Recent Demographic Trends and the Family

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Abstract

For demographers, perhaps the most stunning set of changes in the family to have emerged over the last century are changes that drove what appeared to have been exploding populations, both in the world at large as well as in individual countries, to changes that now raise the distinct possibility of future population decline in a non-negligible number of nations. These changes are in turn intimately connected to profound changes in family life and most particularly in fertility—trends in how many women, on average, remain childless over their lifetimes, and for those women who become mothers, how many births they will have. What is especially intriguing is "American exceptionalism"—that the United States appears to have been largely immune, at least to date, from demographic trends that are so pronounced and potentially worrisome in so many other advanced industrialized nations. I review what lies behind the shift from exploding populations to the possibility of population decline in at least some parts of the world, and then speculate on what may be the likely sources of why the United States has been an exception to these trends. This then leads me to highly speculative remarks about why two specific groups very often seen in a negative light—immigrants and women who give birth outside of formal marriage—have played an important role in American demographic exceptionalism, and why these groups may likewise continue to be a major factor in why the future of the United States may be far rosier than that of other advanced industrialized nations. However, I caution that this optimistic scenario depends crucially on realizing the social, economic, and demographic potential of these subpopulations.

In this essay, I review what demographers regard as perhaps the most striking family trend to have emerged over the last century—a shift from what appeared to be exploding populations, both in the world at large as well as in individual nations, because too many were having too *many* children, to the emergence in a growing number of nations of what appears to be a shift in which too many are having too *few* children.

Why might we care about these issues? On one hand, Americans tend to regard the issue of who chooses to remain childless, or how many children are born to those who become parents, as very private matters, to be decided by a pregnant woman or the prospective parents. But we also have a collective interest in children because they constitute the future of any society, and this in turn means that we might worry if too many have too few children. What is especially intriguing is "American exceptionalism," that the United States appears to be largely immune to what is so pronounced and potentially worrisome in a growing number of nations.

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So how can it be that worries about an exploding world population have turned into worries about too many having too few children? The correct answer, in my view, is that it remains the case that in some nations, too many are having too many children, with these nations continuing to have far too rapid population growth. There is thus a broad consensus among social scientists that these countries would benefit were rapid population growth to be curbed. But in other nations, there have been emerging trends that look as if too many are having too few children; thus, there has been a growing concern, which I share, that these countries would benefit were these trends to be curbed.

In this essay, I review what lies behind the shift from exploding populations to the possibility of population decline. I then discuss what are the likely sources of why the United States has been an exception to trends seen in so many other developed nations of the world. This discussion then leads to highly speculative remarks on my part regarding the future of US, which in my view is likely to be substantially more promising than for most other highly industrialized nations. However, I also note that this optimistic scenario depends crucially on realizing the "demographic potential" of subpopulations that have often been viewed as problematic. This leads me to conclude that these issues will pose difficult but critically important challenges in the coming decades.

THE FIRST DEMOGRAPHIC TRANSITION

In 1968, Paul Ehrlich published the *Population Bomb*, in which he argued that the world's population was growing much too rapidly and that there would soon be very dire consequences. Ehrlich's argument was in fact not new at all—exactly 180 years earlier, in 1798, Thomas Malthus had also argued that rapid increases in population would lead to widespread misery. Both Malthus and Ehrlich thus summarized the pervasive fear that the world's population was growing too quickly at what appeared to be an exponential rate, and that this ticking time bomb would soon have catastrophic effects. Indeed, such fears are common even today.

Some sense of why Malthus and Ehrlich thought as they did can be gleaned from Table 1, which gives a condensed history of the world's population growth that answers a simple question: How long has it taken for the world's population to double in size? The story begins in 480 BC, when the world's population is estimated to have been about 110 million. It wasn't until 800 AD that the world's population reached 220 million, thus taking an estimated 1280 years to double. In 1330, or 530 years later, the world's population doubled again, and it doubled again between 1330 and 1810, fluctuating dramatically during this period because of a variety of factors including the Black Plague and inclement weather conditions spurring crop failures and famine. Then around the early 1800s, the world's population began growing very rapidly. The number of human beings alive doubled in the 100 years between 1810 and 1910, doubling again in 57 years, and again in 45 years, reaching the 7 billion people estimated to have been alive in 2012.

Table 1
Doubling of the World's Population through History

Date	Population (millions)	Years to Double (population size)
480 BC	110	
800 AD	220	1280
1330 AD	440	530
1810 AD	875	480
1910 AD	1750	100
1967 AD	3.500	57
2012 AD	7.000	45

Sources: US Census Bureau, Historical Estimates of World Population. US Census Bureau, Total Midyear Population for the World, 1950–2050.

So Table 1 shows that it once took 1280 years for the world's population to double, but the most recent doubling took only 45 years. This would seem to say that Malthus and Ehrlich were right and that we are in the midst of a ticking population time bomb. And if so, how many years will it take for the world's population to double again, from 7 to 14 billion? Will the next doubling be in about 30, 40, 50, or 60 years?

Perhaps surprisingly, the answer is "none of the above" (Lam, 2012). Why this might be requires stepping back a bit. For demographers, the assertion that the world's population will continue to explode in size is a claim about population dynamics. This in turn requires a detailed understanding of demography's "big three": fertility, mortality, and migration. That is, to know how many people will be in the US in 2020, we need to know the size of the US population in 2010, plus births between 2010 and 2020, minus deaths during this same period, plus the numbers who move into the US, minus the numbers who move out of the US But if population size is determined by fertility, mortality, and migration, then it necessarily follows that understanding population *change* requires describing *change* in fertility, mortality, and migration. It is these aspects of population dynamics—how fertility, mortality, and migration have, or will, change—that make these population issues both much more interesting and much more challenging to social scientists. Indeed, thinking through change in just two of these components, fertility and mortality, will provide us with more than enough to cover. But this is also why the story in Table 1 is only a part of the story, and why most demographers believe, unlike Malthus and Ehrlich, that 7 billion now will not lead to 14 billion anytime in the future.

So if Table 1 tells only an incomplete story, what is the larger, more complete story? The answer is something that demographers call the **first**

demographic transition (see, e.g., Bulatao & Casterline, 2001; Coale & Watkins, 1986; Lee, 2003; Notestein, 1953). The way I will be relating things will be characterize the first demographic transition as a set of stylized facts.

The idea behind the first demographic transition is in one sense quite simple, but what is less simple is the story's implications, which are less obvious and thus more interesting. And here's how this story goes. For nearly all of human history (and thus before the first demographic transition), both mortality and fertility were very high. Fertility tended to be a bit higher than mortality, but only very slightly, and this meant that the world's population grew, but only very slowly. Fastforwarding to today and looking at a country like the US, we get to a situation of both low mortality and low fertility. So the story is one of high fertility and high mortality pretransition, and of low fertility and low mortality posttransition.

The final piece of the puzzle is what happens mid-transition, in the middle of the first demographic transition, which is also the most interesting part of the story. And this part of the story is that mortality first declines, followed by a decline in fertility. Thus, the first demographic transition involves: (i) an initial pretransition period characterized by high fertility and high mortality, then (ii) a transitional period in which mortality first declines followed by a decline in fertility, and then (iii) a posttransition period in which both mortality and fertility are low.

What is implied by the above helps explain why Malthus and Ehrlich were wrong. Thus, for nearly all of human history, slow population growth resulted from births and deaths more or less cancelling out one another. But then, we enter a transitional period in which mortality declines, meaning fewer deaths, but fertility remains high, meaning as many births as previously. But more births plus fewer deaths equals rapid population growth, and this strikingly new phenomenon seemed to imply a population time bomb to observers such as Malthus and Ehrlich. But what they did not realize was the other crucial part of the first demographic transition, which is that fertility does not remain high, but eventually declines, but only after mortality has begun its decline. And once fertility decline has begun (or in some versions of the story, once it passes a certain threshold), it does not reverse; thus, without exception, demographers have observed that high levels of fertility pretransition eventually declines to much lower levels posttransition—with no exceptions to date, no nation or and region has gone through the first demographic transition and returned to pretransition levels of high fertility.

The first demographic transition thus explains why Malthus and Ehrlich were so alarmed, but also why 7 billion in 2012 will not turn into 14 billion in the future. In the 1950s and 1960s, a very large number of countries had experienced recent and quite marked declines in mortality. But because these

mortality declines were recent, they were not yet accompanied by a decline in fertility. As a result, the world's population of humans soared in the middle of the twentieth century, increasing at an extremely rapid rate. But what was less obvious in the mid-twentieth century was that fertility decline would also take place. So it is fertility decline that is the key to why the 7 billion humans alive in 2012 will almost certainly not imply 14 billion humans in the future. It is also what completes the story that Table 1 tells. That is, for most of human history, fertility and mortality were high but mostly cancelled, so that population growth was slow. This implies a long time for the world's population to double in size, which is what we see in Table 1. Then at some point, mortality begins to decline, but fertility remains high, resulting in the historically very rapid increases in population that we also see in Table 1. At a last stage, mortality decline is accompanied by fertility decline, and we see a hint of this in Table 1 in the slowing of the doubling time for the world's population.

THE EMERGENCE OF VERY LOW FERTILITY

As noted above, part of the story told by the first demographic is that for nearly all of human history, births and deaths very nearly balanced one another, and this historical balancing act led many demographers to assume that once a nation had finished its first demographic transition, things would again balance and, in particular, that births would settle down into levels that would, as before, yield little or no population growth. What thus surprised many was the emergence of very low levels of fertility, something that first occurred in Italy, Spain, and Japan, but which now has diffused much more widely.

"Replacement fertility" is the term demographers use to describe a level of fertility that would imply neither population growth nor population decline were it to be maintained for a very long time. Thus, when mortality is low, replacement fertility would occur, for example, if each person in a generation were to have two children over their lifetime, thus "replacing" their parents. Demographers usually put replacement fertility a bit higher, at 2.1 children per woman, to deal with the relatively small numbers of those who die before reaching the typical ages of childbearing.

Thus, what was surprising about Italy, Spain, and Japan was that these nations were the first to experience extremely low levels of fertility (Kohler, Billari, & Ortega, 2002; McNicoll, 2012). How consequential is subreplacement fertility? Any answer to this question has to be speculative, in that it is within the realm of possibility that countries currently experiencing extreme levels of subreplacement fertility may experience a future reversal. But we can nevertheless give fairly precise answers under the speculative "what if"

Table 2
Years until a Nation's Population will Decline by a Factor of 2 over the Long Run were there to be a Constant Level of Subreplacement Fertility

Number of births per woman	2.0	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.0
Years until population halving	901	279	161	112	84	66	54	45	38	33	29

Source: Author's calculations using an expression of Kohler *et al*. (2002).

scenario of "what if a nation's fertility remained at a particular subreplacement level for a long time." Table 2 gives these numbers, presenting them in much the same way as in Table 1, but whereas Table 1 asked how long it took for population to double in size, Table 2 asks how long it would take for population to halve in size—that is, decrease by a factor of two—under the "what if" scenario in which fertility remains at a particular subreplacement level for a very long time.

What Table 2 shows is that if fertility in a population were to remain just a bit below replacement, population decline will be very gradual, but that at lower levels of subreplacement levels of fertility, population decline becomes extremely rapid. Thus, were a hypothetical nation to have an average of 1.9 children per woman rather than the replacement level of 2.1 and were this to continue for a long time, this hypothetical nation's population would indeed decline, but quite slowly, taking roughly 280 years to halve in size. However, were a hypothetical nation to have an average of 1.5 children per woman and were this to continue for a long time, this hypothetical nation's population would take only 66 years to halve in size—an extremely rapid pace of population decline.

These issues are potentially worrisome in that a large and growing number of nations are currently at subreplacement levels of fertility. Countries whose total fertility rate (TFR) is 1.5 or less in 2010 include the European nations of Austria, Germany, Greece, Italy, Portugal, Spain, and Switzerland; Russia and the former Soviet-bloc nations of Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Hungary, Latvia, Lithuania, Serbia, Poland, Romania, Slovenia, and Ukraine; and the Asian countries of Japan, Hong Kong, Macao, Singapore, South Korea, and Thailand. China's TFR is estimated to be 1.63 in 2010.

As noted above, one caution is that the potential consequences of low fertility as given by the scenarios in Table 2 rest on the assumption that current levels of fertility seen in 2010 will continue indefinitely into the future. Yet another important set of cautions, somewhat technical in nature, concerns

how to interpret fertility trends based on TFRs. An alternative way to gauge fertility trends would be to take a group of women born in the same year and follow them over their reproductive years, from which we could determine the average numbers of children born to this cohort of women. The difficulty with using such a cohort measure to gauge fertility trends is that it takes a long time—for those born in 1990, we could not determine their completed fertility until around 2040. Because of this, demographers instead typically compute TFRs, which are a "period" measure of fertility. In this approach, TFRs for 2010 are constructed using the number of births in 2010 to women aged 15–19, 20–24, etc., adjusting for the number of women in these age groups. An advantage of the TFR is that it can be readily obtained in any given calendar year; however, when the fertility behaviors are changing rapidly for successive birth cohorts of women, fertility trends based on TFR's can be misleading. I return to this issue below.

Figure 1 looks specifically at two countries, the United States and Japan, with the United States having fertility that has been close to replacement levels for several decades and with Japan having had fertility well below replacement for several decades. The upper-left-hand panel of Figure 1 shows that fertility in the United States peaked during the baby boom at 3.7 per woman in the mid-1950s, dipped slightly below replacement during the 1970s and 1980s, and then increased to just below replacement levels. Japan had a much briefer baby boom, with fertility declining from 3.0 children per women in 1950 to by replacement levels through the 1960s; subreplacement levels began in 1970.

Thus, Figure 1 shows that Japan has had subreplacement levels of fertility for about 40 years whereas the United States experienced roughly replacement levels during this same period. The consequences can be seen in the lower panels of Figure 1, which give "age pyramids" showing the 2010 age composition for the United States and Japan. The US baby boom is visible as a slight bulge in the age distribution around ages 50 and 60, and there is a similar bulge around the teens and 1920s reflecting children of the baby boomers. Nevertheless, there are roughly the same numbers of people in the US population who were aged 55 or younger in 2010, with (for example) the numbers of females between age 59 or younger ranging from a high of 10.58 million aged 20–24 to a low of 9.89 million aged 10–14. At later ages, mortality begins to thin the ranks at older ages, thus producing a classic "pyramid" shape at older ages.

The age pyramid for Japan is quite different, particularly at younger ages. The Japanese baby boom shows up as a very sharp peak at ages 60–64, with the children of the Japanese baby boomers showing up as another sharp peak at ages 35–39, reflecting the more highly compressed range of ages at which baby-boom parents in Japan had their children. But the nearly four decades of

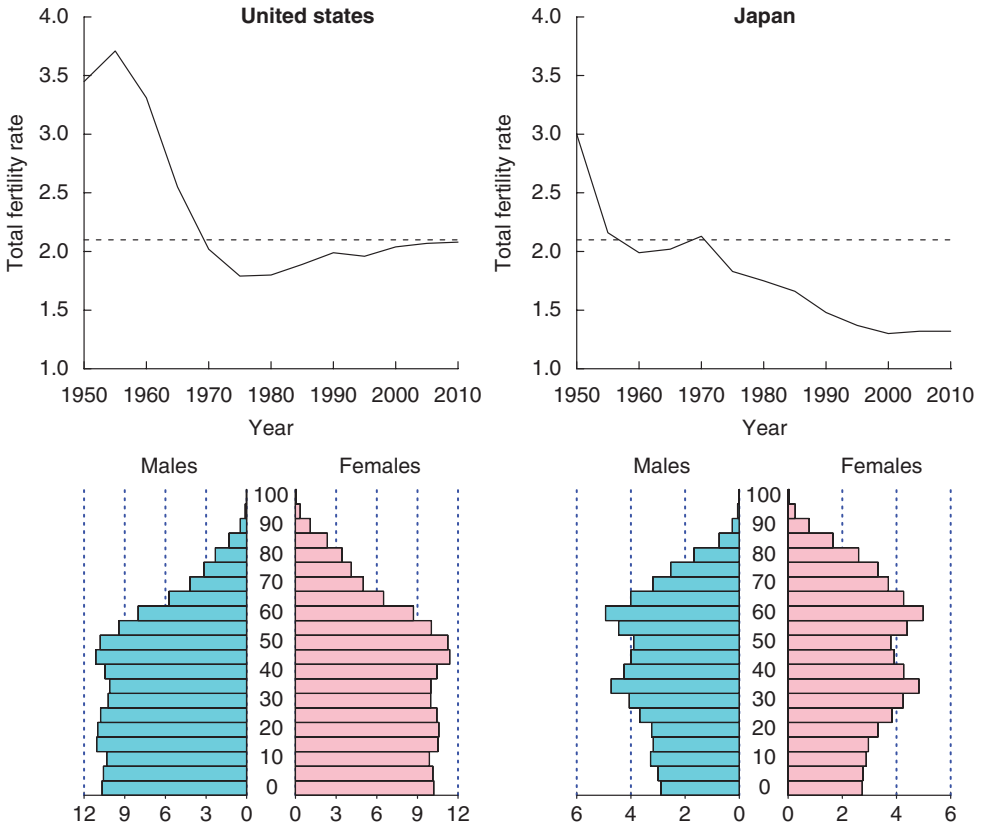

Figure 1 Change in fertility between 1950 and 2010 (upper panels) and the 2010 population age structure (lower panels) for the United States and Japan.

subreplacement fertility can be easily seen in the sharply declining numbers at younger ages in Japan's 2010 age distribution.

Increases in life expectancy in the US and Japan mean, for example, that baby boomers in both countries will live longer than those born earlier in the twentieth century. As a result, what the future holds for both countries is a rapidly aging population, but Figure 1 also makes clear that population aging in Japan will be far more rapid than in the United States as the consequence of Japan's roughly four decades of subreplacement fertility. This is why a panel of experts concluded in a report published by the National Academy of Sciences that the pace of population aging in the United States will depend crucially on whether US fertility remains at roughly replacement levels or, as has been the case in Japan and so many other countries, begins to decline to much lower levels (National Research Council, 2012).

Why has fertility fallen to subreplacement levels in so many nations and, conversely, why is it at roughly replacement levels in the United States? The

answers to these questions are hotly debated by social scientists, so there is no scientific consensus that would provide definitive answers to these questions (Bulatao & Casterline, 2001; Hirschman, 1994; Kohler *et al*., 2002; McDonald, 2000; McNicoll, 2012; Morgan, 2003; Pritchett & Viarengo, 2012). Nevertheless, I have found that a hypothetical thought experiment provides some useful insights into the emergence of subreplacement levels of fertility (Wu, 2010; see also McDonald, 2000).

So in this thought experiment, consider a hypothetical birth cohort of women that we follow over their reproductive years and suppose further that some women in this cohort have no children, others one, two, or three children, but that no woman has more than three births. If so, then the average number of children per woman will be simply a weighted average—the fraction having zero children times zero, the fraction having one child times one, and so forth. But it also turns out to be very difficult to get to replacement fertility under this hypothetical fertility regime. The reason is that if even fairly modest proportions in this cohort remain childless or have only one child, then very large proportions having three births are needed to achieve replacement fertility.

Table 3 gives selected results from this thought experiment, with the different panels assuming different proportions of those who are childless or who have only one birth. For example, the first panel assumes that 15% of women are childless and that another 15% have only one birth; then because percentages must sum to 100%, the remaining 70% must have either two or three births. Thus, the different rows in this first panel, which consider what happens when there are different percentages who have two or three births, show that the 2.1 replacement level of fertility cannot be obtained unless a small percentage (15%) have two children and a very large percentage (55%) have three births. The second panel supposes that 20% of women are childless, slightly more than in the previous example, and that 15% have only one child, as before. Under this hypothetical fertility regime, the 2.1 replacement level of fertility is not reached unless until the vast majority (65%) of women have three births and none have two births.

The remaining panels, which consider progressively larger numbers who are childless or who have only one birth, yield a similar pattern of results. In the third panel, in which 20% have no births and another 20% have only one birth, it is now impossible to get to replacement levels of fertility even when all of the remaining 60% of women have three births. The two remaining panels consider situations in which 30% remain childless; under these hypothetical fertility regimes, it is likewise impossible to achieve replacement levels.

There are four main takeaways to be drawn from this admittedly hypothetical thought exercise. The first is that this hypothetical fertility regime,

Table 3
Mean Number of Lifetime Births for Hypothetical Cohorts of Women Who do not Proceed Past a Third Birth by Selected Proportions with 0–3 Births

Number of Lifetime Births				
0	**1**	**2**	**3**	**Completed Fertility**
0.15	0.15	0.60	0.10	1.65
0.15	0.15	0.50	0.20	1.75
0.15	0.15	0.40	0.30	1.85
0.15	0.15	0.30	0.40	1.95
0.15	0.15	0.20	0.50	2.05
0.15	0.15	0.15	0.55	2.10
0.20	0.15	0.60	0.05	1.50
0.20	0.15	0.50	0.15	1.60
0.20	0.15	0.40	0.25	1.70
0.20	0.15	0.30	0.35	1.80
0.20	0.15	0.20	0.45	1.90
0.20	0.15	0.10	0.55	2.00
0.20	0.15	0.00	0.65	2.10
0.20	0.20	0.60	0.00	1.40
0.20	0.20	0.50	0.10	1.50
0.20	0.20	0.40	0.20	1.60
0.20	0.20	0.30	0.30	1.70
0.20	0.20	0.20	0.40	1.80
0.20	0.20	0.10	0.50	1.90
0.20	0.20	0.00	0.60	2.00
0.30	0.20	0.50	0.00	1.20
0.30	0.20	0.40	0.10	1.30
0.30	0.20	0.30	0.20	1.40
0.30	0.20	0.20	0.30	1.50
0.30	0.20	0.10	0.40	1.60
0.30	0.20	0.00	0.50	1.70
0.30	0.30	0.40	0.00	1.10
0.30	0.30	0.30	0.10	1.20
0.30	0.30	0.20	0.20	1.30
0.30	0.30	0.10	0.30	1.40
0.30	0.30	0.00	0.40	1.50

in which no woman has more than three births, is actually reasonably realistic—results from numerous social surveys show that most desire two children and very few say that their ideal family size consists of four or more children (see, e.g., Morgan, 2003). The second, which is the converse of the first, is that achieving fertility levels approximating replacement levels of 2.1 births per woman will very likely require that some women give birth

to four or more children. The third concerns the crucially important role played by women who are childless or who have only one birth. When these proportions are in the range of 15% or 20%, it can be easy to obtain levels of subreplacement fertility in the range of 1.6 to 1.8. The fourth and perhaps most important takeaway is that Table 3 suggests that it is not difficult to achieve extremely low fertility levels in the range of, say, 1.4 to 1.5 when the percent who are childless or who have only birth are around 20% or 30%.

How realistic are the hypothetical scenarios in Table 3? Biddlecom and Martin (2006) document that childlessness among US women aged 40–44 was 10% in 1976, 18% in 1995, and 19% in 2003. They also find a positive correlation between childless and education, with childlessness rising with education. But in Germany, whose TFR was 1.36 in 2010, childlessness has been substantially higher, with more than a third of German women born in 1965 expected to remain childless (Dobritz & Gartner, 1999, cited in Kohler *et al*., 2002).

SPECULATIONS ON US EXCEPTIONALISM

Why might the United States be an exception to what is occurring in so many other highly industrialized nations? It is important to acknowledge that there are other industrialized nations that have relatively high fertility. On the basis of estimates for the calendar year 2010, these include the Netherlands (1.75), Belgium (1.82), Finland (1.83), Denmark (1.86), United Kingdom (1.88), Sweden (1.89), Norway (1.92), and France (1.97). But only three countries have fertility that exceeded the US level of 2.06—Iceland (2.13), New Zealand (2.14), and Israel (2.91). Israel's high fertility may be a reaction to the high fertility by Palestinians, with the latter standing at 4.42. Clearly, the United States is not alone in having levels of fertility well above the low levels of, say, 1.5, observed in so many other highly industrialized countries, but it is clearly among a very few in which fertility is essentially at replacement levels.

These considerations are why social scientists see the US fertility as "high" relative to most other highly industrialized nations. There is, however, no corresponding consensus for what accounts for US exceptionalism, so that what follows are my speculations about factors that might account for why the United States is so different. And in what follows, I will use the phrase "relatively high" to refer to the fact that US fertility is essentially at replacement levels and thus higher than in nearly all other highly industrialized countries.

- *Poverty*. Social scientists have long observed that those in disadvantaged segments of society tend to have more children than those in more advantaged segments of society, with this pattern seen not just in the

United States but in other countries as well. Thus one plausible reason for why US fertility is relatively high is that the US has more who are poor.

- *Affluence*. Yet another likely contributor to US exceptionalism is the higher fertility in advantaged groups, at least when compared to their advantaged counterparts in other countries. For example, women aged 40–44 with college degree or more had an average of 1.77 children, a level higher than current fertility in the Netherlands. (I obtained these and other estimates reported in this section using data on women aged 40–44 from the 2006—2010 National Survey of Family Growth).
- *Immigration*. Social scientists have long observed that immigrants have more children and this is true for US immigrants as well. Thus, women aged 40–44 who were foreign-born had an average of 2.75 births whereas those born in the United States averaged 2.02 births, a difference of .73 births.
- *Nonmarital Fertility*. Childbearing outside of formal marriage has increased substantially in the United States (Wu, 2008), with over 40% of US births now occurring outside of formal marriage (Hamilton, Martin, & Ventura, 2013). Women aged 40–44 who had a premarital first birth averaged 0.47 more births than those who had a marital first birth.

DISCUSSION

In most highly industrialized countries, fertility is below replacement and sometimes substantially so. The list of such countries is long: in 2010, nations with fertility averaging 1.5 or fewer births per woman included: Germany (1.36), Portugal (1.36), Italy (1.39), Greece (1.46), Switzerland (1.47), Spain (1.51), Hungary (1.33), Poland (1.33), Ukraine (1.39), the Czech Republic (1.43), Russia (1.44), Hong Kong (1.03), Taiwan (1.11), South Korea (1.23), Singapore (1.26), Japan (1.34), and Cuba (1.5). Fertility levels in Canada (1.63) and China (1.63) are only a bit higher. There is growing concern among social scientists about the potentially quite harmful societal impacts were fertility to remain at such very low levels. And perhaps not surprisingly, policy makers in many of these countries have begun implementing policies intended to raise fertility. Whether such policies have or can be successful remains an open question that continues to be hotly debated in the research community.

One notable exception has been the United States, where fertility has been at or near replacement levels for over four decades. Because of this, the United States possesses what I think might be most accurately characterized as a type of "demographic potential"—the prospect that the numbers in future

generations will be roughly the same as in current generations. This "demographic potential" will by no means solve all problems; indeed, increasing life expectancy across the developed and developing world will imply rapidly aging populations in the US and elsewhere. But population aging will be far more rapid in countries in which fertility is substantially below replacement, something we have seen in vivid detail when comparing the situations of the United States and Japan.

My argument is thus that US fertility constitutes the "demographic" part of this "demographic potential," and I likewise am deliberately using the word "potential" to emphasize that potential benefits are in no way automatic. Among the likely factors behind higher US fertility is the higher fertility of disadvantaged groups in the United States. Thus, fertility is higher, for example, among recent immigrants and among those who have children outside of formal marriage. But these factors create additional challenges. A first is the challenge of narrowing the gap between children raised in disadvantaged versus advantaged circumstances. That is, a society will more fully realize its demographic potential when children more fully realize their potential in adulthood. A second challenge is political, in that immigration and out-of-wedlock childbearing are highly charged topics politically. These and other issues thus pose real challenges to realizing the potential of the demographic advantages that the United States possesses.

Still, the larger issue is that we care about children because they carry the future of any society. The United States is in the enviable position of looking to a future in which there will very likely be sufficient numbers in both current and future generations of children. Perhaps one small step to addressing these and other challenges is for more of us to more fully recognize the many ways in which societies benefit when there are sufficient numbers populating future generations.

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