such measures have on desired number of children, but one may hope.

Still, it must be admitted, our prospects are bleak. Many have pointed to the Gilded Age, a period that witnessed one of the starkest divides between the classes, as a point in U.S. history similar to today. In his book *Family Cycles: Strength, Decline, and Renewal in American Domestic Life, 1630-2000*, Allan Carlson argues for four periods throughout U.S. history that saw a robust family life, followed by decline. One of these periods of decline—1880-1930—was also closely correlated to “evergrowing economic inequality over the course of the century, a clear consequence of the rise of industrial capitalism.”³³ Conversely, the next period of “revival” saw a leveling of incomes, and income inequality greatly reduced. Carlson writes, “A viable, culturally dominant middle class—complete with its family-centered orientation—emerges as the extremes of great wealth and great poverty diminish.”

The point being—we have been here before, although certainly not to this extent. If Carlson’s analyses are correct, we *could* see a period of revival in the next decade. “The odds are against it,” he cautions, because we have now in place a court system extremely hostile to the natural family.³⁴ Nonetheless, Carlson concludes his book with the work of Eric Kaufmann, author of the 2012 *Shall the Religious Inherit the Earth?* In Kaufmann’s analyses, by procreative power alone, religious communities which take the biblical admonition to “be fruitful and multiply” seriously—the Hutterites, Old Order Amish, Ultra-Orthodox Haredi Jews, and American Mormons, among others—are set to outpace the liberal establishment in the baby-making arena and hence dramatically change world demography in the next century. If we can but keep the other side from stealing our children through the ideology of public education and the media, we may ultimately win the war.

Nicole M. King is Managing Editor of The Natural Family.

33. Allan C. Carlson, *Family Cycles: Strength, Decline, and Renewal in American Domestic Life, 1630-2000* (New Brunswick, NJ: Transaction, 2016), 107.

34. *Ibid.*, 161.

Opening Speech at the Second Budapest Demographic Forum, Held in Conjunction with World Congress of Families XI

Prime Minister Viktor Orbán

May 25, 2017

Budapest, Hungary

On May 24-28 of this year, friends of the family from around the globe gathered in beautiful and historic Budapest, Hungary, for the Second Budapest Demographic Forum and World Congress of Families XI. The theme of the joint meeting was “Building Family-Friendly Nations: Making Families Strong Again,” and demography was a predominant theme. Hungary has been the home of some of the most innovative family-strengthening policies in contemporary Europe, including some truly admirable programs aimed at increasing the birthrate (see the essay by Katalin Novák, “The Spirit, Tools, and Results of Hungary’s Family Policy,” The Natural Family 31.1, 2017). It is fitting that in an issue devoted to demography, we here reproduce the opening speech, given by Hungary’s Prime Minister Viktor Orbán, with permission from the Prime Minister’s office.

GOOD MORNING, LADIES AND GENTLEMEN. May I just repeat what the State Secretary was so kind to say that we Hungarians welcome all of you wholeheartedly here in our capital and we hope you will enjoy your stay with us? One of the consequences of being Prime Minister is that you are forced to speak your native language. May I just help you to enjoy the wonderful tone of Hungarian in the forthcoming several minutes?

Allow me to welcome you, Ladies and Gentlemen, good morning.

I am pleased to have the honour to be here at the Budapest Demographic Forum, which is being held for the second time. Allow me to welcome you all on behalf of the Hungarian government.

But first allow me to address you as a European politician. In 2015, when we last met, Europe was under siege. Hundreds of thousands of illegal immigrants were wandering along the Balkans route towards the interior of the European Union: the territories of the richer countries. Now, after two years, the machinery which has kept this enormous flow of people moving appears to be grinding to a halt. Thanks to the courage and perseverance of a great many people—academics, experts, journalists, politicians, Christian, conservative civil society organisations—we have succeeded in closing the Balkans route to illegal immigration. I wish to thank everyone who has helped us in this work. And then, starting from Central Europe, we have managed to turn around the resettlement policies of Western European governments, which posed a threat to themselves. Whether acknowledged or not, whether openly or in embarrassed silence, a review of Willkommenskultur has finally begun. At present a political and intellectual U-turn is taking place: people in Europe have rebelled and brought about changes. This is good news. If, however, we consider that the migration dynamic is for people to move from places with higher pressure to places with lower pressure, we must also add that its full force has yet to be felt. Europe is old, rich and weak. The part of the world which in recent years has sent forth ever more masses of people is, however, young, poor and strong. The world's population is rapidly growing, while the population of Europe is declining. The direction of movement is following an inexorable trend line. It is only a matter of time and political expedience before millions of people who are ready to set out are once again channelled in our direction. After some minor tinkering, the bizarre coalition of human rights activists and people smugglers is prepared to relaunch the conveyor belt at any time. I could also say, Dear Guests, that a besieged Europe has been given a little respite in order to assess the damage sustained, to fill the gaps and to reinforce the shaken walls. We have been given a little time to reorganise our policy in light of our freshly acquired experience, and to realign our positions.

This is now increasingly acknowledged in the capitals of Europe. But

in Brussels this tune is not yet the latest hit. In Brussels, discourse about migration is still a prisoner of political correctness. They still regard only those who speak in the voice of human rights activists and the European liberal elite as being acceptable. In Europe today we can still see people being branded as extremist for failing to fall into line with European dictates on the opinions—described as mainstream—which one should hold, for daring to point out the connection between immigration and terrorism, or the continuing cultural conflicts between immigrants and the continent's indigenous inhabitants. Today a great many people ask the following question, which they have every reason to ask: how many more incidents like those in Paris, Brussels, Berlin or Manchester must occur in Europe before we finally pull ourselves together and are prepared to defend ourselves? What more do we need for people everywhere in Europe to understand that we want to live in a continent where playgrounds echo with the happy cries of children, rather than with the sirens of police cars and ambulances?

Most recently the future of Europe has come under attack. The victims were innocent young people and children who were unable to protect themselves. At the beginning of my speech I would like to make it clear that Hungary fully stands with Britain. We shall make every effort to restore the future of Europe. We shall enhance the protection of the southern borders of the European Union, and not let in anyone who provokes even the mildest suspicion of wanting to attack our families and our children. We in Hungary take the view that we can only protect our future if we protect our young ones. If we cannot raise them in safety, we jeopardise our future. Hungary will therefore protect its families at all costs, regardless of the opposition that may come from Brussels.

Ladies and Gentlemen,

In Europe today we are witnessing the fiercest struggle between competing visions of the future. The starting point of this debate is that while there are more and more people surrounding us, in Europe our population is on the decline. The time for straight talking has come. Europe, our common homeland, is losing out in the population competition between great civilisations. Fewer and fewer marriages are producing fewer and fewer children, and the population is therefore ageing and declining. In Europe today there are two distinct views on this. One of these is held

by those who want to address Europe's demographic problems through immigration. And there is another view, held by Central Europe—and, within it, Hungary. Our view is that we must solve our demographic problems by relying on our own resources and mobilising our own reserves, and—let us acknowledge it—by renewing ourselves spiritually.

Dear Guests,

We may also ask the question like this: how are we going to find new sailors to sail our ship? We put in at Tortuga, and there we pick up whoever we find, thus running the risk that while we'll have sailors, at some point they may steer us in a direction that we don't like. Or, conversely, we have a family policy which encourages the birth of children, and we raise our own sailors and crew. At the first Budapest conference in 2015, one of our main speakers—the Honourable Professor who is also with us here today—convinced us that in the struggle for the future of Europe stopping illegal migration is imperative. This struggle—which is rationally justified—is only worthwhile if we are able to combine it with a family policy which restores natural reproduction on the continent. We are grateful to the Honourable Professor for this contribution.

Ladies and Gentlemen,

The family is at the centre of the Hungarian government's vision of the future. The motto of this conference is "Making Families Strong Again". And this is right, because strong families will create a strong, competitive society and economy, a strong and competitive Hungary and Europe. When I was young—and it's true that I grew up in a village—people used to ask how many children one had like this: "How many families do you have?" This question reflected the notion that in every child they saw the seed of a new family. Our goal, too, is to have as many children in Hungary as possible; because if there are children, there is a future.

I must tell you that our country, Hungary, also shares Europe's problem of population decline. We, too, are doing poorly. We, too, must turn things around to reach the ideal state in which we are able to reproduce ourselves. Here I will quote a few figures for you. In 1980 10,709,000 people lived in Hungary. In 2017 that figure was 9,799,000—meaning that in less than 40 years we have lost almost a million people in Hungary. I can tell our guests from abroad that this is more than all the casualties we

sustained in World War II. So for some time the figures have shown us that we need a decisive turnaround in Hungary—and across the whole of Europe.

Ladies and Gentlemen,

When the captain of a vast ocean liner wants to turn it around, he may turn the wheel in vain: the ship will not turn immediately, but will only slowly adopt a new course. As Prime Minister, I believe that this is just how it is with a turnaround in population and family policy. The most important thing is to designate our destination and adjust the wheel accordingly. It is important to highlight that the restoration of natural reproduction is a national cause; and it is not just one national cause among many, but *the* national cause. And it is also a European cause: not just one European cause among many, but *the* European cause. The goal of the Government of Hungary is to raise our birth rate to 2.1 percent by 2030, which would be a replacement rate for our society. At present this figure stands at 1.5 percent.

In other words, Ladies and Gentlemen, in order to achieve a turnaround in population we first need to properly set the steering wheel on a fixed course. We must raise our birth rate to 2.1 percent by 2030. It is not enough to just set out on the right course, however: we must also keep to that course—in particular when it comes to family policy and demography. We must pursue the course for decades. We must pursue the course over several government terms. This is the first precondition for a turnaround in population.

The second precondition for the turnaround is a powerful engine. One of the experiences of my 30 years in politics is that a major political, social and intellectual turnaround always requires financial resources, and we need a competitive model that is full of energy. If these things are not behind our goals—no matter how well-defined and morally right those goals may be—in modern politics the people will not give us a chance to implement that turnaround. As far as we Hungarians are concerned, I can tell you that here economic growth is in a range between three and five percent. This is the magical GDP growth. Government debt is declining and unemployment is coming to an end. Because our economic policy has been successful, the next target of our general and economic policy is to promote the number of children being born. It is to this that we've

adjusted our fiscal system, it is to this that we've adjusted our housing support system; and our work-based economic system—with which we shall soon reach full employment—also serves this purpose.

The third thing that is required for a population turnaround, Ladies and Gentlemen, is that the ship's hull be in good shape. You should not forget that in Europe today there are a number of high-performing countries with enviable living standards, but which, in spite of their outstanding economic figures, are struggling with severe demographic problems. In Hungary we spend 4.6 percent of GDP on family support. If as a unit of community the family does not occupy first place in the hearts of young people, however, economic strength and excellent national economy figures are in vain: we cannot achieve anything.

Dear Guests,

We who live here in Central Europe can still consider ourselves lucky. Marriage and family still constitute the core values in the lives of the majority of young people in Central Europe. If we ask them how they envisage their future, we find that they value marriage more than cohabitation, and would like to raise two or three children. Yet when it comes to the realisation of plans, we can see that for some reason some of the children once planned for are never born. On this basis, in Hungary we have come to the conclusion that we must pursue a policy which removes obstacles from the path of young people. The more we support our families, the more children will be born. With little support, only a few more children; with more support, many more children. We have arrived at this simple truth.

Ladies and Gentlemen,

The Hungarian government, the Government of the Christian Democrats and Fidesz, has therefore decided that 2018 will be the Year of Families. Our new action plan—which is so fresh that the ink is still not dry on it, as we adopted it at yesterday's Cabinet meeting—is not the first of its kind, nor the last. I sincerely hope that it will have an impact not only on Hungary, but, as a good example, also on the entire region.

We've decided to further raise the rates of family tax allowances, and to place families with two children at the centre of this, as they represent the largest section in Hungary. And I've learnt that where there is room for two, there is also room for three—or even four. Braver families may

even find room for five. For young women with two children and student loans, the Government will cancel fifty percent of their debt, and for those with three or more children one hundred percent of the student loan debt will be cancelled. For graduates we shall extend the term of maternity leave by a year, and for university students it is extended until the child reaches the age of two. Hungarians understand the meaning of this family policy measure. “My home is my castle”: this is how the Hungarians think, and this is another reason why it is difficult to adopt a good policy here. We have decided that families with mortgages can have one million forints written off their debt if they have three children, and one million forints will be written off for each further child, with the state bearing the burden. Finally, we shall embark on infant day care developments on an unprecedented scale. We are going to build infant day care centres everywhere families live, and we shall renovate existing infant day care centres wherever necessary. We are also opening up our family support system—although cautiously—to fellow Hungarians who live outside the borders. As a result, from next year they may also be eligible for maternity support after the birth of children, and baby bonds will be available across the entire Carpathian Basin.

Ladies and Gentlemen,

In the interest of our spiritual and intellectual competitiveness and good policy planning—summoning up the spirit of Mária Kopp—we aim to set up a research institute. I support this research institution becoming an international think tank to provide sufficient knowledge and intellectual munition to help and support families, laying the philosophical foundations for our family policy, and enabling accurate understanding of the situation in Europe and the world.

Ladies and Gentlemen,

This, in essence, is our response in May 2017 to the greatest existential question for European civilisation. As far as I can see, we already have at our disposal the intellectual munition needed for a European—not just a Hungarian, but a European—population turnaround. If we combined all the knowledge present in this room now, I could state with confidence that we would have the intellectual foundations for a European population turnaround. Of course there can never be enough brave, good and new ideas, but this is not what we lack the most. In Europe today we tend

to lack good examples, and good, brave government policies. Therefore Hungary would now like to contribute to Europe's success by setting a good, brave example of governmental action.

Ladies and Gentlemen,

We know that we are sailing into the wind. In Europe the political and media mainstream is driven more by liberal ideology, which relativises values and which traditional families find so offensive. But we Hungarians also know that it is possible to sail into the wind. What's more, it is even possible to make headway against the wind—however surprising that may be. It is often said that no wind can help those who do not know their destination. This is also true the other way round: if we know the port we are aiming for, we can use any wind to reach our destination. It only takes perseverance, courage and the backing of like-minded allies. I am happy to be in such company today. I wish you all much courage, perseverance and mutual strength.

Thank you for your attention.

SPECIAL REPORT

“No Wedding’s a Wedding without a Cake”: The History and Significance of the Wedding Cake

D. Paul Sullins

WEDDING CAKES TODAY ARE IN THE NEWS and legal briefs, as same-sex couples occasionally conflict with caterers with religious objections who refuse to prepare a cake for their wedding. The nature and resolution of this dispute is not the subject of this essay, at least not directly; rather, I want to address a question in the conflict which has been largely ignored. For in the same-sex couple’s desire for a cake, to the point of offense at being denied one, and in the baker’s considered refusal, at the risk of fines and sanction, to prepare one, both parties acknowledge the fundamental importance of a wedding cake to a wedding celebration. Why is it the cake, and not some other element of the wedding celebration, such as announcements, flowers, seating, meals, or music, which is the occasion of conflict? The couple and the baker may disagree about the marriage, but they apparently agree about the cake. If they are like most Americans, neither party could explain fully why they feel it is important, though they sense, correctly, that it is.

This essay attempts to explore the cultural meanings that underlie this tacit sense of the cake’s importance, by reviewing some of the relatively obscure history and scholarship about the significance of this particular confection in Anglo-American culture. By doing so, we may be able to articulate more clearly why the wedding cake is important, indeed

central, to wedding celebrations in American life—and why it is uniquely conflictual in the case of a same-sex wedding.

The central argument runs as follows. As an artifact of material culture, the American wedding cake does not carry value primarily as food but as symbol. In the words of Simon Charsley, the foremost anthropological authority on the topic, the cake's basic function is "marking the event at which it appears as a wedding."¹ But the cake, with its associated rituals and roots in Victorian ideals, also signifies much more: Its primary symbolic referent is heterosexual fertility, focused on the body of the bride. For conscientiously opposed bakers, this heterosexual symbolism clashes with the celebration of same-sex weddings, particularly the wedding of two men.

Food, Art, Ceremony, Participation

As most Americans who have ever attended a wedding reception can attest, a large, prominent cake was very likely a central element of the feast. Although not required by any civil or religious law, the presence of a cake, of a very specific form and character, is virtually universal on such occasions. The cake is present not only to be eaten but also, and more importantly, to be viewed, and to serve as a focus for well-scripted rituals that signify the nature and purpose of the occasion. The cake thus conveys four layers of interconnected meaning of more or less increasing significance: food, art, ceremony, and participation.

Cake is, of course, an edible confection, and a decorated or sculpted cake is clearly recognizable as art. In an essay titled "Food as an art form," the anthropologist Mary Douglas points out that the fact that food serves a biological function, namely nourishment, does not negate the artistic possibility of cooking and baking any more than the fact that a building serves a biological function, namely shelter, negates the artistic possibility of architecture. Baking is no less art for being, like architecture or photography, one of the applied arts.

A well-crafted wedding cake is thus both food and art, but its main purpose at the wedding reception is neither gustatory nor decorative.

1. Simon Charsley, *Wedding Cakes and Cultural History* (London; New York: Routledge, 1992), 4.

Although creating a wedding cake requires culinary and artistic skill, the skill is employed to a higher function than simply confection or display. The cake is present not primarily to be eaten or visually pleasing, although both these qualities enhance its effectiveness, but as an important symbolic artifact that serves as a focus for well-scripted rituals that signify the nature and purpose of the occasion.

In the structure of what anthropologists call the American "food system," the wedding dinner or reception is the highest level ceremonial feast, replete with traditional ceremonial and celebratory elements,² among which the rituals involving the wedding cake are central. Though the menu and timing can vary widely, the elements of the feast are "rigid in structure,"³ in keeping with the formal character of the event. Another indication of its premiere status in American life is that it is the one feast in which, regardless of social class or family resources, customarily "the preparation of this event is not done by the hosting family but is contracted and paid for."⁴

For Douglas, the wedding cake epitomizes food art that extends into ceremonial participation. She points out that a "researcher from Mars" who knew nothing of Anglo-American weddings,

would perhaps be baffled to make up his mind whether the central focus of the ceremony was the marriage or the cake. . . . [T]he complexity of ritual [of the Kava ceremonial in Tonga or the tea ceremonial in Japan] would pale into insignificance compared with the ceremonial surrounding the cutting and distribution of the wedding cake. At military weddings he would see the bride try to cut the cake with a sword, unable to succeed without the help of her spouse. He would see in photographs the bride standing near the cake about to cut it. . . . Asking about the mythology of the cake, he would hear that those young maidens who receive a portion should sleep with it under their

2. Judith G. Goode, Karen Curtis, and Janet Theophano, "Meal Formats, Meal Cycles, and Menu Negotiation in the Maintenance of an Italian-American Community," in *Food in the Social Order: Studies of Food and Festivities in Three American Communities*, ed. Mary Douglas (London and New York: Routledge, 1984), 174.

3. *Ibid.*, 182.

4. *Ibid.*

pillow and dream of their future husband, and also that the top portion of this towering three-tier confection should be put aside and kept for the christening ceremony of the first child.⁵

Charsley recounts more closely the customs of the wedding reception, for most of which the cake is an essential artifact:

Receptions generally begin with photography for the bridal party. This involves the first use made of the cake. The standard series of professionally-taken photographs includes the cutting of the cake. . . . The bouquets which the bride and bridesmaids have earlier been carrying are generally arranged around the cake. For the photograph, bride and groom are marshalled into position, together holding the knife with its blade resting on the icing of the bottom tier and both looking at the camera.⁶

The actual cutting of the cake takes place toward the middle of the reception in a highly scripted ceremony. The cutting, followed by the newly married couple sharing the cake, first with each other and then with the rest of the guests, is the central ceremonial event of the reception. Derrrough's bestselling book of wedding etiquette provides explicit directions: "The bride holds the knife in her right hand, with the bridegroom's right hand on hers, and her left hand on top."⁷ This pose is an awkward and frequently not entirely successful method to cut through the stiff icing of the cake. Typically, after the couple achieves an initial break in the icing, and each feeds the other small pieces of the cake, it "is taken away for small pieces to be cut for distribution to the guests,"⁸ a procedure which emphasizes the symbolic nature of the couple's actions. Charsley notes that this "joint 'cutting of the cake' as a procedure remote from the practical business of cutting pieces for serving to guests . . . was to become (starting in the 1930s) one of the clearest and most essential

5. Mary Douglas, *In the Active Voice* (New York: Routledge, 2011), 105.

6. Simon Charsley, "Interpretation and Custom: The Case of the Wedding Cake," *Man* 22.1 (1987): 96-97.

7. Pat Derrrough and William Derrrough, *Wedding Etiquette* (Marlow: Foulsham, 1998), 55.

8. Charsley, *Wedding Cakes and Cultural History*, 97.

rites of marrying in the remainder of the twentieth century."⁹

After the distribution of the cake:

. . . Nothing is made of the eating itself, either by the bride and groom or by guests. . . . Some may wrap pieces to take home, with jokes—from grandmothers—about putting them under their pillows to dream of the one they will marry. . . . At the end of the reception, the cake remaining is taken away by the families of the couple. The top tier is retained intact. Whatever is left of the others is used for sending, usually in small, specially printed wedding-cake boxes, to people who were unable to be at the wedding. . . . The top tier is said to be "for the christening" . . . ¹⁰

These actions make clear "a basic reason why the cake is such an inevitable item of wedding expenditure. A whole series of events expected in the context of a wedding would be impossible without it: an essential photograph, the cutting, the toast, and the distribution of both cake and favours at the wedding and afterwards."¹¹ As one hotel manager interviewed by Charsley succinctly put it: "no wedding's a wedding without a cake."¹²

A Cake Unlike Any Other

The appearance of the cake customarily adheres to a fairly precise specification, which is significant for its use as a symbolic marker for marriage. As Charsley describes, the typical cake

is a construction of three large cakes, "tiers," arranged in declining size one above the other. . . . The tiers of the cake match; each is covered with marzipan and then iced with a smooth white icing. This is built up in layers and has a more or less elaborate piped decoration applied on its surface, also in icing. The upper tiers are supported by pillars. Further but inedible ornaments are attached to the individual tiers, mostly on the sides, and a decoration is placed on the very top. This top piece may

9. *Ibid.*, 117.

10. Charsley, "Case of the Wedding Cake," 97–98.

11. *Ibid.*, 98.

12. *Ibid.*, 100.

be a miniature bride and groom, a confection of artificial flowers and feathers, or a small vase of flowers, real or artificial.¹³

Although there is not “absolute conformity,” Charsley observes, “[t]here is no doubt that a specification of this general kind exists.” His survey of over a thousand cakes produced in one year by a leading bakery found that while alternatives were offered—pastel blue or pink instead of white, two tiers instead of three, with or without columns—70% of the cakes conformed to the specification presented above.¹⁴

This customary form and style, unlike that of any other cake in common American usage, emphasizes that the cake signals a wedding and nothing else. Douglas observes: “our researcher from Mars will be disappointed if he thinks he can find three-tiered cakes at funerals or Sundays or birthdays. The wedding cake is highly specialized for one social function.”¹⁵ “The wedding cake,” Charsley concludes, “whether ‘traditional’ or in new styles, is no ordinary object.”¹⁶

Although there are precursors in Roman and medieval wedding feasts, and notwithstanding the confused claims of some wedding etiquette “experts,” the white three-tiered cake that is common today originated only in the Victorian era. The emergence of “cake” as a recognizable confection and culinary category distinct from bread only occurred following the industrial revolution of the late seventeenth century, when the technology of baking became sufficiently precise and sugar became for the first time readily available and affordable. “Very little of the modern sense of ‘cake,’” Charsley notes, “had emerged until the seventeenth century. . . . Then and before, if cakes are recorded at all they were a distinctively flat form of bread, at times even as simple as the modern [pancake].”¹⁷ The thick sugar icing that is today a distinctive feature of the wedding cake did not appear until the late eighteenth century, after the 1769 invention of the “double icing” method, which resulted in a strong,

13. *Ibid.*, 95–96.

14. *Ibid.*, 96.

15. Douglas, 109–10.

16. Charsley, *Wedding Cakes and Cultural History*, 1.

17. Simon Charsley, “The Wedding Cake: History and Meanings,” *Folklore* 99.2 (1988): 234.

smooth surface, and the rapid expansion of commercial wedding cake craft shops, which mechanized the laborious beating and stirring necessary. Notably, the "bride's cake" was the first kind of cake to be iced in this manner.¹⁸

It was, arguably, a single iconic cake which precipitated the central specification of today's tiered wedding cake topped by an image of a bride and groom. During the early part of the nineteenth century, elaborate and expensive meals in the newly formed *restaurants* had become occasions of conspicuous consumption displaying wealth and status in both France and England; the *haute cuisine*, formerly the exclusive province of French royalty, became accessible to the masses, at least those with sufficient means, following the French revolution of 1791. Confections and arrangements of fruit and ice literally became *haute* (high or elevated), increasingly objects of display and ornamentation as well as confection. In 1840, this trend found new expression in the wedding banquet of Queen Victoria, which presented the British populace with a cake of out-sized dimensions that definitively crossed the line from food to spectacle. (See Figure 1.) The cake's bottom later, more than 10 feet in circumference and weighing over 30 pounds, served primarily as the base for a pedestal upon which stood three distinct tiers, topped by an elaborately carved scenario of Britannia blessing the Queen and her bridegroom, Prince Albert.¹⁹

The first of its kind, Victoria's wedding cake immediately became an object of intense publicity, "with a portrait of the massive confection drawn ('from life') hung in every print shop window in London during the week preceding the ceremony[,] and crowds of commoners thronging the bakery to see the real thing. (See Figure 2.) "This media frenzy," writes Emily Allen, "set the standard for all subsequent royal weddings during the Victorian period—and there were quite a number, as all of Victoria and Albert's nine children married."²⁰ The Victorian royal weddings, which set the standard of fashion for wedding dress and ceremony,

18. Charsley, 235–36.

19. Emily Allen, "Culinary Exhibition: Victorian Wedding Cakes and Royal Spectacle," *Victorian Studies* 45.3 (2003): 461–63.

20. *Ibid.*, 464.



Figure 1
Wedding Cake of Queen Victoria, 1840
(Courtesy of Victoriana Magazine, Public Domain)



Figure 2
Crowds clamoring to see the wedding cake of Queen Victoria, 1840
(Source: Allen [2003], Fig. 2. "Ward's Confectioners. Richard Doyle's A Journal Kept by Richard Doyle in the Year 1840 [1885], 12. Courtesy of Department of Special Collections, Stanford University Libraries.)



Figure 3
Royal Wedding Cake of Princess
Royal Victoria Adelaide, Queen
Victoria's eldest daughter, 1858,
in a newspaper illustration. The
three-tiered cake, clearly designed
for display, features a statuette of the
bride only. (Source: Pinterest, public
domain. Marriage of the Princess
Royal and Prince Frederick William
of Prussia. *The Wedding Cake*.
Illustrated London News, 6 February
1858: 129.)

were accompanied by increasingly vertical tiered cakes.²¹ (See Figure 3.) By the end of the nineteenth century, use of the commercially produced white tiered cake that had become a fixture of the royal weddings was widespread.²²

Victoria famously “broke with royal tradition by being the first British monarch to wear a white wedding dress,” an act which, to subsequent interpreters and imitators, exemplified notions of “youthfulness, purity and virginity,” which were fulfilled in her own subsequent remarkable fertility.²³ Though less often recognized, Victoria was also the first to deploy at her wedding banquet a white elevated cake, with her own image on top—an action which reinforced those same ideas, and the association of the cake as an object for public display with the public presentation of the bride. In so doing, Victoria set the pattern for the bride covered in white with a cake covered in white to together signify female

21. Gavin Williams, “An Historical and Psychoanalytic Investigation with Reference to the Bride-in-White” (Thesis, University of London, 2012), 87.

22. Allen, “Culinary Exhibition: Victorian Wedding Cakes and Royal Spectacle,” 481.

23. Williams, 88.

virginity and fertility in Anglo-American weddings ever since.

Cake as Bride

Although the particular values and sensibilities of the Victorian era have long ago given way to other cultural trends, the Victorian-inspired wedding cake in common use today retains its function as a symbolic representation of the bride. Its color and appearance, a white cone-like shape narrow at the top and widening to the bottom, recapitulates the female form of the bride in her white wedding dress, narrow at the top and wide at the bottom. This identification was not entirely new with Victoria or her era, but simply appropriated more clearly the traditional focus on the bride as the dominant partner in the wedding celebration and on the cake as her cake. Before it began, in the early twentieth century, to be called the “wedding cake,” the cake at a wedding reception was in fact called the “bride’s cake.” (See Figure 4.) As late as 1961 a popular wedding manual related: “... the bride’s cake is the familiar white confection served at the reception . . . ”²⁴ The wedding party is often still called the “bridal” party, a contraction of a term which once signified the wedding feast itself (“bride-ale”). The head table of the reception is still often called the “bride’s table,” and the husband the “bridegroom.” Frese ably connects this traditional emphasis with its appropriation in symbol:

The wedding ritual is traditionally the “Bride’s day”; the Bride’s creation of a representation of herself. This creation of the Bride as an individual is managed through the meanings assigned to specific symbols; the flowers, the wedding dress, and the wedding cake. The knowledge that surrounds these ‘artifacts’ is passed on primarily through the female domain.²⁵

24. M. O’Shaughnessy, *How to Plan and Have a Beautiful Wedding* (New York: Marjorie O’Shaughnessy, 1961), 76.

25. Pamela Rae Frese, “Holy Matrimony: A Symbolic Analysis of the American Wedding Ritual” (University of Virginia, 1982), 163, ProQuest Dissertations & Theses Global (303257308).

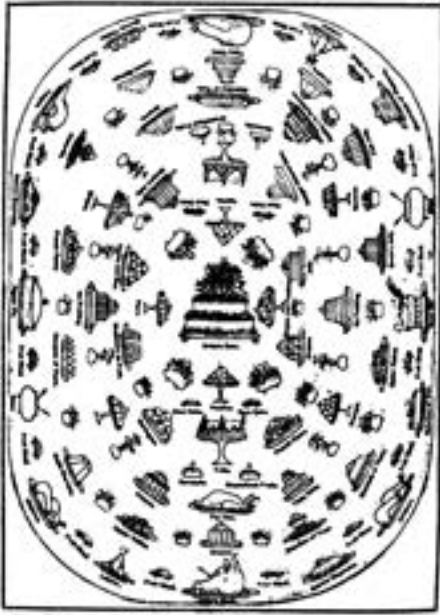


Figure 4

An illustration from Isabella Beeton's 1892 Book of Household Management presents the "Bride's Cake" as the central feature of the Wedding Breakfast. (Source: p. 1,337 from the 1888 edition, *via* Internet Archive, public domain.)

The "strong conceptual attachment of the wedding cake to the Bride"²⁶ is underscored by symbols of female fertility in the cake decorations and staging, including swans, almonds, and, particularly, flowers. In the ritual system that defines the marriage at the wedding, the emphasis on fertility is an essential component of the cake's function. For Frese, "The dress, flowers, and the wedding cake share elements of fertility and regeneration (both as a natural metaphor as well as the recreation of the social family) and therefore define in part the wedding and the Bride and Groom."²⁷

The ritual cutting and sharing of the cake expresses the element of fertility and regeneration in a physical, almost graphic, way. Charsley attempts to interpret the ritual only in terms of unity. "Given the major theme of unity in the marriage procedure, most strikingly expressed in the Biblical image of 'becoming one flesh,' it is not difficult to see that in the cake cutting two people are doing what is normally the prerogative of

26. *Ibid.*, 103.

27. *Ibid.*, 104.

one, and thereby asserting their unity.”²⁸ But the Biblical phrase “becoming one flesh” is an allusion to sexual fecundity, in which the separate flesh of the two partners are joined into the single flesh of their offspring. The unity in view is not primarily the unity of co-operative effort (though that may be an element) but sexual unity that is fertile.

Edwards, describing the Japanese appropriation of the Western cake-cutting ritual, perceives more clearly that the significance of the cake

as a symbol of reproduction and fertility is reinforced by the form of the central act of the cake-cutting ceremony, on which all proceedings fixate: the insertion of the knife. . . . a metaphor for coitus. . . . Of course such an interpretation is not always consciously present in the minds of those who observe the ceremony. . . . But the connection suggests itself readily enough.²⁹

“The cake-cutting ceremony thus symbolically expresses the ideal that husbands and wives should produce children and contributes thereby to the wedding’s coherence as a rite of passage,”³⁰ concludes Edwards. He goes so far as to add, “It is a significant comment of the conservatism of the wedding and the values it projects that the focus of its most emotional moment remains the relationship between parent and child, rather than the one it creates between husband and wife.”³¹ Frese recognizes as well the social implications of the ritual:

This [cake-cutting] ceremony is the first public sharing of food between the Bride and Groom after the exchange of vows. The cake is then carved for the communal sharing of food with the wedding guests; the focal point of the reincorporation of the Bride and Groom into their new position in society.³²

In sum, the joint cutting followed by the joint and then communal

28. Charsley, “Case of the Wedding Cake,” 104.

29. Walter Edwards, “The Commercialized Wedding as Ritual: A Window on Social Values,” *Journal of Japanese Studies* 13.1 (1987): 66, <https://doi.org/10.2307/132586>.

30. *Ibid.*, 67.

31. *Ibid.*, 78.

32. Frese, “Holy Matrimony: A Symbolic Analysis of the American Wedding Ritual,” 87.

sharing of the cake can be understood as ritually enacting the regeneration of human society that is in prospect at every wedding. The natural fertility of the couple, expressed particularly in the penetration of the body of the female (by the joint cutting), generates goods that are rewarding both mutually (as they feed each other) and socially (as they feed the assembly). The final act in the cake ritual confirms its expression of fertility even more strongly: preserving the top layer to be shared following the birth of the first child.

Participation and Witness

As Frese suggests, the sharing of cake by the wedding guests signifies the public recognition of the couple's new status as married partners. In this ritual element, the power of the cake to signify a wedding is not only expressed in the act of being cut and shared by the wedding partners, but also in the act of being received and consumed by the wedding reception guests.

Consuming cake signifies affirmation and consent to the wedding, much like drinking champagne signifies affirmation and consent with the toasts of the reception. In liturgical Christian churches (*e.g.*, Anglican, Catholic, or Lutheran), the distribution and eating of cake is reminiscent of the distribution and eating of the communion bread at the nuptial Eucharist prior to the wedding banquet. In both instances, the eating is a form of ritual participation which welcomes a new social ontology.

The significance of this act of sharing and reception of the cake is pointedly expressed in the custom of sending pieces of wedding cake to significant relatives and friends who were unable to come to the reception. In a discussion of the precursor Victorian wedding cake, Allen relates George Meredith's Victorian account of the difficulty presented to family members when offered a piece of wedding cake from a wedding celebration of which they disapproved. "Accepting the cake would mean accepting the marriage, becoming a mute if somewhat belated witness to the ceremony. . . . [T]he distribution of the cake is always an apportioning of responsibility, an act of inclusion via gustatory performance."³³

33. Allen, "Culinary Exhibition: Victorian Wedding Cakes and Royal Spectacle," 457.

Conclusion

In the foregoing I have made the case that, beyond its existence as a work of applied culinary art, the wedding cake is an essential element of a ritual system that expresses the public establishment of a marriage, by means of a form and ritual use which signifies the procreative sexual relationship, with its expectation of fertility in the body of the bride, which is being publicly legitimated by the wedding. In the words of the celebrated food historian William Woys Weaver: “. . . the Great Cake and its layers upon layers of sublimated meanings—erotic to commemorative—are certainly here to stay. It is a food that has become a veritable institution. A wedding without it would be a wedding without protocol, a rite without confirmation.”³⁴

I do not mean to suggest that the history and significance of the wedding cake related here is necessarily widely understood or even known by those involved in wedding celebrations. “Wedding cakes and what is done with them are generally entirely taken for granted,”³⁵ notes Charsley. This does not negate the significance of the cake rituals, however; indeed, it confirms them. All effective ritual signification expresses meaning which is “taken for granted,” that is, assumed without conscious proposition or, usually, disagreement. It focuses, for a moment, part of that diffuse substrate of cultural meaning—what “everyone knows”—which it is the particular competence of sustained anthropological analysis to reveal. The power of such rituals, as with the wedding cake, does not lie in the possibility that everyone understands them or interprets them in exactly the same way, but in the fact that virtually everyone enacts them, or more precisely, that everyone expects them to be enacted, perpetuating traditions of embedded meaning that, taken together, comprise what we understand as culture.

Wedding professionals may have “more developed views of the significance of wedding cakes and the things that go with them . . . ,”³⁶ though the findings on this point are mixed. Charsley found little

34. Charsley, *Wedding Cakes and Cultural History*, viii.

35. Charsley, “Case of the Wedding Cake,” 101.

36. *Ibid.*, 99.

evidence of this in his interviews of bakers³⁷; however Edwards recounts in detail how the commercialization of wedding receptions has reinforced and universalized the traditional meaning of the ritual scripts involved, particularly the cutting of the cake.³⁸

It is also possible, of course, to reject the meaning of marriage signified by the wedding cake. Charsley writes of one couple who "had 'discovered' that the pristine iced cake was the bride herself, and the cutting of the cake, which is a matter of bride and groom jointly forcing a knife into its centre, was the loss of virginity. With such a meaning in mind they felt that they could not possibly go through the ritual," for reasons of feminism and equality.³⁹ In a similar vein, and perhaps closer to the point of this essay, Parker and Sedgwick write of homosexual persons who have "struggled to articulate to [heterosexual] friends or family why we love them, but just *don't want to be at their wedding*," attesting to "the dynamic of compulsory witness that the marriage ceremony invokes."⁴⁰ Such principled exceptions do not diminish, but rather strongly confirm, the understanding that the wedding celebration rituals, including those of the wedding cake, symbolize meanings that are erotic, female, heterosexual, and procreative for their participants.

It is the incongruence of this symbolism with the non-heterosexual and non-procreative premise of same-sex marriage, and especially so in the case of the marriage of two men, which is reflected in the conscientiously opposed bakers' objection to preparing and providing a cake. Both the bakers and the same-sex couple understand that providing or withholding the cake expresses consent or dissent from the wedding. The same-sex couple assumes that the cake, as their marriage, can express wedding union without heterosexuality. But to the conscientiously opposed bakers, who believe marriage to be heterosexual by definition or Divine decree, this symbolic severance is not possible. For them, in the attempt to have a wedding without heterosexuality, same-sex couples

37. *Ibid.*, 101.

38. Edwards, "The Commercialized Wedding as Ritual: A Window on Social Values."

39. Charsley, "The Wedding Cake: History and Meanings," 232.

40. Andrew Parker and Eve Sedgwick, *Performativity and Performance* (Routledge, 2013), 11, emphasis in original.

want to have their cake and eat it, too.

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REVIEWS

Walking in a Demographic Winter Wonderland

William C. Duncan

How Population Change Will Transform Our World

Sarah Harper

Oxford University Press, 2016; 160 pages, \$24.95

THROUGHOUT THE LAST 40-PLUS YEARS of the no-fault divorce revolution, observers have noticed a phenomenon aptly labeled “divorce happy talk.” This is an attempt by adults to overcome the initial distress we might feel about the spike in divorces, based on our intuitive sense that divorce is hard on spouses and, particularly, on children affected by the decision. The happy talk is a way of changing the subject by proposing a counterintuitive “bright side”: children are resilient; divorced parents will be happier, and happy parents lead to happy children; the problem is fighting, not divorce, so as long as the parents are mature and friendly, there will be no significant ramifications.

It rings hollow, of course, but the ideological investment in choice guarantees it will continue.

Though it is certainly not didactic, *How Population Change Will Transform the World* engages in some demographic happy talk, perhaps for the same reason. Many of the causes that have led to the changes it chronicles are supported, enthusiastically, in large swaths of the academy and government, so there is an incentive to downplay possible problems.

The basic idea—more and more countries do not have enough

children to replace the adults who are dying, and nearly all are moving in that direction—is familiar. The strength of the book is its broad look at international trends and its exhaustively chronicled description of them.

The book sets out to explain “an unprecedented change in [the world’s] age composition.” It explains that “advanced economies” are facing an increasing percentage of older adults; “emerging economies” are characterized by a large percentage of young and middle-aged adults, with smaller percentages of children and the elderly (for now); and only the “least developed economies” have large percentages of children.

Dr. Harper describes the “classical demographic transition” leading to these results as a four-stage process of high death rates, followed by improvements in public health with associated increases in population, followed by falling fertility and then “low mortality and fertility.” This means “increasing percentages of older dependents” among aging populations, perhaps compensated by migration of workers from other nations.

The book does note there are some challenges associated with this pattern. For instance, the possibility of “demographic inertia,” wherein “a very low fertility rate could become irreversible.” This, in turn, raises the likelihood of fewer younger people around to provide for the dependent elderly. In the next few decades, for example, the European Union will “change from having four to only two persons of working age for each citizen aged 65 and above.”

But, we are reassured, there is not much reason to worry. Most fears of demographic decline are “speculative myths,” because societies and individuals are likely to adjust to these changing realities. For instance, it is “highly likely” that the elderly will develop “higher levels of human capital” and that people can begin retiring at “far older ages than currently.” In addition, “these are all issues which can be addressed by policy, given the political and economic will.” (That last phrase has a slightly chilling feel.)

In fact, the prospects of people working longer is clearly one thing the author is relying heavily on to compensate for any possible negatives associated with aging populations. Just as women and children needed to leave the home to support the changes of the Industrial Revolution, older people will need to leave, or stay out longer, to fuel the Individualist

Revolution.

One area of particular concern is health care. Here, “demographic change will reduce informal care through a reduction in the availability of younger family members to provide such care,” but these vanishing family members may not be easily replaced by migrant workers, since the countries which once provided emigrants will also be aging.

This conundrum recalls G.K. Chesterton’s observation about the earlier push for mothers to enter the workforce:

If people cannot mind their own business, it cannot possibly be more economical to pay them to mind each other’s business, and still less to mind each other’s babies. It is simply throwing away a natural force and then paying for an artificial force; as if a man were to water a plant with a hose while holding up an umbrella to protect it from the rain.¹

The scheme is similar to the one in Chesterton’s time wherein a woman was encouraged to “not be a mother to her own baby, but a nursemaid to somebody else’s baby,” only here we would say that a child should not be a caregiver for his or her own parents but a certified nurse’s assistant for someone else’s—or more likely, to someone without children of their own. He observed that this “will not work, even on paper.”

Perhaps the choice of some countries to “transfer much of [their] income to young children rather than spend this on general consumption of goods which would help drive the economy” and the choice² of some women to use “much of their time and energy in caring for young child dependents” (even if it means decreased “investment in economic labour”) is a rational one. Certainly it is a more humane one.

In fact, the family is a factor that gets surprisingly little attention in this volume. At one point, the author raises the possibility that the world is experiencing a “second demographic transition” driven by “individual preferences and culturally determined norms” that make recovery from a “fertility trap” difficult. A “typical sequence of events” has led to “below replacement fertility.” Harper describes it thus:

1. G.K. Chesterton, *The Superstition of Divorce* (New York: John Lane Company, 1920), 65.

2. A critical proviso is necessary here because the book does note instances where early marriage and childbearing are coerced, which is always wrong.

a move from marriage to cohabitation, with the nuclear family being replaced by a complex array of family structures. And an emphasis on children as enhancing parental well-being, with childlessness also viewed as a positive means of adult personal fulfillment. Contraception comes to be viewed not just as a means to reduce family size and thus enhance family well-being, but also to enhance personal well-being. This leads to societies of individually orientated people striving for the successful combination of family size, lifestyle consumption, and employment which now defines adulthood. Childlessness or one-child families become the norm, and the rationale for fertility control moves from the well-being of the family unit to the self-fulfillment of the individual.

Perhaps the powerful ideological underpinning of this transition, “adult personal fulfillment,” explains why a family-centered approach is treated with more skepticism.

It would seem to be far more promising to support the revitalized family culture Chesterton favored, in which parents commit to one another and invest heavily in children who will care for them, and many others, in the future. What they might lose in “lifestyle consumption” or “self-fulfillment of the individual” (which seems illusory, at any rate, since there is no reason to believe consumption and paid employment are likely to be more fulfilling than family life), would surely be compensated for by rich, warm family relationships.

By comparison, the promised dividends of delayed retirement and whatever other policies we are supposed to work up the will to impose seem far more speculative.

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Motherhood in Peril—in Europe and Elsewhere

Bryce J. Christensen

Childlessness in Europe: Contexts, Causes, and Consequences

Michaela Kreyenfeld and Dirk Konietzka, eds.

SpringerOpen, 2017; 370 pages, open access eBook

IN HIS BRILLIANT 1932 DYSTOPIAN NOVEL *Brave New World*, Aldous Huxley anticipated a future in which the word *mother* has become an “obscenity,” “a pornographic impropriety.” If Huxley were alive today, he would find compelling evidence in this new collection of sociological analyses of childlessness in Europe and the United States (included presumably as European in origin) that his fictive vision of an anti-maternal future has been vindicated.

Of course, the 30 scholars who here collaborate see motherhood as a persistent biological reality when they look at the United States and six representative European nations (Austria, Finland, France, Germany, Switzerland, and the United Kingdom) up close and 22 other European countries in statistical profile. Most women in these 29 Western countries still give birth to at least one child. But the very title of this new volume indicates the problematic status of today: “Since the mid-twentieth century,” observe the editors, “many western European countries have seen radical changes in demographic behavior, including increasing shares of permanently childless women and men.”

To be sure, when considered simply as a demographic pattern, the recent elevation of childlessness in Europe and the United States is hardly

unprecedented. Quite high compared to what social scientists observed during the post-war Baby Boom, current levels of childlessness now stand at around 20% of the female populations in Austria, Germany, and Sweden and about the same in Southern Europe. Levels are somewhat lower in Central, Eastern, and Southeastern Europe, and in the United States. But among women born in the first half of the twentieth century, 25% and even 30% of women in many European countries were childless—largely because of the Great Depression and the slaughter of millions of potential fathers in twentieth-century warfare.

The sharp rise in European and American childlessness in recent decades reflects the effects of neither economic catastrophe nor wartime carnage. What is more, during earlier periods of relatively high childlessness, overall fertility remained above replacement level because of what Kreyenfeld and Konietzka call “fertility behavior [that was] relatively polarized, with significant shares of people either remaining childless or having a large family.” This fertility polarization is now gone—because the large families are gone. Though the authors of this volume give it scant attention, at least in Western Europe demographers have detected a correlation—not especially strong, but still statistically significant—between high levels of childlessness and lower overall fertility rates. In some areas, as Austrian demographer Tomáš Sobotka notes, the data indicate “a rapid spread of one-child families.” Unfortunately, the overall depression of fertility levels in Europe and the United States—what some have called a “birth dearth” or “baby bust”—receives virtually no direct attention here.

Even in their narrow focus on childlessness, Kreyenfeld and Konietzka acknowledge a clash of perspectives. On the one hand, the editors see some analysts interpreting “increasing childlessness as an outgrowth of an individualistic and ego-centric society” leading inevitably to “the rapid aging of the population and . . . the looming decay of social-security systems.” But they also see “commentators on the other side of the debate . . . call[ing] for a ‘childfree lifestyle’ and . . . ‘recommend[ing] bypassing parenthood.” Linking this second group of commentators with “a feminist perspective,” the editors explain that from this perspective “the decision to remain childless” counts as “an expression of a self-determined life” in contrast to the kind of life women experienced “in previous generations [when] a woman’s life had been constructed around

the roles of wife and mother.” From this perspective, “the ability of current generations to ‘choose’ whether to have children seems to be an achievement of post-modern life conditions.”

Seeming to position themselves above the fray, Kreyenfeld and Konietzka suggest that the volume they have assembled offers “scholarly research . . . provid[ing] a more neutral and fact-based assessment of the evolution and consequences of childlessness in contemporary societies.” But knowledgeable readers will regard this promise of neutral and fact-based analyses skeptically. Anyone who has spent much time in the twenty-first-century world of academe will know something of the ideological bias making social and religious conservatism on family issues a rare presence.

Sobotka understands just how rare influences supportive of motherhood have become, frankly remarking, “Most of the social, economic, and cultural trends of the last 45 years appear to steer women away from having children.” Some of these forces have been unleashed by consumer capitalism: “A single individual unhindered by family commitments is the winner in the race for the greatest career and material success,” Sobotka remarks, underscoring his point by quoting Ulrich Beck’s assertion that “the ultimate market society is a childless society.” But Sobotka acknowledges that more than economics has been driving the retreat from child-bearing when he notes “the broad-based shift in values related to reproduction and marriage and the related changes in partnership behavior.” Sobotka does link this shift with “the second demographic transition”—but does not so much as mention that this second demographic transition ushered in an era of sub-replacement fertility in the late twentieth century. His colleagues are generally even less curious than he about the “cultural changes” that drove this transition.

Readers will glimpse the role of the academy in driving childlessness in the conclusion of three French demographers, who find that “highly educated women . . . are . . . more likely than less educated women to be childless.” In Austria, the editors report, “among the highly educated social scientists [precisely the kind of individuals writing this volume] . . . childlessness is almost 40%.” Of course, a woman with a deep commitment to academic achievement will likely view child-bearing as a detour. Such a woman may view even marriage as an unwelcome

entanglement, a Swedish team of researchers thus adducing evidence that “highly educated women are . . . less likely to marry than less educated women.” What is more, among the highly educated women who join the professoriate, a galvanized cadre school their students in the belief (elaborated on here by Dutch authors) that “marriage oppresses women” and in the notion (here cited by a British researcher) that childlessness constitutes “a mode of ultimate feminism.”

Regardless of the country in view, the analysts here find what sociologist Ann Berrington finds in the United Kingdom: “very few individuals report that they wish to remain childless.” But a trip through the university can so focus the minds of young women on securing a credential and then consolidating a career that they delay family commitments. Limning a pattern paralleled in other countries, Berrington concludes that “as more young adult women spend extended periods in education or pursuing career opportunities . . . they may repeatedly decide to postpone childbearing until it is ‘too late.’”

The widespread availability in Europe and the United States of Assisted Reproductive Technology (ART)—covered in two chapters here—has redefined “too late.” A candid German sociologist complains, however, that “the success rates of [ART] fertility treatments tend to be overstated, while the emotional strain . . . is often understated.” In any case, it is neither ART’s low success rate nor its high degree of accompanying emotional strain that most arouses the concern of the editors. Instead, the editors reserve their anguish for the perceived lack of “social justice” in nations that deny ART to cohabiting couples, same-sex couples, and singles, so that only the rich among these groups can evade the restrictions by “crossing the border and seeking out ART in more liberal countries.” The editors also avert their eyes from the *real* social injustice ART visits upon the desperately impoverished third-world women exploited—virtually enslaved—by wealthy Europeans and Americans who rent their wombs, thus giving the modern world a form of child-making even more dehumanizing than the factory-reproduction Huxley depicts in his novel.

Alone among the contributors, a Swiss-Austrian duo of researchers bring into view the profound difference religious commitment makes for childbearing. These two scholars survey evidence showing that compared

to the religiously unaffiliated, the religiously committed are more likely “to believe that having children offers benefits such as joy and satisfaction, partnership consolidation, and continuation of the family line.” It is “not surprising” to these researchers that “religiosity has an impact on fertility outcomes”: “the childless rate of the non-religious is about double that of Catholics and Protestants in Switzerland.” The Swiss and Austrian researchers further point out that among Muslims in their two countries “almost all marry, and within marriage childlessness is rare, probably around the biological minimum.”

Academic researchers in other countries would see the same pattern if they looked for it. They do not. Explaining how childlessness has surged in the United States, Tomas Frejka enumerates 15 separate reasons for the phenomenon. Not one touches on religion. Modern academia’s antipathy to religion seeps through the editors’ remark that “previous generations were pressed into parenthood by the influence of social norms and religious doctrines and by the lack of efficient birth control.”

To the degree that they do consider it a problem that millions of young women unintentionally drift into childlessness, the authors of this new volume offer a thoroughly secular solution that fits all too smoothly into Huxley’s antimaternal dystopia. See, for example, German childcare policies intended “to facilitate the reconciliation of work and family life and the re-entry of mothers into employment as early as possible after childbirth, and thus to make it easier for young adults to pursue an employment career without having to forgo parenthood.” Other contributors repeatedly endorse the doublethink logic that would save motherhood by abolishing it, replacing mothers with bureaucratically administered surrogates. Forget about policies that would allow mothers to stay at home to care for their children—policies such as those once advocated by labor unions seeking a family wage for an employed husband-father. This academic elite may—until ART becomes more advanced—allow children to be born to their natural mothers, but it is intent on consigning the rearing of these children to state-licensed hirelings.

We do not need Huxley to tell us—though he surely would—that when scholars advance such proposals, it can only mean that the word *mother* now survives as a mere marker for a biological status, while real in-home, nurturing *motherhood* has become a “pornographic

impropriety,' at least among the intellectual elite who govern our universities and publish volumes such as this one.

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NEW RESEARCH

Bryce J. Christensen and Nicole M. King

Children Falling Short in School? Blame Parental Breakups

Education has established itself as a god term in progressive circles. Name any problem whatever—from global warming to grade-school bullying—and progressives will begin to genuflect and burn incense before the shrines of education, certain that academe can save us. Their *solo fide* progressive credo blocks from view the way that educational attainment actually depends on family life. After all, progressive ideology typically rests on a secularized individualism that defines family life as little more than an unfortunate constraint on individual liberty.

Still, from time to time social science unsettles progressives' faith in education by adducing evidence that when family life fails, so too do students. The latest evidence that academic success depends on strong family life comes from Dutch researchers trying to explain why some students fall short of the educational potential predicted for them by standardized tests. These researchers begin their inquiry supposing that when students do not realize their academic potential, perhaps health problems are to blame. But their study uncovers no evidence implicating health issues as the reason students tumble short of their educational potential. Instead, evidence surfaces clearly identifying parental divorce as a significant reason that students do not realize their potential.

Affiliated with the University of Groningen, Utrecht University, and the Netherlands' National Institute for Public Health and the Environment, the authors of the new study "recogniz[e] that educational achievement has far-reaching consequences for health later in

life,” consequences reflected in data indicating that “in the Netherlands, as in other countries, life expectancy increases with attained level of education.” The researchers accordingly regard it as a matter of “great importance, both for their future socio-economic position and for their later health, that children complete the level of education that matches their abilities (their educational potential).”

But a significant number of Dutch students do not reach their educational potential. Suspecting that “health-related factors” may be a prime reason for such educational shortfalls, the researchers set out hoping to illuminate these factors. By helping public-health officials to identify these findings, the researchers hope that they “may facilitate the development of interventions that create a breakthrough in the vicious circle of poorer health status affecting educational achievement affecting health status later in life.”

To identify the factors preventing students from reaching their potential, the Dutch scholars parse data collected for 1,519 children born in various parts of the Netherlands in 1996-1997 and tracked since then. Naturally, the researchers focus especially on the approximately one in seven (13.6%) of students who have come up short of their academic potential, as measured through standardized testing.

Not surprisingly, the researchers conclude that students manifesting attention disorders and those using alcohol, tobacco, and drugs appear significantly less successful in reaching their educational potential than do peers without such issues. But the researchers themselves may have been surprised that they detect “no evidence that physical health contributes to discrepancies between the potential and attained level of secondary education.” Elaborating, the researchers remark, “None of the indicators of physical health included in the study (general health, number of illness-days in the last 2 months, asthma, regular headaches or migraine, and fatigue) were associated with discrepancies between the [standardized test] score [assessing educational potential] and the level of secondary education actually attended 3 years later.”

Given the amount of attention that bullying has received as a problem in schools, the research findings on this matter likewise may have surprised the researchers. For although the researchers do establish a linkage between students’ being bullied and their falling short of

educational potential in their simple two-variable analysis, that linkage falls below the threshold of statistical significance in their multivariable analysis accounting for background variables such as parental education, students' gender, and students' substance use.

But while this new study finds no linkage between lost academic potential and students' physical health and no significant linkage between such lost potential and students' being bullied, it returns clear evidence that students are especially likely to come up short of their educational potential if their parents have divorced. Using a simple two-variable analysis, the researchers calculate that such students are half again more likely to forfeit some of their educational potential than are students from intact families (Odds Ratio of 1.50). Using their more sophisticated multivariable analysis which accounts for background variables, the researchers see the risk of lost educational potential climb even higher for students of divorced parents (Odds Ratio of 1.60).

Curiously, the researchers comment only obliquely on the parental-divorce finding in their conclusion, where they acknowledge that "stressful life events seem more likely to affect school careers than physical health." Surely, the researchers are justified when they assert in their conclusion that, "in order to promote equal opportunities for children to achieve their educational potential, it is important that schools support . . . children that cope with stressful life events."

But if progressives are sincere in their devotion to the shrines of education, they will want not only to support children coping with the stress that inevitably accompanies parental divorce but also to prevent the divorces that cause the stress in the first place. For as long as parental divorce remains common, many of the children who experience it will underperform in school. The critical question is, then, whether progressives are sufficiently committed to their faith in education that they will finally withdraw their unthinking support for the education-subverting rituals of the divorce court.

(Iris van der Heide et al., "Health-Related Factors Associated with Discrepancies between Children's Potential and Attained Secondary School Level: A Longitudinal Study," PLOS ONE 11.12 [2016]: e0168110, Web.)

No Bread-Winning Father? No Exit from Second Grade

The bread-winning father? For progressive thinkers, he's an irrelevant anachronism—a laughable stereotype straight out of *Ozzie and Harriet*. Perhaps these progressive thinkers are not paying much attention to the well-being of children around the world. For children have suffered wherever bread-winning fathers have disappeared. The latest evidence that children pay the price when bread-winning fathers go missing comes from Spain, where a new study reveals that children without a breadwinning father in the home are much more likely to have to repeat a grade in school than are peers with such a father in the home.

To be sure, it is not the bread-winning father but rather the grade-repeating elementary student who initially defines the primary concern for the Spanish researchers who recently completed an investigation of grade retention in Spain. Concerned about “its important costs for the educational systems and its relation with school dropout,” scholars at the Universidad de Las Palmas de Gran Canaria recently set out “to analyse which variables increase the probability of being retained in primary education”—focusing particularly on those variables that increase the likelihood that a student will have to repeat second or fourth grade. Their hope in carrying out this analysis is that “by knowing which analysed variables are related to grade retention, and how, we may offer some suggestions to reduce it.”

To identify the variables that predict children's having to repeat a grade in school, the authors of the new study scrutinize data collected in 2009 for 28,708 fourth-grade students in 874 schools, selected to represent Spain as a whole.

Generally, the patterns in the data were predictable. For instance, it is hardly surprising that being among the youngest members of a class increases the likelihood that a student will be held back a year—particularly in second grade. Also rather predictably, maternal education—or lack thereof—potently affects the likelihood of a student repeating a grade.

But the researchers move off the progressive script when they report, “Having an unemployed father increases the probability of grade retention much more than having an unemployed mother to the extent that there is no statistically significant influence of having an unemployed

mother in the probability of grade retention in second grade.”

Compared to peers with an employed father in the home, children with unemployed fathers were nearly half again as likely to have to repeat second grade (Odds Ratio of 1.48; $p = 0.003$) and a third again as likely to have to repeat fourth grade (Odds Ratio of 1.33; $p = 0.023$).

Of course, children will not enjoy the benefit of living with an employed father if they do not live with their father at all. No progressive rhapsodizing over diverse family forms can obscure the hard reality that children growing up with a single mother are especially likely to repeat a grade in school. Using a sophisticated statistical model that accounts for background differences such as socioeconomic status and home language, the researchers calculate that compared to peers from intact families, students from single-parent homes (generally single-mother homes) are one third more likely to repeat second grade (Odds Ratio of 1.33; $p = 0.007$) and nearly twice as likely to repeat fourth grade (Odds Ratio of 1.92; $p < 0.0001$).

Appropriately, the authors of the study underscore the need to view the difficulties children experience while repeating a grade in a sobering broader context. The researchers cite previous studies that have established that repeating a grade in primary school predicts “effects, like anxiety and disruptive behaviors, [which] persist later on,” and ultimately predicts “an increase in the likelihood of dropout in secondary education.”

Understandably, the researchers call in their conclusion for measures to help “families with unemployment situations—especially fathers.” But in a world where progressive thinking has denigrated the role of the bread-winning father, it has grown increasingly difficult to win support for measures specifically designed to help *fathers* find employment. What is worse, in a world where progressive thinking has even devalued parental marriage, it has grown increasingly difficult to find a father of *any* employment status in the home.

(Sara M. González-Bentacor and Alexis J. López-Puig, “Grade Retention in Primary Education Is Associated with Quarter of Birth and Socioeconomic Status,” PLOS ONE 11.11 [2016]: e0166431, Web.)

Sterile Fantasies

Often under the influence of professors, a growing number of university students around the world decide to delay parenthood and family life. Do the students who make such decisions realize the biological challenges they may face as a consequence of such delays? A new Danish study reveals that many university students remain woefully ignorant of the biological and medical realities that make it unlikely that they will ever actually realize the family life they believe they are only delaying.

Affiliated with Denmark's Copenhagen University, Metropolitan University, and Zealand University, the authors of the new study probe young Danes' understanding of reproductive biology in large part because of their concern about the number of young people in Western countries, including their own, who are delaying parenthood. In recent decades, the researchers note, "many countries have seen a marked increase in parental age." In Denmark, they report, since 1986 the average age of first-time fathers has risen by three years, to 31.3, while the average age for first-time mothers has climbed by four years, to 29.1.

Parallel developments are manifest in other Nordic countries, with Finland, Norway, and Sweden all reporting "similar patterns . . . regarding postponement of family formation." The researchers point out that although "postponement of family formation was seen across all educational groups, . . . the postponement was more pronounced among highly educated women."

Nor are higher ages for first-time parents peculiar to Nordic countries: the authors of the new study see "similar trends . . . in other countries," with the age of first-time mothers now standing at 30.6 years in Italy and 30.4 years in Spain. And although the average age of first-time mothers is notably lower in America (26.0 years in 2013), the researchers stress that "in the USA the proportion of mothers 35 years or older has steadily increased over the last 25 years."

Inevitably, fertility delayed often translates into fertility denied. The authors of the new study understandably highlight delayed parenthood as a reason for the "decline in total fertility rate (TFR) [that] has been seen in OECD [Organisation for Economic and Co-operative Development] countries, where the average TFR dropped from 2.7 to 1.7" between 1970 and 2009. With a Total Fertility Rate now at 1.69, Denmark appears

quite typical of affluent Western nations with fertility well below the Zero Population Growth level of 2.1 lifetime births per woman.

Beyond the social and economic issues inherent in the sub-replacement fertility it fosters, postponed parenthood brings a number of other troubling problems. Cataloguing some of these problems, the authors of the new study point out that “higher maternal age is . . . associated with an increase in pregnancy-related complications and adverse outcome in the offspring such as prematurity and foetal death” and that higher paternal age predicts an increased risk of “pregnancy outcomes such as miscarriage.”

Twenty-first-century medicine does give couples who have delayed parenthood the option of medically assisted reproduction (MAR), but the Danish researchers stress that “the biological decline in fertility by advanced parental age cannot fully be compensated for by MAR, and consequently society as a whole is affected.” What is more, the researchers worry about the “psychological strain of undergoing fertility treatment,” giving as a reason for particular concern a Finish study finding an alarmingly high rate of psychiatric hospitalization among women whose MAR treatment had not resulted in childbirth.

The authors of the new study realize that young people delay parenthood for “several reasons, including contemporary norms, the rise in access to and effectiveness of contraception, and an increase in women’s level of education and labor-market participation.” Given the negative consequences of delayed parenthood for fertility and pregnancy, the authors of the new study regard it as desirable to determine whether “general lack of fertility knowledge, including the age-related decline in fertility, may also be a central and contributing factor.”

To determine the level of fertility knowledge among young Danes, the researchers surveyed 517 male and female students enrolled at the Metropolitan University College in Copenhagen. The data collected from these students intensified rather than allayed concerns about whether young Danes delaying parenthood really understand the consequences.

Overall, the researchers find that the young Danes they surveyed “generally lacked knowledge on fertility issues,” with “no substantial differences between the two genders.” This lack of knowledge about fertility surfaces on a number of matters. For instance, most of the young

Danes surveyed did not realize how soon and how markedly a woman's fertility declines. The Danish researchers report that "half of both genders thought a slight age-related decline in female fertility has its onset beyond the age of 30 years (correct answer: 25–29 years)." Even more fundamental misunderstanding appears among the "more than 35% [of students surveyed who] believed that a marked decrease [in female fertility] does not occur until 40 years of age (correct answer: 35–39 years)." Astonishingly, more than 10% of the Danish students surveyed believed that a marked fertility decline does not occur until age 45!

Ignorance about natural fertility among the Danish students was matched by their ignorance about possibilities of Medically Assisted Reproduction (MAR): the researchers report that the success rate of MAR was "grossly overestimated" by both male and female students: "the majority [of the students surveyed in this study] . . . overestimated the probability of achieving a child from IVF treatment," with 55% of males and 69% of students pegging the probability too high, many of them quite markedly too high. (The actual success rate for MAR runs less than 30%.)

Since the researchers found that "the majority of participants [in their study] . . . want[ed] two children," they have to wonder about the apparent "disparity between what is desired and the actual outcome."

The Danish researchers see this unfortunate situation manifest in "other studies [that] have time and again found similar limited knowledge [about fertility] among university students" in Europe and the United States. The researchers find this widespread ignorance of fundamental fertility issues to be "of particular concern, as a sizable percentage of [young people] intend to have their last child at the age of 35 years or older, whe[n] a marked decline in female fertility is a reality."

With good reasons, the Danish scholars fear that "both men and women are making the decision to postpone parenthood without being aware of possible consequences."

The authors of this new study call for measures "to increase knowledge and awareness of reproductive health" among young people.

Unfortunately, among young people for whom parenthood has become a secondary or even tertiary priority—whether in Copenhagen, Cairo, Cape Town, or Calgary—desire for such knowledge may yield to stronger desire for illusions.

(Nina Olsén Sørensen et al., “Fertility Awareness and Attitudes towards Parenthood among Danish University College Students,” *Reproductive Health* 13 [2016]: 146, Web.)

International Construction of the Unnatural Family—The Horror!

Though largely developed in affluent Western countries, the technologies of Medically Assisted Reproduction are increasingly affecting women in impoverished Asian countries—but again and again in ways that exploit rather than benefit them. Indeed, the plight of these exploited women emerges as an urgent concern of a working group of lawyers, ethicists, and medical experts who recently gathered in Israel to examine “a steady growth in a new global market of inter-country medically assisted reproduction (IMAR) involving ‘third-party’ individuals acting as surrogate mothers and gamete donors.” This working group interprets the emergence of IMAR as an increasingly popular “form of medical tourism” as the consequence of “restrictions on access to domestic surrogacy for same-sex couples and a chronically insufficient supply of egg cells for the treatment of couples and singles in need.” Even though this working group supports widespread use of the technologies of Medically Assistant Reproduction (MAR) technologies, they cannot blink at the ugly reality of “a double standard of care for third-party women involved in IMAR, violations of human rights of children and women, and extreme abuses that are tantamount to reproductive trafficking.”

The working group acknowledges that “since the IMAR market is not regulated, there is no official data and a dearth of information” about the operation of that market. Nonetheless, they confront disturbing evidence that “for-profit trade in IMAR services involves the commodification of human beings (women and children) and body parts (gametes and wombs).” Few safeguards protect women and children involved in IMAR. After all, “there are no internationally accepted ethical principles or clinical standards for the quality and safety of MAR interventions.” Worse, “there are no mechanisms in international law for transparency and accountability, nor for regulatory oversight in case of human rights violations, . . . and no criminal justice redress for instances of exploitation, deception and coercion.” Consequently, the working group identifies “ability to pay rather than considerations of justice or solidarity” as

the driving force behind “the distribution of scarce human bio-resources” in IMAR.

That driving force can be cruel to those involved. The working group detects that cruelty in the “double standard of care” in IMAR, with the paying customers receiving far better medical care than do the egg providers or the surrogate mothers.

For egg providers, IMAR entails “the pain and discomfort of daily hormonal injections and harmful side effects, including anaesthesia complications, ovarian hyper-stimulation syndrome, damage to reproductive organs and post-retrieval complications of surgery.” What is worse, these exploited providers are expected to “undergo excessive repeat procurement cycles without being informed of the risks involved.” Anecdotal evidence collected by the working group suggests that IMAR egg procurement may translate into “loss of fertility, stroke, cancer and premature death.” The working group even uncovers evidence that women who have been IMAR egg providers may suffer from “psychological risks of detachment from . . . children” born to them years later. Apparently, women habituated to selling their eggs through IMAR may lose their capacity to connect with their children born from eggs they have not sold.

For surrogate mothers, IMAR looks less like medical care than imprisonment, if not slavery. The working group notes documented cases in which IMAR coordinators have “tricked or forced [women] into working as surrogates . . . in Guatemala, Poland, Myanmar and Thailand.” The working group further finds instances in which IMAR requires surrogate mothers to live in dormitories where they are “monitored around the clock . . . and in extreme cases are not allowed to exit the site or engage in physical activity.”

Surrogate mothers have suffered even worse indignities when IMAR coordinators have offered “potential customers a track of ‘parallel pregnancies’ in which several women . . . carry pregnancies for a single prospective family, so as to increase the chance of producing a child within a certain time frame.” The working group infers that “if the achieved pregnancies exceeded the planned number of children, the ‘excess’ pregnancies would be terminated” through abortion, with “the women carrying the aborted pregnancies hav[ing] no say in the decision.” These exploited

women “might be deceived” by IMAR coordinators who have falsely informed them that the child they are carrying is being aborted because of “a medical indication related to the health of the foetus.”

Even when it results in birth rather than abortion, IMAR exposes children to dehumanizing practices. The working group reports actual cases of “baby selling” when IMAR has “produced ‘extra babies,’ either because excess pregnancies are carried to full term or because intended parents do not claim the children they ordered.” IMAR coordinators have even “used surrogate mothers to create an inventory of unborn babies that would sell for over \$100,000 each.” In other words, in IMAR “babies have become commodified as a marketable product of exchange.”

Predictably, no one is opening the check book when IMAR creates a baby with a birth defect. Such a child can easily end up among the babies that the working group finds that IMAR has “rendered parentless and stateless.” The working group indeed acknowledges the nightmarish reality of such a child abandoned by those who contracted for its creation but did not want to collect damaged merchandise. IMAR has also been known to result in an abandoned child when contracting customers cannot surmount unanticipated legal entanglements.

Even when they are not abandoned, children created through IMAR may live in a shadow of uncertainty about their identity. The working group acknowledges that because “in IMAR no one has the legal obligation or responsibility to keep records of gamete providers and surrogate mothers,” the practice typically “compromis[es] the child’s ability to learn of his or her circumstances of birth later in life.” The working group worries about the “psychological and health-related aspects” of this issue, stressing that knowledge of parentage constitutes “a key facet of the child’s sense of self-identity and his or connectedness with heritage and kind”—not to mention “informed health-care decision making” when family history impinges on such decisions.

No one will marvel that the working group recoils from the IMAR horrors they have uncovered nor that they call for legal reforms to prevent such horrors. But the character of the reforms they call for will strike sane observers as worse than naïve. The working group believes that current IMAR abuses can be prevented by an “international system . . . based on human rights and promot[ing] universal access to MAR

for the treatment of infertility through the sharing of knowledge, transfer of technology and publicly funded services.”

It will astonish sober observers that, despite knowing all of the evils it has incubated in international practice, the working group wants to see wider use of MAR. It will further astonish such observers that this working group draws inspiration for the international system they hope will end such abuses in “existing mechanisms of international monitoring, such as those operating within the UN human rights treaty bodies,” despite the alarming evidence that the United Nations itself is increasingly hostile to the natural family.

But then, this working group—for all its concerns about the abuses incident to IMAR—apparently does not itself recognize that such abuses are inescapable in a world that has turned against the natural family. This confused working group in fact begins its call for reforms to prevent IMAR abuses with a statement symptomatic of complete social blindness: “First and foremost, international bodies and nation states should recognize new forms of family.”

Those who truly wish to prevent the dehumanizing abuses incident to Medically Assisted Reproduction must, first and foremost, understand that every step away from the natural family makes such abuses that much more inevitable.

(Carmel Shalev et al., “Ethic and Regulation of Inter-Country Medically Assisted Reproduction: A Call for Action,” Israel Journal of Health Policy Research 5 [2016]: 59, Web.)

Educated Mothers Getting Things Upside Down Down Under?

Sociologists have amassed so much evidence that family meals benefit children that it comes as bad news that some of the mothers most likely to know about that evidence are precisely the mothers least likely to give their children that benefit. Such bad news emerges as part of a new Australian study of family meals among families with children ages six months to six years. Conducted by researchers at Australia’s Deakin University, this new study finds that family meals occur significantly *less* often in homes with a well-educated mother than in homes with minimal education.

The authors of the new study begin their inquiry conscious of earlier investigations identifying “frequency of family meals in older children as a correlate of children’s psychological wellbeing [and] nutrient intakes.” The Deaken scholars focus especially on “evidence suggest[ing] that family meals influence food intakes and behaviours, which in turn impact children’s eating habits, diets and health.”

To clarify the circumstances in which children are most likely to enjoy the favorable impact of frequent family meals, the researchers analyze data collected from 992 parents, mostly mothers. Because “health outcomes are known to be socioeconomically patterned,” the researchers focus particularly on “family mealtime behaviours across socioeconomic circumstance.” The researchers take maternal education as their metric for establishing socioeconomic position (SEP), explaining that in previous studies “maternal education has been shown to be a valid and reliable indicator of SEP”

Not surprisingly, these data reveal parental rating of the importance of family meals was “positively associated with higher SEP.” No doubt, highly educated mothers are more likely than less-educated peers to have read reports on the benefits of family meals.

But knowledge does not always mean action. Indeed, the researchers report that “when family meals were defined as ‘everyone who lives in the house eating together,’ higher parental education was associated with a *lower* frequency of family dinners” (Odds Ratio of 0.70).

The researchers—realizing that they have stumbled across a troubling pattern—remark, “Higher SEP is not often associated with less healthy behaviours; however, this finding is consistent with some of the previous research focused on SEP and family meal frequency.”

No doubt fearful that they might step on one of the many landmines planted by colleagues zealously defending the standards of political correctness, the authors of the new study speak anxiously of how the “interplay of factors such as parental working hours, family size and partners’ education level is likely to influence family meal frequency and the association with SEP.” But it does not take an advanced degree to realize that the fundamental issue here is out-of-home maternal employment.

Current university curricula may expose women to the sociological evidence of the benefits of family meals. But those curricula also

forcefully steer women towards out-of-home employment, so making such meals less likely. Ironically, then, it is the women whose limited education has never familiarized them with studies documenting the good effects of family meals who are most likely to actually deliver those benefits to their children.

This is not an educational pattern indicative of collective social wisdom.

(Eloise-Kate V. Litterbach, Karen J. Campbell, and Alison C. Spence, "Family Meals with Young Children: An Online Study of Family Mealtime Characteristics, among Australian Families with Children Aged Six Months to Six Years," BMC Public Health 17 [2017]: 111, Web, emphasis added.)

Pornography: The Victims of a "Victimless Practice"

When progressives resist efforts to outlaw pornography, they lecture the public on the dangers of censoring a form of free expression that—so long as those producing it are consenting adults—victimizes no one. But progressives' defense of pornography as victimless looks less and less credible as researchers uncover ever more evidence that pornography actually does harm to both those who view it and those close to them. The latest evidence that porn hurts people comes in a study recently completed by researchers at Harvard and Boston Universities, a study concluding that adolescents who view pornography are especially likely to suffer abuse from their dating partners.

The Harvard and Boston scholars launch their study acutely concerned about adolescent dating abuse (ADA). Sobering statistics indicate that "approximately 21% of girls and 10% of boys who attend high school in the U.S. experience either physical or sexual ADA each year," especially alarming numbers given that previous studies have established that "sequelae of ADA can be severe and may include depression, anxiety, substance abuse, antisocial behavior, suicidal thoughts, injury, and death." No wonder that the U.S. Centers for Disease Control and Prevention have identified ADA as "a public health priority."

To address that priority, the authors of the new study examine the relationship between ADA and pornography. This relationship certainly deserves scrutiny in light of "scientific evidence support[ing] the

contention that exposure to some forms of sexually explicit material . . . may inspire copycat acts of sexualized violence or degradation, or increase sexual aggression.”

To gauge the linkage between ADA and adolescent viewing of pornography, the researchers analyze data collected in 2013-2014 from 72 economically deprived youth, mostly Blacks and Hispanics, living in inner-city Boston. These data reveal a strong linkage between adolescent viewing of pornography and adolescent dating abuse. The researchers calculate that—compared to study participants who had not experienced dating aggression—ADA victims viewed pornography “approximately twice as often per week (2.4 vs. 1.1 times, $p = 0.06$), twice as often per month (8.3 vs. 3.8 times, $p = 0.05$), and approximately 2.6 times [as] frequently per year (37.1 vs. 14.0 times, $p < 0.05$).”

The ugly copy-cat effects of pornography—anticipated by the researchers—show up clearly in this new study. The authors of the study report that “50% of ADA victims and 32% of non-victims reported that they had been asked to do a sexual act their partner saw in pornography.” Unsurprisingly, most of those receiving such requests (58%) “did not feel happy to have been asked.”

As they sift through the other unsettling findings in the data, the researchers draw attention to the “worrisome” fact that 10% of the participants in this study reported viewing pornography in their public high school, even though Massachusetts (where this study was conducted) requires public schools to use Internet filtering to prevent students from accessing pornography. Also troubling to the researchers was the finding that 6% of study participants had “asked a sibling or other person younger than 18 years old to watch pornography,” so causing underage youth to watch “potentially harmful” material and exposing themselves to prosecution for violating the law by involving a young person in such an activity.

Understandably, the researchers see in their findings reason to give “clinicians, educators, parents, and other youth-serving professionals . . . guidance about how to talk factually with youth about present-day pornography, its potential impacts, and what they can do if they are being pressured to watch or perform pornographic acts.” The listing of parents as the last-named group in a list of “youth-serving professionals” may

strike readers as peculiar. But, unfortunately, for elite academics, parents may count as little more than an afterthought, even when—as in this case—their own data suggest the importance of parents: this study reveals that victims of adolescent dating violence were “less likely to report that parents or guardians were primary sources of information [about sex] (18% vs. 29%)” than were non-victims. But the deep moral confusion among the academic elite emerges most clearly when the Harvard and Boston scholars argue that professionals should take as their “ultimate goal [that] of creating effective, evidence-based violence prevention and pornography literacy interventions.”

Pornography literacy interventions? Adolescents threatened by dating aggression are ill-served by academic elites bandying vapid phrases that fit smoothly in bureaucratic agendas but do nothing to reinforce parental influence in sexual education, and do even less to extinguish the toxic influence of pornographers.

(Emily F. Rothman and Avanti Adhia, “Adolescent Pornography Use and Dating Violence among a Sample of Primarily Black and Hispanic, Urban-Residing, Underage Youth,” Behavioral Sciences 6.1 [2016]: 1, Web, emphasis added.)

Internet Pornography—Akin to Cocaine

The progressives who brought the world the sexual revolution assure one and all that that Internet pornography poses no threat to social or personal well-being; indeed, they argue that Internet pornography deserves the same legal protections afforded expressions of political opinion. But the progressive view on pornography appears ever less credible as evidence accrues showing that addiction to Internet pornography looks very like addiction to cocaine and carries consequences that may prove just as harmful for individuals and families. Giving focus and meaning to much of this evidence is a recent review article in *Behavioral Science* by an international team of scholars affiliated with the University of Duisburg-Essen, the American Society of Addiction Medicine, and the Erwin L. Hahn Institute for Magnetic Resonance Imaging.

As the authors of this new review article note, the term “addiction” has historically been associated with the problematic overconsumption

of drugs and or/alcohol.” However, they recognize that “burgeoning neuroscientific research in this field has changed our understanding over the last few decades,” compelling mental-health professionals to acknowledge that “pathological behaviors such as uncontrolled gambling, Internet use, gaming, pornography, and sexual acting out” affect the brain in ways that look like those associated with “addiction involving various psychiatric substances, such as alcohol, opioids and cocaine.” The reviewers therefore find it entirely appropriate that the American Society of Addiction Medicine (ASAM) formally expanded their definition of addiction in 2011, making it apply both to substance use and to behaviors that create a “chronic disease of brain reward, motivation, memory and related circuits.” Whether it involves substances or behaviors, addiction thus leads to “dysfunction” of the brain of an addicted individual “pathologically pursuing reward and/or relief” through these substances and behaviors.

Guided by the newly expanded definition of addiction, the American Psychiatric Association (APA) in 2013 identified Internet gaming as “a potential addictive disorder warranting further study” in their Diagnostic and Statistical Manual. The authors of this new review of research endorse this identification. But these reviewers believe the APA erred in deciding that “viewing pornography online . . . is not considered analogous to Internet gaming disorder” and therefore cannot be considered as a potentially addictive behavior without further research. Convinced that the APA’s judgment on viewing pornography online is “inconsistent with existing and emerging scientific evidence,” the reviewers adduce a body of evidence indicating that “Internet pornography addiction (IPA)” fits very well into the newly expanded definition of addiction.

Citing psychiatrist Norman Doidge’s 2007 book *The Brain That Changes Itself*, the authors of the new review explain the consequences of “the continued release of dopamine into the reward system when an individual compulsively and chronically watches Internet pornography,” so “stimulat[ing] neuroplastic changes that reinforce the experience.” These changes “build brain maps for sexual excitement,” creating stimulation not available through “previously established brain maps for ‘natural’ sexuality” and drawing “the addicted individual . . . to more explicit and graphic Internet pornography in order to maintain the higher level of excitement.”

The reviewers complement what they find in Doidge by turning to a 2011 article on pornography addiction by neurosurgeons Donald Hilton and Clark Watts. Asserting that pornography addictions “operate via the same underlying mechanisms” as all other types of addiction, Hilton and Watts limn the way pornography addiction causes “neuroanatomical changes,” including “changes in dopamine receptor density, and . . . the [neural] reward system.” These neurological changes consequent to pornography addiction, Hilton and Watts point out, may result in “selective atrophy of cortical areas associated with reward pathways.”

The authors of the new review find more relevant evidence of the addictive effects of Internet pornography coming out of a series of neuroimaging studies at Cambridge University starting in 2014. When examining the brains of Internet pornography addicts, the Cambridge scholars conducting these studies found “the same brain activity as seen in drug addicts and alcoholics.” More specifically, these scholars found that addiction to Internet pornography seemed to affect the amygdala and ventral striatum in the brain much as alcohol, cocaine, and nicotine do.

In this context, the reviewers also find germane a 2014 study from Germany’s Max Planck Institute concluding that “subjects who consumed more pornographic material were found to have less connectivity between the right caudate and left dorsolateral prefrontal cortex (DLPFC),” the DLPFC being the seat of “executive functions . . . associated with cue reactivity to drugs and Internet gaming.” Quite plausibly, the reviewers connect such findings to a 2014 analysis of “neurocognitive assessments of people with gambling and alcohol-use problems in which both groups demonstrated greater impulsivity.”

The authors of the new research review refer to similar findings in very recent studies of the effects of addiction to Internet pornography presented at a 2015 conference on behavioral addiction held in Budapest. Many of these very new studies, the authors of the new commentary acknowledge, have not yet been scrutinized through peer review. Still, in these studies, the authors find ample proof that “there is a rapidly growing body of research” on the issue of Internet pornography addiction. In conjunction with the earlier studies that have been fully vetted by peer review, the latest body of research buttresses the reviewers’ claim that

they have amassed “strong neuroscientific evidence” for regarding the viewing of Internet pornography as “potentially addictive.”

Given the terrible harm that the global flood of pornography has inflicted on marriage and family life, it is past time to recognize the alarming similarity between such porn and the addictive drugs that law-enforcement authorities have long been fighting.

(Todd Love et al., “Neuroscience of Internet Pornography Addiction: A Review and Update,” Behavioral Science 5.3 [2015]: 388-433.)

Thoughts of Suicide at Middle Age: The Long Shadow of Parental Divorce

Public-health officials in various Western countries have worried a great deal about alarming suicide rates among adolescents and young adults, rates particularly high among those affected by family dissolution. Tragically, it turns out that the distinctive vulnerability to suicide of those who have experienced family breakdown does not end with young adulthood. A study recently completed by an international team of British and Australian researchers finds that, compared to peers reared in intact families, 45-year-olds who experienced parental divorce in childhood are far more vulnerable to thoughts of suicide.

Affiliated with two British universities and one Australian university (Queen Mary University of London, University College London, and the Australian National University), these researchers shed light on the relationship between adversity in childhood and suicidal ideation in middle age. They begin their work aware of previous research identifying parental divorce as one of the forms of childhood adversity that predicts “suicidal ideation and completed suicide in adolescence and early adulthood.” The researchers consider this linkage in light of other studies which have established that childhood adversity may “result in altered hormonal responses to subsequent stressful life events . . . [with] long-term consequences across the lifecourse.” The researchers wonder if these long-term consequences include mid-life vulnerability to suicidal thoughts.

To answer that question, the researchers parse data collected in 2003 from 9,377 45-year-old men and women born in England, Scotland, or Wales in 1958. As anticipated, these data reveal clear linkages between

childhood adversity and “suicidal ideation” at midlife. For those concerned about recent trends in family life, two forms of suicide-incubating child adversity cry out for particular scrutiny: parental divorce and paternal absence.

The researchers calculate that, compared to peers who grew up with a father in the home, 45-year-olds who grew up in fatherless homes were more than twice as likely to have felt life was “not worth living” in the week before being surveyed (Odds Ratio of 2.12 in a statistical model adjusting for gender, educational credentials, and social class).

Using the same statistical model, the researchers similarly determine that—compared to peers from intact families—45-year-olds who experienced parental divorce were nearly twice as likely to have felt that life was worthless during the week before being surveyed (Odds Ratio of 1.82).

The researchers stress that “suicidal ideation and completed suicide are not equivalent, . . . [with] less than 1 in 200 of those with suicidal ideation proceed[ing] to suicide.” Still, no one will marvel that the linkage between suicidal ideation and actual suicide proves sufficiently strong to make “suicidal ideation . . . an indicator of clinically significant risk . . . of suicidal attempt.”

But what does this study tell us about how to prevent suicidal thoughts and the consequent actual suicides? Through statistical analysis, the researchers explain part of the linkage between childhood adversity and midlife suicidal thoughts as the consequence of the way such adversity incubates psychological problems during adolescence and adverse events (such as relationship breakups, unemployment, and excessive drinking) during adulthood. They consequently reason that public-health officials should develop “preventative interventions” that focus on such problems and events.

But are such interventions the best way to deal with the child adversity taking the form of paternal absence or parental divorce? At best, such interventions would merely attenuate—not eliminate—the suicide-fostering effects of such absence, such divorce. Why not seek preventive interventions that truly prevent—why not seek interventions that put fathers back in the home and preserve parental marriages? To keep middle-aged men and women from sliding into suicidal depression, those are the interventions society truly needs.

(S.A Stansfeld et al., "Childhood Adversity and Midlife Suicidal Ideation," *Psychological Medicine* 47.2 [2017]: 327-40.)

Teens Disconnected from Family, Addicted to the Web

Though it comes with far fewer physical symptoms than addiction to drugs such as cocaine or OxyContin, addiction to the Internet—especially among adolescents—has emerged as a public-health concern. That concern indeed recently motivated two teams of Chinese researchers intent on identifying the circumstances in which Chinese adolescents are most vulnerable to this cyber-age affliction. Though the foci of the studies conducted by these two teams differ, both conclude that young people are significantly less likely to use the Internet compulsively in China when they enjoy strong family ties. The data in these studies identify two threats to such ties: the now nearly global epidemic of parental divorce (taking a parent out of the home) and China's distinctive one-child policy (preventing siblings from entering the home).

The link between parental divorce and adolescent Internet Addiction emerges in a study completed by social scientists at The Hong Kong Polytechnic University and the Chinese Academy of Science. Worried about the way "Internet addiction (IA) among adolescents has become a global health problem"—one that affects young people's "physical health, psychosocial development, academic performance, and family relationships"—the scholars from these two institutions explore "the relationship between IA . . . and family functionality."

To probe this relationship, the Hong Kong researchers parse data collected from 2,021 ethnically Chinese students ages 12 to 18, enrolled in two area secondary schools. These data reveal that "being an adolescent with divorced parents was a strong predictor of IA." Indeed, the percentage of adolescents identified as Internet addicts ran almost twice as high among those living with divorced parents as among those living in intact families (43.6% vs. 23.5%; $p < 0.001$).

Contemplating this pattern, the researchers suggest that "in a divorced family, a single parent needs to support the entire family, which means there is limited time to build a relationship with the children." Accordingly, the researchers reason that "adolescents in divorced families may resort to accessing the Internet to relieve the psychological

insecurities that develop in a single-parent family environment.”

The kind of environment that fosters Internet addiction may develop not only in homes where an adolescent lives with only one parent but also in homes where an adolescent lives with no siblings. The second team of Chinese researchers, working in China’s eastern Anhui province, is motivated by concerns over the way Internet Addiction Disorder (IAD) incubates both physiological and psychological problems, including “suicide ideation, disordered eating attitudes . . . [and] depressive symptoms.” In their investigation of IAD, these scholars examine data collected from a randomized cluster sampling of 5,249 students in grades 7 to 12. These data “showed that the IA rate of only-child students is higher than that of non-only-child students,” meaning that “IAD has more effect on . . . single-child families” than on families with more than one child.

The researchers recognize that their finding that only children are especially vulnerable raises difficult questions about the way “the Chinese Communist Party government has been forcefully promoting its one-child policy for 3 decades.” In China’s urban areas, the researchers acknowledge, the government’s “One-child policy . . . [has] performed better than [in] rural areas; thus the only-child proportion in the city is much higher than in rural areas.” Given the distinctive vulnerability of only-children to Internet addiction, it is therefore particularly unfortunate that “in recent years, computer and Internet ownership has dramatically increased in cities,” the very areas where a higher proportion of only children live.

The authors of the first Chinese study—the one implicating parental divorce in fostering Internet addiction among adolescents—conclude by calling for “family-based interventions.” These interventions, the researchers explain, should aim at “improving parents’ communication proficiency and fostering the skills required to achieve healthy family interactions and strengthen family functionality, rather than directly restricting Internet use.”

The authors of the second Chinese study—the one identifying only children as a population especially exposed to Internet addiction—end their study by arguing that “related education should be strengthened for susceptible subjects of IAD,” and asserting that in this education “more care must be taken of . . . only-child students” because of their distinct

vulnerability to this disorder.

Perhaps it is not surprising that researchers in a communist country would evince the same kind of political orthodoxy that keeps many of their politically correct North American and European counterparts from stating the obvious: truly improving life for children and adolescents means preventing parental divorce and ending the global birth dearth.

(Cynthia Sau Ting Wu et al., "Parenting Approaches, Family Functionality, and Internet Addiction among Hong Kong Adolescents," BMC Pediatrics 16 [2016]: 130, Web; Yan Chen et al., "Investigation on Internet Addiction Disorder in Adolescents in Anhui, People's Republic of China," Neuropsychiatric Disease and Treatment 12 [2016]: 2,233-36.)

Missing Dad—Skipping Breakfast

Nutritionists have recognized for some time that no meal matters more than breakfast for maintaining good health. Unfortunately, a disturbingly high number of European and North American young children now do not eat this meal. And a new German study implicates the growing number of single-parent families as a prime reason for this problem.

Affiliated with the University of Ulm, the authors of the new study stress "the importance of breakfast consumption to young children's health." Citing previous research, they adduce evidence that, compared to peers who do not regularly eat this meal, children and adolescents who regularly eat breakfast face "a reduced risk of becoming overweight or obese and a reduction in body mass index (BMI)," manifest better "motor functional skills," evince superior "cognitive function during the morning," and usually develop a "more favorable type 2 diabetes risk profile."

The authors of the new study further emphasize that the effects of eating or missing breakfast during childhood may linger because "food behaviors established in childhood are often continued into adulthood."

Given the very favorable effects of eating breakfast regularly, why do public-health officials report "an increasing prevalence of children skipping breakfast"? To answer this question, the Ulm scholars seek to identify "the determinants of skipping breakfast." The data that reveal these determinants to the researchers come from 1,943 first- and

second-graders enrolled in 84 German elementary schools. Among the “vulnerable groups” the researchers see missing out on breakfast are children whose parents are immigrants or poorly educated native Germans. But in a time of changing patterns of family life, perhaps no finding deserves more attention than the one identifying the children of single parents as particularly likely to miss breakfast.

The gap in breakfast patterns separating the children of single parents from peers with two parents turns out to be quite remarkable: using a simple two-variable statistical model, the researchers calculate that children of single parents are almost two-and-a-half times as likely to miss breakfast as are peers living in intact families (Odds Ratio of 2.45). Even when using a more sophisticated statistical model taking into account differences in parental education and immigrant status, the researchers find that children of single parents are still more than twice as likely to miss out on breakfast (Odds Ratio of 2.17; $p < 0.01$).

The Ulm scholars conclude their study by calling for “interventions for preventing the skipping of breakfast and promoting healthy dietary behaviors among children.” Sensibly, these scholars reason that such interventions must “involve [children’s] parents in order to be successful.”

However, only the socially blind will not see that children cared for by only one parent will forever be less likely to enjoy a home life that includes regular breakfast than those cared for by both parents. The interventions most likely to safeguard children’s health, then, are those that foster enduring parental marriage.

(Dorothea Kesztyüs et al., “Skipping Breakfast is Detrimental for Primary School Children: Cross-Sectional Analysis of Determinants for Targeted Prevention,” BMC Public Health 17 [2017]: 258, Web.)

Unmarried—and Lonely

The media and popular entertainment often depict the single life as glamorous and carefree. Such favorable depictions of the single life look rather dubious in light of a new German study concluding that unmarried men and women are distinctively vulnerable to loneliness and related psychological and physical illnesses.

Authored by scholars at Johannes Gutenberg University, the new

study investigates “loneliness . . . as a risk to mental and physical health” among German adults. The researchers note that earlier studies have linked loneliness to “many negative mental health outcomes, such as depression, suicidality, reduced positive emotions, poor sleep quality and general health.” The physical health problems associated with loneliness identified in these earlier studies include “defective immune function and [increased] blood pressure,” and the psychological problems include “reduced self-esteem and decreased coping.”

Not surprisingly, earlier studies have limned a connection between loneliness and “low life satisfaction and low resilience—particularly in men.” Earlier research has also shown that “loneliness . . . aggravates the morbidity and mortality of cardiovascular, cerebrovascular, and other chronic diseases” and is “related to cognitive decline and Alzheimer’s disease in aging.” At a time when medical costs are soaring in many aging countries, it is disturbing that earlier researchers have also concluded that loneliness is “associated with physical inactivity, smoking, and multiple health risk behaviors.”

To gauge the effect of loneliness on twenty-first-century Germans, the researchers pore over data collected between 2007 and 2012 from a large and nationally representative sample of 15,010 adults between the ages of 35 and 74. Using a statistical model that accounts for demographic differences in age, gender, socioeconomic status, and employment, the researchers calculate that those experiencing loneliness are nearly twice as vulnerable to depression as those free from loneliness (Odds Ratio of 1.91). Among the study participants reporting depression, the researchers find a high prevalence of “generalized anxiety and panic attacks.” No wonder the researchers find that, compared to those free from loneliness, the study participants experiencing loneliness were over a third again more vulnerable to suicidal thoughts (Odds Ratio of 1.35). Further analysis revealed that, compared to peers free from loneliness, lonely adults were more likely to smoke and to visit physicians frequently ($p < 0.0001$ for both comparisons).

Inevitably, patterns of home life heavily affect loneliness. Among the study participants that the researchers identify as most likely to experience loneliness are those “without a partner or without children” ($p < 0.0001$ in comparisons with peers with partners and peers with

children). The researchers report that less than one in thirty men and less than one in fifteen women living with a partner complained of loneliness (maximal values of 2.7% and 5.9% respectively). In sharp contrast, though it varies by age group, the incidence of loneliness runs between 10% and 20% among study participants living alone.

And though feminists have often encouraged women to steer clear of—or bail out of—marriage, the researchers find that women living alone are decidedly more likely than men living alone to feel lonely. The researchers limn the pattern by age group: “Women living alone in the age range 35-44 years (20.7% vs. 13.9%) and 55-64 years (19.3% vs. 11.6%) were considerably more affected by loneliness than men.”

At a time when marriage rates and fertility rates are low in Western Europe, while divorce rates remain relatively high, the authors of the new study have every reason to assert in their conclusion that “loneliness poses a significant health problem for a sizeable part of the population with increased risks in terms of distress (depression, anxiety), suicidal ideation, health behavior and health care utilization.”

Even round-the-clock viewing of episodes of *Famously Single* or *Single Ladies* may not make these issues go away.

(Manfred E. Beutel et al., “Loneliness in the General Population: Prevalence, Determinants and Relations to Mental Health,” *BMC Psychiatry* 17 [2017]: 97, *Web*.)

Saudi Step-Families: The Risk of Child Abuse

Progressive activists take pride in having liberalized divorce laws in much of the world over the last 70 years. Somehow, the children affected by these divorces may feel less inclined to celebrate this accomplishment. For social scientists from country after country keep adding to the mountain of research documenting the high price children have paid—and continue to pay—for their parents’ easy divorce. One of the latest additions to that mountain comes from researchers in Saudi Arabia, who find that in their country—as in Western nations—children living in the single-parent and stepfamilies that divorce creates suffer from abuse much more often than do children living in intact families.

Affiliated with King Saud bin Abdulaziz University for Health

Sciences, the authors of a new study of Child Maltreatment (CM) regard such maltreatment as “a universal problem with significant consequences for children, families, and communities.” Focusing particularly on Child Abuse and Neglect (CAN), the Saudi researchers seek to identify those circumstances that put children most at risk. To that end, they carefully scrutinize data collected between 2009 and 2013 from the patient files accumulated at the Child Protection Centre in Riyadh.

Nothing emerges more clearly from these data than the distinctive risk children face if they live outside of an intact two-parent family. The researchers succinctly comment, “Our study shows that children living in single/step-parent households are more likely to be physically abused compared to those living with both parents.” The Saudi scholars calculate, in fact, that, compared to children in intact families, “Children living in single/step-parent households were 4 times as likely to experience physical abuse [Odds Ratio of 4.0].”

The elevated risk of child abuse in single-parent and step-parent families did not surprise the researchers, who acknowledge that their “findings are consistent with the findings of other [earlier] national studies in the KSA [Kingdom of Saudi Arabia], which revealed that single-parent households and the presence of step-parent may put children at increased risk of CAN [Child Abuse and Neglect].” But the findings of this 2016 inquiry only intensify “concern . . . that the risk of exposure to all forms of CAN is greater for Saudi children living in single/step-parent households compared with children living with both parents.”

To be sure, the authors of the new study do not believe that risks of child abuse run distinctively high in single-parent and step-parent households only in the Kingdom of Saudi Arabia. “Several studies in the Middle East,” they recognize, “have confirmed similar familial factors that predispose families to CAN.” The authors of the new study point in particular to a 2012 study conducted in Kuwait finding that “students of divorced parents had higher scores on measures of psychological and physical abuse” than did students with parents in an intact marriage.

Nor does the clear connection between child abuse and family structure only manifest itself in the Middle East. Comparing their findings with those from many other parts of the world, the researchers remark, “The characteristics of the CAN victims [in this study] appeared to be

somewhat similar across countries from different continents . . . with different economic statuses.” The Saudi researchers thus interpret their findings against a context defined by a 2008 American study concluding that the risk of both physical and sexual abuse runs distinctively high “in blended households, or households wherein a non-related parental figure resides,” by a 2009 Dutch study of step-parents finding that “the absence of genetic ties increases the risk of CAN,” and by a 2002 World Health Organization report indicating that “living in households that include members not genetically related to the child, such as single/step-parent households [is] a risk factor for CAN.”

A horror whether in Riyadh, Rome, or Richmond, the global problem of child abuse is especially likely to claim victims wherever parental marriages fall apart.

(Maha A. Almuneef, Linah A. Alghamdi, and Hassan N. Saleheen, “Family Profile of Victims of Child Abuse and Neglect in the Kingdom of Saudi Arabia,” Saudi Medical Journal 37 [2016]: 882-8.)

Homemaking Mother, Mentally Healthy Children

In a social world remade along feminist lines, those mothers who still claim the title *homemaker* might feel like an anachronism. They might even ask themselves, “While other women are out making money and advancing their careers, what good am I doing?” A reassuring answer to that question emerges in a study recently completed in Spain, where researchers have established that children with homemaking mothers enjoy decidedly better mental health than do children with employed mothers.

Concerned about the mental health of Spanish children, scholars affiliated with the University of Girona recently conducted a wide-ranging investigation of how maternal characteristics affect the mental well-being of their offspring. The researchers recognize that uncovering the circumstances that best protect children’s mental health is a task of considerable importance given that “half of all mental-health problems begin during childhood.” The researchers naturally worry about the disturbingly high global prevalence of childhood-onset mental illness: the World Health Organization now estimates that “10–20% of children and

adolescents around the world suffer from mental health problems,” with 4-6% of that global population suffering from “severe cases” of psychopathology. For these researchers, protecting the “healthy development and productive lives [of these children and adolescents] in the future is of special concern.”

Underscoring the staggering financial costs consequent to mental illness among children and adolescents, the authors of the new study cite recently published American research finding that “in the US alone, child and adolescent mental health problems cost US \$247 billion annually.” Recent American research further indicates that “an improvement in the mental health of only one child can save US \$140,000 over the lifetime of that child.” The implications of such numbers are not lost on Girona researchers aware that “in Spain, one million children and adolescents suffered from mental health disorders in 2015.”

To identify the antecedents of good and poor mental health among Spain’s children, the Girona researchers examine data collected between 2006 and 2012 from over 9,100 Spanish households with at least one child ages four to fourteen. Predictably enough, these data reveal that children enjoyed better mental health when their mothers were themselves healthy, well educated, and financially secure.

But one of the Girona scholars’ findings vindicates the wisdom of women who have resisted the cultural tides of recent decades by choosing the domestic role of homemaker. After parsing all their data, the researchers conclude: “The risk of the child suffering from hyperactivity, behavioural problems or exhibiting negative emotional symptoms is significantly reduced when the mother is a homemaker” ($p < 0.05$ for all three comparisons). Even among those attached to the paid-labor force, the researchers find that “long-term unemployed mothers reduce the risk of behavioural problems [in their children]” ($p < 0.10$).

No wonder the authors of the new study remark, “Homemaker’ is the activity status most positively related to children’s mental health.”

When the researchers try to find other relevant studies to establish an interpretive context, they face a problem: “In terms of a mother’s current status, the role maternal employment has on a child’s mental health has scarcely been studied.” Given the dramatic upsurge in maternal employment since the mid-twentieth century, this lacuna reveals much

about the general indifference of academics to the well-being of children affected by a social development they did much to foster!

Still, the authors of this new study did find one relevant 2008 American study reporting results “in line with” their own: comparing their findings with those of the American study, the Girona scholars remark, “We also conclude that children whose mothers spend more time at home are less likely to suffer from mental health problems.”

The authors of this new study deserve high praise for exposing a benefit that at-home mothers confer upon their children, a benefit usually ignored by politically correct academics. Unfortunately, when these authors translate their findings into policy recommendations, they speak blandly of the “need to formulate better public health policies, interventions and programs . . . to protect and prevent [children] from the negative impacts of poor economic and health conditions.” Anyone reading the findings of this study will realize that policies and interventions truly designed to help children will give them what they desperately need: a homemaking mother.

(Elena Arroyo-Borrell et al., “Influence Maternal Background Has on Children’s Mental Health,” International Journal for Equity in Health 16 [2017]: 63, Web.)

The Weight Problems of Only Children

Whether because of government policy or cultural trends, a growing fraction of the world’s children are growing up without siblings. If their parents invest heavily in their upbringing, these only children may enjoy some economic advantages over peers with siblings. But growing up without a brother or sister entails significant drawbacks, one of which was recently highlighted by a Japanese study finding that only children are distinctively vulnerable to weight problems during childhood and early adolescence.

Affiliated with Tokyo’s National Institutes of Biomedical Innovation, Health and Nutrition, the authors of the new study express concern about the number of Japanese children with weight problems: “approximately 10% and 8% of 12-year-old boys and girls, respectively, were overweight or obese in 2015.” Though these percentages are down a bit from what

health officials saw in 2000, when they began addressing the problem, the authors of the new study still regard them as “substantial.”

To be sure, childhood obesity is hardly peculiar to Japan. The researchers see “Japan follow[ing] the global trends,” with “the prevalence of childhood overweight and obesity increas[ing worldwide] in the late 20th century,” pushing the number of preschool children who were overweight or obese in 2014 to approximately 41 million.

But whether they are looking at Tokyo or Toronto, the researchers stress that “prevention of childhood overweight and obesity is an important public health issue. Excess weight in children may negatively affect their lifetime health, increasing the risks of obesity in adulthood and consequent premature mortality and morbidity from non-communicable diseases.”

To determine what home circumstances affect childhood obesity, the researchers pore over data collected for 43,046 children born in Japan during two weeks in 2001 who were surveyed annually from 2.5 to 13 years of age. These data reveal a pattern that should unsettle public-health officials not only in Japan but also in all of the many other industrialized nations experiencing a birth dearth: “Children living with no siblings had significantly higher odds of overweight and obesity compared with those living with siblings at 8 years and older in both sexes” (Odds Ratios range from 1.47 to 1.75—depending on age group—for boys, from 1.42 to 1.75 for girls).

The researchers interpret their findings against the backdrop of several studies from around the world likewise finding “an increased likelihood of overweight and obesity among children living with no siblings.” These studies reveal that living without siblings exposes children to “obesogenic behaviors and environments at home.” The Japanese scholars note—for instance—that previous studies in Australia and Canada have established that, “compared with children with siblings, those without siblings spent more time in low-intensity physical activity each day and less time in moderate-to-vigorous-intensity physical activity.” The Japanese researchers also point to an earlier American study concluding that, “compared with children living in families with two or more children, only children were more likely to have a television in [their own] bedroom, spend over an hour in front of screen per day, and eat a meal

infrequently with all the family members living in the household.”

Having learned a good deal from their colleagues in other countries, the Japanese researchers interpret their own findings as evidence that “to effectively prevent childhood overweight and obesity, policymakers tasked with developing environmental strategies for improving lifestyles of children should consider . . . the influence of siblings.”

But children can feel the beneficial influence of siblings only when their parents bring more than one child into the world. In Japan and other baby-bust nations, too few children enjoy the advantage of that influence.

(Navu Ikeda, Kana Fuse, and Nobuo Nishi, “Changes in the Effects of Living with No Siblings or Living with Grandparents on Overweight and Obesity in Children: Results from a National Cohort Study in Japan,” PLOS ONE 12.4 [2017]: e0175726, Web.)

Unmarried and On Edge in Sweden

Lionized by progressives around the world, the architects of Sweden’s generous welfare state have done all they can to erase the distinctive life advantages conferred by wedlock. They still have work to do. A new Swedish study finds that during a national surge of anxiety in recent years, wedlock has apparently protected married men and women from the mental distress experienced by their unmarried peers.

Rising rates of mental distress in Sweden recently caught the attention of an international team of researchers affiliated with Skåne University and Lund University in Sweden and Stanford University in the United States. Recognizing “mental illness . . . [as] one of the leading causes of disability worldwide,” the researchers decided to focus their inquiry on anxiety, a mental problem especially likely to trouble “adolescents and young adults, for whom the prevalence rates . . . have increased during the last decades, in Sweden as well as in other developed countries.”

To gauge the prevalence of anxiety in various age groups in Sweden and then to identify the predictors of this mental ailment, the researchers examine data collected from 2,728 males and 2,770 females ages 16 to 71, surveyed in 1980-81, 1988-89, 1996-97, and 2004-05. These data provided evidence of an alarming rise in anxiety during the period

examined: the researchers find “increasing prevalence of self-reported anxiety over time, in all age groups except the oldest age groups.” The researchers discern “a dramatic increase of anxiety” during the 25-year period among Swedes ages 16 to 23.

Using a statistical model that accounts for differences in urbanization, education, smoking, and other background variables, the researchers calculate that males ages 16 to 23 experienced a 2.5-fold increase in anxiety during the period in question. Among females in the same age group, the researchers detect “more than a three-fold increase.”

Such results may prompt informed observers to question the beneficence of the progressive political and cultural forces dominating Sweden in recent decades, forces that were especially supposed to favor young women. These informed observers may particularly question the way progressive zealots have waged war against traditional wedlock in transforming Sweden into a utopian model for the world. This new study reveals that Swedes—especially young women—very much need the psychological protection marriage offers.

“In both males and females,” the researchers conclude, “increased anxiety was associated with non-married status.” Indeed, using their sophisticated statistical model, the researchers calculate that the non-married were almost twice as likely as married/cohabiting peers to report symptoms of anxiety (Odds Ratio of 1.81).

In returning a finding of a two-fold risk of anxiety among non-married Swedes, the authors of the new study almost surely understate the psychological gap separating unmarried Swedes from married Swedes. Though a number of studies have shown that cohabitation yields poorer outcomes than does wedlock, the researchers for this study follow the now-common practice of lumping married couples together with cohabiting couples—so simplifying the task of collecting data (and shielding academia from embarrassment over its role in fostering cohabitation).

In their conclusion, the authors of the new study worry that their findings identify a problem entailing “a large impact on public health and healthcare demands.” The researchers hope that in coping with this impact, professionals will “focus particularly on young females (16–23 years), where the increase [in anxiety during the study period] was particularly large; almost one third experienced anxiety at the end of the

25-year follow-up.”

Could this mean Sweden’s cultural elite will begin again to steer young women toward the altar? Their future mental health clearly depends on a recovery of such social sanity.

(Susanna Calling et al., “Longitudinal Trends in Self-Reported Anxiety. Effects of Age and Birth Cohort during 25 Years,” BMC Psychiatry 17 [2017]: 119, Web.)

Fathers Matter—in Los Angeles or London

Sociologists in the United States have invested considerable effort in tracking the life course of single mothers and their offspring. Their professional counterparts in Europe have spent much less time tracking the lives of this demographic group. Uncertain as to the relevance of the findings of the American studies for Europeans, a team of British researchers recently conducted an extensive study of “lone mothers” (the British term for single mothers). Largely in line with the results from the earlier American studies, this new British study once again provides powerful evidence that children do better when they live with their father.

Researchers at the London School of Economics and the Max Planck Institute for Demographic Research, the authors explain that they were motivated to conduct their new study by their realization that “most of what we know about children born to lone mothers and the association between their subsequent family transitions and well-being comes from a handful of studies which rely on data sets from the USA.” The researchers complain that “few empirical studies focus on children born to lone mothers using representative data sets in Europe and none explicitly focuses on the question of how various family trajectories of children are related to their well-being.” The researchers consider this deficiency in the professional literature particularly “unfortunate” given that “the number of children born to lone mothers has been growing substantially in Europe, and in the UK in particular,” the percentage of children born to such mothers in the UK rising to 16% in 2014.

To fill in this blank space on Europe’s sociological map, the London researchers scrutinize data collected for 7,330 children born in 2000-2002, 1,169 of them born to lone mothers, all tracked to age seven. The

researchers compare the well-being of children who experience five distinct domestic life histories: 1) born and lived with both biological parents (married or stably cohabiting); 2) born to lone mother who subsequently lives without a partner; 3) born to a lone mother subsequently joined by the biological father of her child, who forms a stable union with the mother; 4) born to a lone mother subsequently joined temporarily by the biological father of her child, who moves in but then leaves; 5) born to a lone mother subsequently joined by a male partner, who forms a stable union with the mother as the stepfather of her child.

Not surprisingly, the children born into a stable parental union enjoy better outcomes (in physical health, cognitive skills, and socio-emotional well-being) than the children born into any of the other four domestic patterns. “For all outcomes,” write the researchers, “children [continuously living with both biological parents] are better off than children of lone mothers.”

Detailing the advantage children enjoy if they continuously live with both biological parents, the researchers smash a myth long dear to the heart of feminists, including the scriptwriters for *Murphy Brown*. Parsing the data on maternal education, the researchers detect “no evidence that children of lone high-educated mothers have better outcomes than children of lone low- and medium-educated mothers.” In other words, “it does not appear that variation in socio-economic resources among [lone] mothers is associated with variation in children’s outcomes.”

But as they trace the “variation within the trajectories of children born to a lone mother,” the researchers uncover indications that not all children born to lone mothers suffer the same degree of relative disadvantage. Predictably, children whose lone mothers form a union with a male partner enjoy some advantages over children whose lone mothers remain alone. Still, the researchers stress that “the entry of a father figure to the household was not associated with improvement on all outcomes.” Indeed, the researchers measure only “small differences” between the socio-emotional well-being of children whose lone mother remains alone and that of children whose lone mother brings a stepfather into the household. The researchers plausibly reason that “the benefits of improved resources and parenting input [in such cases] could be offset by the difficulties in adjusting to a new situation in the child’s home

environment when a stepfather joins the family.”

The researchers also find mixed outcomes when a biological father temporarily moves in with a lone mother, only to later exit the household. Compared to children whose lone mother always lives alone, those whose biological father is in the household and then out again enjoy better physical health but suffer from cognitive deficits.

Overall, the researchers conclude that “the benefits of a father’s entry for children’s outcomes in different areas are clearest in our results if the father is biological and the union is stable.” The researchers discover that “compared to the children of continuously lone mothers, children whose biological father stably joined the household fared better in terms of cognitive outcomes and socio-emotional outcomes.” What is more, the researchers adduce evidence that when a biological father forms a stable union with the lone mother, their child also enjoys better health. The researchers explain the linkage between the favorable cognitive and health outcomes associated with a lone mother’s permanent union with her child’s biological father as the consequence of the “stability and resources” he brings to the household.

Underscoring one of the most important of the findings of their study, the researchers stress the generally favorable outcomes for children of a lone mother who forms a stable union with the biological father. With one notable exception, the researchers remark, “children whose biological fathers moved in with their lone mothers did almost as well as children who have lived continuously in a two-biological parent household since birth.” The one notable exception is that of “externalising” problems (symptomized by disruptive, defiant, and antisocial behaviors), which remain stubbornly elevated in all groups of children born to lone mothers.

Contemplating the ubiquity of externalizing problems among children born to lone mothers, the researchers acknowledge the “positive association between behavioural problems and living with a lone mother . . . regardless of whether a father figure subsequently enters or exits the household.” Even the generally advantageous change in stability and resources a biological father brings to a household when he forms a post-natal stable union with the mother of his child does not create a “valid mechanism for [reducing] behavioural problems.”

As they compare their findings with those of the earlier American studies they felt compelled to complement with a European inquiry, the London researchers note a few differences that may reflect the fact that in “the UK unmarried cohabitations have been consistently found to be more stable and marriage-like than cohabitations in the USA.” But the London scholars consider their findings to be “in line with” the earlier US studies showing that children suffer “behavioural, cognitive, and health problems” when their mother’s domestic relationships are “characterized by instability.”

Perhaps most important, this British study also corroborates earlier American research indicating that “children who grow up in a household with two married biological parents do better overall than those growing up with a single mother,” and it reinforces earlier American studies establishing “that there is a negative association between the father’s absence and child well-being.”

Europeans no longer need to take the word of American scholars on the matter: On both sides of the Atlantic, children do best when living with two stably married biological parents.

(Elena Mariani, Berkay Ozcan, and Alice Goisis, “Family Trajectories and Well-being of Children Born to Lone Mothers in the UK,” European Journal of Population 33.2 [2017]: 185-215.)

Single and Smashed: Marital Status and Alcohol Abuse in Canada

As elite educators and entertainers continue to extoll the glories of the single life, marriage rates in many countries tumble to all-time lows. Unfortunately, the growing number of singles are much more likely than their married peers to hit the bottle. Indeed, alcohol abuse among singles emerges as a serious issue in a study recently published by a team of public-health scholars affiliated with the University of Saskatchewan.

This team of researchers explain why they chose to study alcohol abuse in Canada in terms that can only be characterized as sobering. The authors of the study emphasize that “the misuse of alcohol . . . is associated with a number of negative health, social, and economic consequences.” These adverse consequences include the “direct health implications” of “dependency, liver cirrhosis, organ damage, diabetes,

cardiovascular disease, and various types of cancer.” Besides creating these problems with physical health, alcohol abuse leads to “impaired judgement, impaired driving, injury, suicide, and risky sexual behaviour,” triggering a cascade of “broader health and social repercussions.”

To underscore the magnitude of alcohol-related problems in Canada, the researchers cite a 2006 study concluding that the national total for “alcohol-related costs” for 2002 came in at a staggering \$14.6 billion (Canadian dollars). Health-care costs alone ran to \$3.3 billion, with the other costs attributable to alcohol-related expenses for law enforcement and losses of productivity. The researchers also cite a more recent study finding that in 2013 the national costs of Fetal Alcohol Spectrum Disorder came to \$1.8 billion.

South of the border, Americans feel even more ill effects of alcohol abuse: The researchers cite a 2011 study putting annual societal costs of alcohol abuse in the United States at a stunning \$223.5 billion (U.S. dollars), \$24.5 billion of that total for healthcare.

Though deeply concerned about the overall effects of alcohol abuse, the authors of the new study focus on “risky single occasion drinking (RSOD),” citing evidence that “as the frequency of RSOD increases, the likelihood of negative health and social consequences increases.” The researchers defined Risky Single Occasion Drinking (RSOD) as “drinking five or more drinks on one occasion.” Given that a standard drink in Canada contains about 14 grams of pure ethanol, RSOD in this study means consuming 70 grams of alcohol in one sitting.

To determine which Canadians are most likely to engage in such drinking, the Saskatchewan scholars parse data collected in 2009-2010 from 68,440 adults as part of the Canadian Community Health Survey. The data reveal a number of rather predictable characteristics of those most likely to engage in risky drinking—males, smokers, adolescents, and highly stressed individuals are more prone to such drinking than are females, non-smokers, senior citizens, and unstressed individuals.

But given the changes in family life that have transformed social life in Canada and other affluent nations in recent decades, nothing in this new study deserves more attention than the finding that “marriage is associated with a protective effect on the risk of RSOD.” More specifically, the researchers calculate that “the odds of RSOD [are] 1.77 times more

in the single/never married category than in the married category.” This almost two-fold elevation of the likelihood of risky drinking shows up likewise in the widowed, divorced, and separated category (Odds Ratio of 1.75). Given the decided emotional and social differences between losing a spouse to death and losing a spouse to divorce, it is unfortunate that the researchers did not segregate their data more fully.

Fortunately, the researchers did separate the data for legally wed couples from that for cohabiting or common-law couples. And the data indicate that “persons living in common-law were more likely to engage in . . . RSOD . . . than married individuals (Odds Ratio 1.51).” The authors of the new study consider it “interesting” that individuals in common-law relationships were more than half again as likely as married counterparts to engage in risky drinking. After all, they note, “common-law couples have enjoyed similar tax benefits and legal status in Canada as married couples due to high profile court cases.” Speculating on why progressive judicial decisions have not erased the marked differences in drinking behavior separating married couples from common-law couples, the authors of the study point to research finding that common-law couples are “more likely to separate than married couples, are more likely to experience relationship strain, and enjoy fewer economic benefits.” The authors of the new study plausibly suggest that “the higher levels of instability in common-law relationships and households may contribute to the increased odds of RSOD.”

Above and beyond what this new study teaches us about the risky drinking of common-law couples, perhaps the real take-away is what it teaches about the folly of progressive judges who think they can realign the meaning of wedlock by ideological fiat. What is clear is that so long as the retreat from wedlock—real wedlock—continues in Canada and elsewhere, a dwindling number of men and women will enjoy the “protective effect” of marriage.

For public-health officials at least, “Happy Hour” at the local bar is likely to bring ever more unhappiness in the years ahead.

(Ellen Rafferty et al., “Factors Influencing Risky Single Occasion Drinking in Canada and Policy Implications,” Archives of Public Health 75 [2017]: 22, Web.)