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## CHILDREN AND THE ELDERLY: DIVERGENT PATHS FOR AMERICA'S DEPENDENTS\*

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In 1957, the total fertility rate in the United States reached a postwar peak of 3.68 children per woman (U.S. National Center for Health Statistics, 1976:4). In the two decades that followed, it fell to half of its 1957 value, and seems to have reached a temporary plateau at a figure of about 1.8 children per woman. This sharp fertility decline led to a decline in the number of children under age 15 in the United States by about 7 percent between 1960 and 1982 and to a reduction of 28 percent in the proportion of the population under age 15 (U.S. Bureau of the Census, 1984b:33; 1975:15).

Very different forces were at work at the other end of the age scale. The number of people aged 65 and over increased by 54 percent between 1960 and 1980 (U.S. Bureau of the Census, 1982a:25). Reasons for the growth of this age segment are more complex. Somewhat more than half of the growth is attributable to the fact that the cohorts over age 65 in 1980 were already larger in childhood than were the earlier cohorts. Their relative size underwent little change as the cohorts aged into the pre-retirement years and their relation was projected to continue largely unchanged into the elderly years.<sup>1</sup> In 1971, the U.S. Census Bureau projected that the population aged 65 and over would grow by 17.6 percent between 1971 and 1981, only slightly faster than the projected growth (in the intermediate series) of 14.7 percent for the whole population

(U.S. Bureau of the Census, 1971). But in fact the elderly population grew by 28.4 percent during this period, an increase 61 percent greater than expected. Between 1971 and 1981, the elderly population of the U.S. grew faster than the population of India.

What caused this unanticipated growth spurt is, of course, a very rapid decline in old age mortality. The Census Bureau's 1971 projection anticipated a life expectancy of 72.2 years in the year 2000. But already by 1982 life expectancy was 74.5 years, having increased more than twice as much in 10 years as it was expected to increase in 30 (U.S. National Center for Health Statistics, 1983a:15).

So we have passed through several decades of abrupt demographic change. The child population has declined and the elderly population has spurted. Both of these developments were in the main unanticipated.

Most demographers would probably expect such a rapid change in age structure to have favorable consequences for children and troubling ones for the elderly. Fewer children should mean less competition for resources in the home as well as greater availability of social services earmarked for children, especially public schooling. The sharp rise in the number of elderly persons should put enormous pressure on resources directed towards the older ages, such as medical care facilities, nursing homes, and social security funds. At least this view would be characteristic of those who see the world through a Malthusian lens and find the main social drama to be the

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pressure of numbers on some kind of inelastic resource.

My thesis is that exactly the opposite trends have occurred in the relative well-being of our two groups of age dependents and that demographic factors have not only failed to prevent this outcome but have, in many ways, encouraged it. Conditions have deteriorated for children and improved dramatically for the elderly and demographic change has been intimately involved in these developments.

#### EVIDENCE OF CHANGE IN THE RELATIVE STATUS OF DEPENDENTS

First, let's examine some evidence on changes in the relative welfare of children and the elderly. The job is much easier for the elderly because they are routinely included in our data collection systems and are distinguished in most tabulations. We gather very little information on children, however, and only in the last few years have we come to recognize this deficiency.

Probably the indicator of well-being on which different ages are most readily compared over time is the percentage who live in poverty. We obviously cannot compare personal incomes of the two groups but we can compare incomes in the families with whom they reside relative to some standard of minimal need. The basic standard used by the Census Bureau is an income level three times the cost of the Economy Food Plan as determined by the Department of Agriculture. Families with money incomes less than three times this amount are said to be in poverty. Some allowance is made for scale economies in larger families.

Figure 1 shows the percentage living in poverty, by age, in 1982 and 1970, one of the first years in which age breakdowns are available.<sup>2</sup> Clearly, the relation between poverty and age has changed dramatically. Although it is *U*-shaped in both years, the right arm dominates in 1970 and the left arm in 1982. The incidence of poverty among the elderly was

double the national incidence in 1970 but by 1982 the proportion of the elderly living in poverty had actually fallen below the national average. The incidence of poverty among children under 14 in 1982 is 56 percent greater than among the elderly, whereas in 1970 it was 37 percent less. It's no mystery that the main factor in the reduction of poverty among the elderly is the expansion of social security benefits. It's been calculated that 56 percent of the elderly would have been in poverty in 1978 had it not been for such income transfers (Danziger and Gottschalk, 1983:746). The rise in child poverty appears all the more remarkable in view of the greatly increased propensity of their mothers to contribute to family income. 48.7 percent of mothers with children under age six in intact families were in the labor force in 1982, versus only 18.6 percent in 1960 (U.S. Bureau of the Census, 1983a:414).

The measure of poverty incidence has been criticized on several grounds. One is that it's not an indicator of welfare or well-being because people can choose to have more children at the same income level, thereby simultaneously increasing their welfare and impoverishing themselves (Pollak and Wales, 1979). While this argument clearly pertains to adults, it has no relevance to children. If they are poor, it's not because they choose to be. A more important objection is that poverty measures include only money income and neglect many in-kind transfers such as food stamps and Medicare. Most of these transfers have increased over the past several decades. But allowance for these would make the disparity in trend even sharper. A recent Census Bureau study estimated that the market value of noncash benefits grew from \$6 billion in 1965 to \$98 billion in 1982 (U.S. Bureau of the Census, 1984a:XI). The large majority of this increase was in the form of medical benefits and the principal beneficiaries were the elderly. Their incidence of poverty for 1982 is 14.6 percent before the allowance for non-

cash benefits at market value but only 3.5 percent after the allowance.

The equivalent reduction for children under 6 is from 23.8 percent to 17.2 percent, a figure still higher than the *unadjusted* national figure (U.S. Bureau of the Census, 1984a). So Figure 1 actually understates the degree to which child poverty has increased relative to that of the elderly. The comparisons also fail to account for tax payments or for the imputed value of owner-occupied housing, factors that several studies have shown to benefit the elderly disproportionately (U.S. Bureau of the Census, 1984b:30; Coe, 1976). The elderly are not oblivious to their improved status. A 1982 Gallup poll found that 71 percent of those aged 65 and over reported themselves as being highly satisfied with their standard of living, far and away the highest satisfaction level of any age group (Gallup, 1983a:18–19).

Figure 2 replaces an economic indicator with a social one, but the story is much the same. Suicide rates in 1960–1961 rose steadily with age, increasing by a factor of about five between ages 15–24 and 65+. By 1981–1982, however, the age gradient is very much weaker. Instead of increasing by five beyond age 15–24, suicide rises by less than one-half.<sup>3</sup> The reduced suicide rate among the elderly reflects what is apparently a widescale improvement in their psychological well-being. In 1957, 22 percent of people over 64 scored very high on a scale of psychological anxiety, compared to only 9.5 percent of persons 21–29; but by 1976 scores on the same test among the elderly had fallen and among young adults had risen to a common value of 15.5 percent (Veroff et al., 1981:354).

Suicide among children is very rare, although the trend is upward. But the few other available indicators of children's emotional well-being, collected by Zill and Peterson (1982), generally suggest that some deterioration has occurred. For example, the U.S. Health

Examination Survey has asked parents whether "anything had ever happened to seriously upset or disturb your child." The percentage answering yes rose from 27 percent in 1963–1965 to 37 percent in 1976; the major reason for the deterioration was apparently a rise in family disruption and marital discord. Zill and Peterson conclude from this and the few other available time series that child stress has increased, primarily as a result of the rise in family disruption.

When we turn to public expenditure patterns, recently reviewed by Bane et al. (1983), the trends are less clear cut. They find that, per member of the recipient group, expenditure on the elderly was three times the expenditure per child in 1960 and remained three times greater in 1979. Both grew very rapidly during this period, so that the absolute gain was three times larger for the elderly. (They include public spending on higher education in their calculations; since this was one of the fastest growing components of expenditure on "children," the growth in spending would be less rapid for the child population below age 18.)

However, since 1979 there has been a sharp break with this pattern as many public programs benefitting children have been rolled back while programs targeted to the elderly have been maintained or expanded. One arena in which children and the elderly compete directly is Medicaid, which provides medical services for poor persons. Children's share of Medicaid payments dropped from 14.9 percent in 1979 to 11.9 percent in 1982 despite a rise in the child proportion among the eligible (Children's Defense Fund, 1984a). The Aid to Families with Dependent Children (AFDC) program has been sharply cut back. In 1979, there were 72 children in AFDC for every 100 children in poverty, but there were only 52 per 100 in 1982 (Children's Defense Fund, 1984a). Meanwhile, between those same years expenditures on Medicare and Medicaid rose by \$32 billion, or by 63 percent (Davis, Karen,

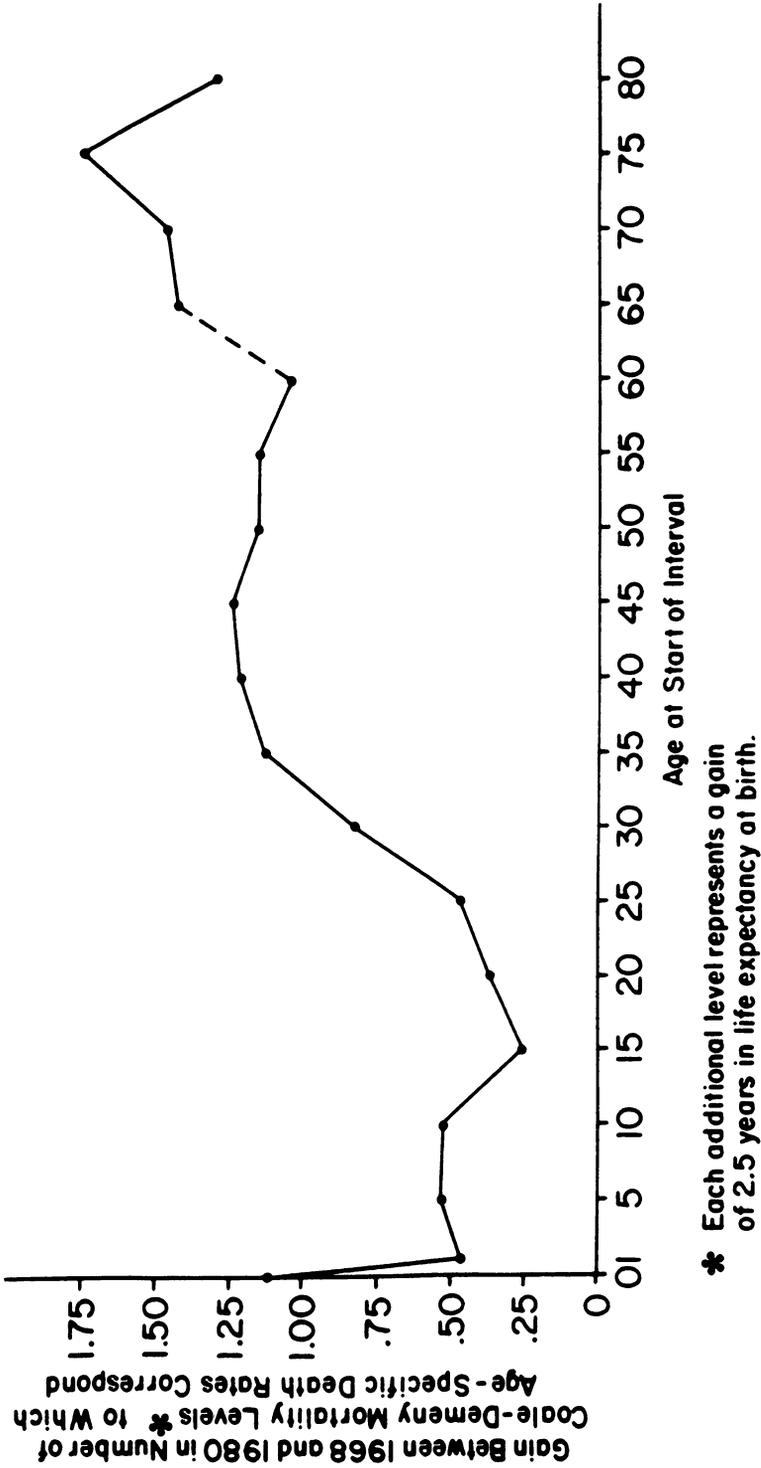


Figure 1.—Percentage Living in Poverty by Age, 1970 and 1982.

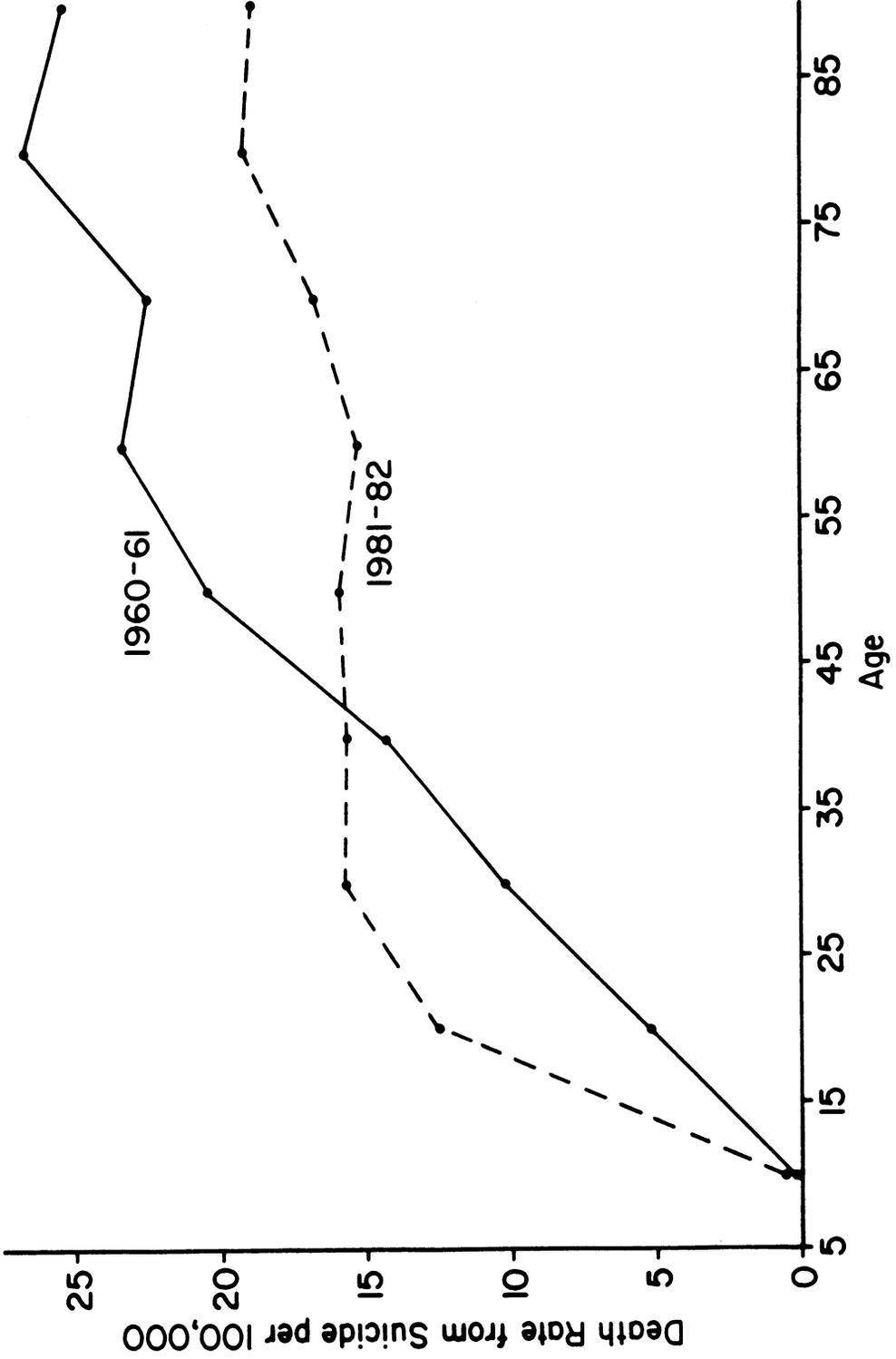


Figure 2.—Age-Specific Death Rates from Suicide in 1960-1961 and 1981-1982.

1983). Medicare outlays alone rose from \$3.4 billion in 1967 to \$57.4 billion in 1983 and are projected to rise to \$112 billion in 1988 (Congress of the United States, 1983).

The Office of Management and Budget recently began estimating the fraction of federal benefits that are directed towards the elderly. The elderly received \$44 billion in federal dollars in 1971 and \$217 billion in 1983, some \$7,700 per capita (U.S. Bureau of the Census, 1983a:376). The benefits were a smaller item than national defense in 1971 and a larger item in 1983 (U.S. Bureau of the Census, 1983a:343). The total federal expenditure on all the major child-oriented programs—AFDC, Head Start, food stamps, child nutrition, child health, and all federal aid to education—is about \$36 billion in 1984, only one-sixth of federal expenditure on the elderly (compiled from Children's Defense Fund, 1984b, Appendices). Per child, federal expenditure on these programs was only 9 percent of per capita expenditure on the elderly. Trends in state and local spending do not appear to have offset the age trends in federal spending (American Federation of State, County, and Municipal Employees, 1984).

The recent changes in public expenditure patterns are not simply some aberrant product of the Reagan administration. The cutback in children's programs began under Carter and has had Congressional support and the support of the American voting public.<sup>4</sup> Reagan himself proposed large cuts in Social Security benefits in 1981 and 1982 which were soundly defeated in Congress (Chin, 1983). Research funding is a microcosm of national trends. The National Institute of Education's (NIE's) budget in fiscal year 1981 was \$65.6 million, close to that of the National Institute of Aging's (NIA's) \$75.6 million. In fiscal year 1984, the Education budget is down to \$48.2 million, while Aging has risen to \$112.3 million. The Administration's proposal for 1984 called for a cut of at

least 10 percent in extramural funding of NIA but this was overturned by Congress, which provided a 25 percent increase in funds. The Administration's proposed reduction for NIE was accepted (Consortium of Social Science Associations, 1983).

These disparate trends in levels of public expenditure are exaggerated by disparate trends in the apparent effectiveness of public expenditure. The largest portion of public expenditure directed towards children takes the form of public schooling. Reports from commission after commission in the past year have concluded that the quality of our educational products has eroded. The best publicized indicator is the decline in Scholastic Aptitude Test scores. The sum of verbal and mathematics scores declined by 90 points between 1963 and 1980 and seems to have leveled off subsequently (Lerner, 1983). The most authoritative examination of this trend, the Wirtz Commission report of 1977, concluded that most of the decline in earlier years was attributable to compositional factors—different groups taking the test—and most of the decline in later years was real (Advisory Panel on the Scholastic Aptitude Test Score Decline, 1977). Over the period they reviewed, slightly more than half of the decline was real. As evidence, they point to sharp declines since 1970 among all major groups, including high school valedictorians. They also conclude that the decline has been underestimated by 8 to 12 points because the tests have gotten easier. Trends in scores on most other standardized tests, achievement as well as aptitude, are also typically downwards, especially in science and math, and especially among high school students (National Assessment of Educational Progress, 1978, 1981; Lerner, 1983).

At the same time that school performance has been declining, a smaller fraction of children are completing high school. The high school graduation rate dropped from 76.3 percent in 1965 to

73.6 percent in 1980 (U.S. House of Representatives, 1983:22). In contrast, 95 percent of Japanese teenagers now graduate from high school, and because of a longer school day and school years the Japanese graduate will have spent roughly four full years more in school than will an American graduate (Task Force on Education for Economic Growth, 1983). One analyst cited by the National Commission on Excellence in Education (1983:11) asserted that, "For the first time in the history of our country, the educational skills of one generation will not surpass, will not equal, will not even approach those of their parents."

While education is the principal public service provided children, health care is the principal public service provided to the elderly. For other ages, of course, it is not a public service but is primarily privately arranged. However, for the elderly, 69 percent of medical care bills are paid with public monies. The total amount of public outlay for health in 1984 per person above 64 is estimated by the Congressional Budget Office to be \$2,948 (Congress of the United States, 1983:19-20).

One indicator of the success of these expenditures is mortality rates. We have already heard evidence that old age mortality has fallen dramatically. But so, too, has mortality fallen among children, one of the few benign trends for the group. In order to compare the gains of the groups, we need a proper measuring rod. Every well-trained demographer knows that we have such a device in the form of model life tables, which indicate how much change typically occurs in age-specific death rates per unit change in life expectancy at birth. So we can examine recent mortality change in the United States to see how much improvement is implied at each age, using the "West" model (Coale et al., 1983). Figure 3 presents the results for female changes between 1968 and 1980.<sup>5</sup> If recent changes had been "normal"—that

is, in accord with commonly-observed relationships among age-specific death rates—then the graph would be a horizontal line. All ages would have moved up by the same amount. Obviously, the line is not horizontal. Compared to normal standards of progress, children and young adults improved the least. The four largest gains pertain to the four age groups above 65. (The figure at age 80 should not be taken too seriously since mortality has fallen to such a low level here that it is far outside the range of the models used and extrapolation was necessary). What I find particularly intriguing about the graph is the suggestion of a discontinuity at age 65, the age at which Medicare entitlements begin. Male changes are similar, being smallest among children and young adults and reaching a peak at age 70-75. There is no suggestion of a discontinuity at age 65, however.

The two age groups of dependents even show different trends in their degree of dependency. Older children are more often contributing to their own support by working, while the elderly are contributing less often. Labor force participation rates of persons 16-17 years old rose from 37.9 percent in 1960 to 43.2 percent in 1983, while the participation rate of those 65-69 declined from 32.3 percent to 20.4 percent (U.S. Bureau of Labor Statistics, 1984; Miller, 1984).

Having presented some evidence on the changes in the well-being of our dependents, I'm now going to argue that demographic variables have played an important role in producing these changes through their action in three arenas, which I've labelled the family, politics, and industry.

#### THE FAMILY

Societies use two major means for transferring resources to dependents: direct public transfers and transfers within the family. The latter is the most important means in virtually all societies. James Morgan (1978) estimates that

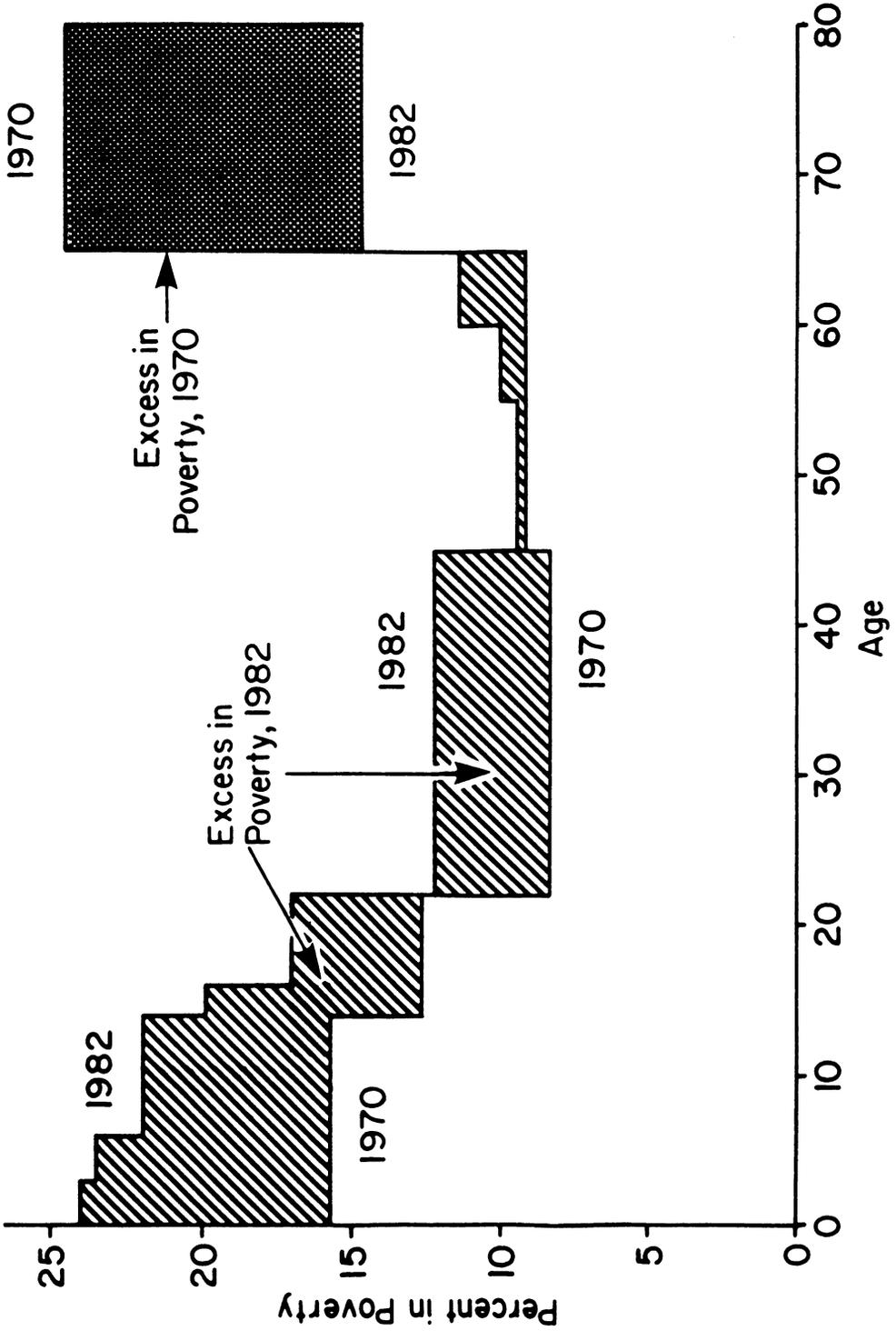


Figure 3.—Mortality Improvements by Age between 1968 and 1980 for U.S. Females.

roughly one-third of GNP in the United States takes the form of transfers from income earners to nonearners in the same coresident family. Over time, families have relinquished more and more responsibility for support of elderly dependents to the state. In terms of residence and income, this process was nearly completed by 1960. As long ago as 1942, Parsons attributed the financial difficulties of the elderly and the political agitation on their behalf to a disappearance of a sense of obligation for their support within the conjugal family.

The situation is clearly very different for children, for whom the family remains the principal source of support. But it's not too far-fetched to argue that during the period since 1960 the conjugal family has begun to divest itself of care for children in much the same way that it did earlier for the elderly. The simplest form of divestiture is not to have children in the first place, and we're doing that in record numbers. But there is also less care-taking for the children that we do have. The main proximate cause here is a disappearing act by fathers. 18.4 percent of births in 1980 were out of wedlock, which in the large majority of cases means that the father takes no enduring responsibility for the child. The figure was only 5.3 percent in 1960 (U.S. Bureau of the Census, 1983a:70; Furstenberg and Talvite, 1980). Of those children both *in* wedlock, according to Bumpass (1984), 43 percent would experience a disruption leading to the divorce of their parents before age 16 under disruption rates of 1977–1979, compared to only 22 percent in 1963–1965. Hofferth (1983) extrapolates recent disruption trends and projects that two-thirds of in-wedlock births in 1980 will experience the disruption of their parents' marriage by the time the children reach age 17.

What happens to the father after the divorce? According to Furstenberg and Nord (1982), 52 percent of children with a nonresidential father had not seen him in the past year and an additional 16

percent had seen him less than once per month. Fewer than half of the fathers made child support payments. According to a Census Bureau study for 1978, only 41.4 percent of children from a previous marriage living with the mother received child support payments from their father. A later survey of fathers found them reporting child support payments to about the same number of children, but failing to report the existence of the large majority of the children to whom they were not making payments (Cherlin et al., 1983).

Some of the children abandoned by their natural fathers will of course come to live with other adult males who support them, but this does not happen as often as commonly believed. Bane and Ellwood (1984) use Michigan's Panel Study of Income Dynamics data for 1968–1979 to show that 63 percent of children who enter one-parent spells in childhood are still in them at age 17. The rate of breakup after remarriage is actually higher than the rate of remarriage itself when calculations are based upon child-years of exposure.

The upshot is that economic circumstances usually deteriorate for women and children following divorce and separation. Using data from the Panel Study of Income Dynamics, Duncan and Morgan (1981) found that children whose parents divorced between 1972 and 1978 had a loss of \$6,602 in annual family income between those years; 72 percent of these children had a reduction in the ratio of income to needs. A study of an earlier seven-year period in this data set found that the ratio of income to needs rose 30 percent for men who became divorced or separated and still remained in that state but declined by 7 percent for the women in this category (Hoffman and Holmes, 1976; for a recent review, see Hill, 1983.)

Obviously, these disruption patterns have something to do with the rise in child poverty. The Census Bureau figures on poverty show that 56.0 percent

of children under 19 in 1982 who lived in a female-headed family without husband present lived in poverty, compared to only 13.0 percent of children in other families. The figures were similar but slightly lower in 1970. On a simple decompositional basis, 44 percent of the growth in the percentage of children in poverty between these years is attributable to the growing prevalence of female-headed households. In terms of absolute numbers, 69 percent of the growth in the number of children in poverty occurred in the category of female-headed families.<sup>6</sup>

The rise in marital disruption is also likely to be implicated in deteriorating psychological well-being among children, as we saw earlier. There is certainly little doubt from microlevel studies that the short-run effects are sizeable and significant (Hetherington, 1979; Hetherington et al., 1979; Kellam et al., 1977) and there is mounting evidence of substantial long-term effects, including increases in young adult suicide (Furstenberg and Allison, 1984; Furstenberg and Seltzer, 1983; Fuchs, 1983).

Family instability is also likely to be related to a minor extent to declining school achievement. A recent review of studies by Hetherington et al. (1983) concludes that both short-term and long-term deficits are associated with living in a one-parent household as a child, even after controlling the income effects that are partly produced by disruption itself. They suggest that behavioral problems are a major intervening variable (see also McLanahan, 1983).

It's tempting to push the level of explanation one step farther and try to account for the decline in marital stability itself. That is a subject better suited to encyclopedic treatment than to paragraphs in a presidential address, but I can't resist making some remarks. Some 52 percent of marriages would end in divorce according to disruption rates of 1975-80 (Preston, 1983) and Kingsley Davis (1983) points out that the figure would be much higher if we counted

consensual unions, some of which are reproductive. It seems incredible that we have reached this level of instability when collectively we have better health, more teeth, better odor and more orgasms. And a recent review of public opinion pools by Thornton and Freedman (1983) concludes that we are, in fact, happier with our mates of the moment. The percentage of persons saying that their marriage was either very happy or above average went from 68 percent in 1957 to 80 percent in 1976.

I think that explanations for rising instability occur at two levels. At one level are increased incentives to break up a union. We have already seen that the male's disposable income rises sharply after divorce, and his gains from divorce are greater the higher are general economic levels. Beckerians stress that higher potential earnings for women have made it more costly for them to specialize in home production and to build up marriage-specific capital, especially in the form of children. Higher incomes have also made it easier for both partners to sacrifice the scale economies attached to joint living arrangements. In effect, we can afford to buy more privacy and freedom from others' needs and expectations by establishing separate residences. Low income groups have gained incentives to split up because of expanded public programs—especially Aid to Families with Dependent Children—that penalize couples for staying together. State levels of AFDC payments have repeatedly been shown to influence disruption rates and even remarriage rates (Hutchens, 1979; Hoffman and Holmes, 1976), and evaluations of the guaranteed minimum income experiments reached similar conclusions (Hannan et al., 1977). Finally, exposure to alternative partners has increased with industrial changes that produce less sex segregation at the workplace, larger percentages in metropolitan areas, and more jobs dealing with people instead of dirt or machines.

Viewed in this light and considering

only adult welfare, there is nothing problematic in the upsurge in marital disruption. We simply have greater opportunities now to act on our preferences. The lack of marriage mobility in the past is equivalent to the absence of occupational mobility in a feudal society.

These structural explanations are surely part of the story. But another part, perhaps more important, is the increased prevalence of a world view that legitimizes calculations based upon individual self-interest. Lawrence Stone, the leading family historian, refers to the rise over the past 250 years of affective individualism, the awareness of the self as unique and recognition of the right of that self to pursue selfish goals (Stone, 1982). He argues that individualism is a rare and curious ideology in human history, produced largely by the Protestant revolution and taking its most potent form when nourished by American democracy. Lesthaeghe (1983) provides strong support for the notion that ideas are playing an independent role in family change by showing that changes in marriage and divorce throughout Europe are influenced by the degree of religious secularization, independent of levels of urbanization and industrialization. One might add that it seems unlikely that any purely structural approach could explain why American divorce rates are about double those of our nearest competitors in Europe (United Nations, 1984:692-695).

Within the United States, the independent role of ideational systems for family matters is probably best represented by behavior among Mormons. The crude birth rate in Utah rose from 25.5 in 1970 to 30.1 in 1979 while the nation's was declining from 18.4 to 15.9 (Toney et al., 1983). Its TFR in 1980 was 3.22 (Population Reference Bureau, 1984:8). Utah also has (after Hawaii) the lowest divorce rate in the Pacific and Mountain region (U.S. National Center for Health Statistics, 1984a). But these rates are not a product of social and economic backwardness; Utah also has the highest edu-

cational level in the country and one of the lowest high school dropout rates (Toney et al., 1983). Obviously, we are not simply maximizing some utility function that is shared by the human community throughout time and space.

What these individualistic notions have meant for divorce is obvious. People feel less constrained by others' welfare to remain in what they consider to be a marginal marriage. Opinion polls have asked women whether they agree with the statement, "When there are children in the family, parents should stay together even if they don't get along." The percentage disagreeing with the statement rose from 51 percent in 1962 to 82 percent in 1980 (Thornton and Freedman, 1983:9). Our tendency to count only our own interests and not those of children is vividly illustrated by a recent incident in New York City, which passed a law requiring bars to warn of the dangers to the fetus of alcohol consumption by pregnant women. The local chapter of the National Organization of Women wrote a letter to Mayor Koch protesting that the bill was "protecting the unborn at the expense of women's freedom" (Sandmaier, 1983).

These two tendencies—increased incentives to divorce and increased willingness to act on those incentives in a narrowly self-interested way—are surely together responsible for the sharp rise in divorce. And there is no question that this rise has in turn made life more difficult for children, while its impact on the elderly has been muted by their prior disengagement from the conjugal family.

#### POLITICS

Besides the family, the state is the other major vehicle for transferring resources to dependents. Here it seems fairly obvious that the changing numbers of young and old have altered the environment for public policy decisions. In a modern democracy, public decisions are obviously influenced by the power of special interest groups, and that power is in turn a function of the size of the

groups, the wealth of the groups, and the degree to which that size and wealth can be mobilized for concerted action. In all of these areas, interests of the elderly have gained relative to those of children.

It's useful to recognize that there are three sources of self-interested support for the elderly: the elderly themselves; the working-age population who are in a general sense "voting" on behalf of elderly persons who might otherwise need family support; and the working age population who are voting on behalf of themselves when they reach old age. The elderly are a very peculiar kind of special interest group, quite unlike Teamsters or Southerners or the National Rifle Association. They are a group that almost all of us can confidently expect to belong to someday. Most programs for the elderly are to some extent perceived as a social contract whereby we transfer resources to ourselves over the life cycle.

Only one of these three sources of support is available to children. Children don't vote; and adults don't vote on behalf of their own childhood, which is water over the dam. I daresay that if we passed through life backwards, adults would insist that conditions in childhood be made far more appealing.

So demographic change can clearly have a multiplier effect on political support for the elderly. The sharp mortality decline at old ages has meant more elderly voters; more working-age people with surviving parents; and an increase in the number of years that a working-age person can expect to live over 65.

The most visible and perhaps most important of these changes is the rise in the number of elderly themselves. This rise has been combined with a high degree of political participation. According to a U.S. Census Bureau (1983b) study of voting patterns in the 1982 congressional election, the highest percentage voting of any age group occurred at ages 65-74. 65 percent of persons in this group voted, more than double the percentage at ages 20-29. In terms of absolute numbers, more people voted at ages 60 and

over than in the swollen baby boom cohorts under 35 or in the prime child-rearing ages from 35 to 49. Once again, this age pattern reverses earlier ones: in the congressional elections of 1966, the voter participation rate above age 65 was lower than for any age between 35 and 64 (U.S. Census Bureau, 1968). The elderly also appear to be politically more knowledgeable. In a 1982 Gallup poll, 56 percent of those aged 65 and over could name their Congressional representative, the highest fraction of any age group, compared to only 30 percent among those under 30 (Gallup, 1983a:175).

The constituency for children, meanwhile, has declined both in numbers and in impact. To demonstrate the changing dependency pressures on the middle aged, I estimate from cohort fertility and life tables that the average 40-year-old couple in 1980 had nearly identical numbers of living parents and children: 2.59 parents and 2.72 children.<sup>7</sup> But we are still far from where we are headed if present rates of fertility and mortality were to persist: under rates of 1980, a 40-year old couple would have 2.88 living parents and 1.78 living children. It is not until age 52 that the numbers would be equal.<sup>8</sup> By that age, of course, most children are out of the house, and it turns out that there is *no age* in the life cycle at which the couple is expected to have more children below age 20 than it has surviving parents. The pulls and tugs of dependency concerns on the middle aged are obviously shifting, in numerical terms at least, towards the elderly.

It's not just that we have fewer children these days; parents are also less inclined to live with the ones that they've got. In 1982, only 63 percent of children under 18 were living with both of their natural parents (U.S. House of Representatives, 1983). As a result of declining fertility, residential breakups, and an aging population, only 37.1 percent of American households in 1982 contained a child under age 18 (U.S. House of Representatives, 1983). Tabulations

done at the University of Pennsylvania from the 1980 Census Public Use micro-data show that only 41 percent of the population aged 21 and over lives in a household with a child under 18. Equivalent figures for the 1960 and 1900 Public Use Samples are 50 percent and 59 percent.

In addition to declining numbers of parents potentially representing children among the voting-age population, parents themselves are less likely than average to vote. Among family householders with *no* children present under age 18 in the election of November 1982, 60.5 percent voted; among those whose children were all below age 6, only 38.1 percent voted (U.S. Bureau of the Census, 1983b:18). Of the votes cast in this election, only 38.4 percent belonged to people who lived in a household that had a child under 18.<sup>9</sup>

None of this would matter, of course, if people in different age groups and family circumstances saw public issues the same way. And there are many issues on which age differences appear to be minor. They are not even very large regarding social security, perhaps for reasons that I alluded to earlier. A 1982 Gallup poll asked people how they felt the financing crisis of social security could best be resolved. Age differences in responses were not large, although they were systematic and predictable. Elderly persons were 7 points more in favor than others of increasing current contributions from workers and employees, and 13 points more in favor of increasing the age of eligibility for the retirement cohorts to come (Gallup, 1983a).

Larger age differences seem to pertain to issues involving children. The 1983 Gallup Poll of Public Attitudes toward the Public Schools asked whether people would vote to raise taxes for schools if requested to do so by their local school system. Below age 50 the numbers were evenly split: 45 percent would favor the request and 46 percent would oppose it. At 50 and above the opponents outnumbered

the supporters by 62 percent to 28 percent (Gallup, 1983b). In 1978, HUD commissioned a large Harris poll of 7,074 adults regarding the quality of community life. Respondents were asked to name the public service that they would most like to see improved. 20 percent of those 25–44 but only 6 percent of the elderly named the public schools. People were also asked whether the lack of child care facilities was a problem in the community. 50.0 percent of those aged 25–34 said that it was, compared to only 19.7 percent of the elderly (U.S. Department of Housing and Urban Development, n.d.:255,713–715). While it's clear from other data that the elderly are in frequent touch with their children and grandchildren, it's also clear that they don't automatically assimilate their offspring's perceptions and concerns.

How many issues at the local or national level have turned on the changing age and family status distribution? Unfortunately, this is not a question that admits to simple answers. One possibly informative example is the passage of the Age Discrimination Act of 1975. A very detailed article in the *Yale Law Journal* (Schuck, 1979) documents how little careful thought went into this Act because of legislators' rush to please their powerful elderly constituents. It argues that the Act intensifies age conflict and has been interpreted by the Civil Rights Commission in such a way that the elderly gained not only at the expense of other adults but also of children.

We have talked only about the exercise of self-interest. What about altruistic motives for support of children and the elderly? These are obviously difficult to measure both in intensity and effect. A recent book by Grubb and Lazerson (1982) argues that we have drifted towards a purely self-interested and adversarial form of government and lost along the way notions of community good. Enlightened self-interest has simply become *self* interest—looking out for number one—with particularly devastating effects for children. They argue that

Americans have never had any strong sense of collective responsibility for other people's children, only private responsibility for their own. One suspects that this distinction has been strengthened by the increased availability of effective contraception, so that children are more than ever viewed as the product of a private decision. Without any sense of collective good, the obvious question is why parents shouldn't bear the costs of that voluntary decision. Since we don't choose to have parents, there is no equivalent motive to privatize their costs. A second factor probably helping to blunt any outbreak of altruistic behavior towards other people's children is that they are increasingly drawn from minorities with whom the majority may have trouble identifying. 23.6 percent of children under age 15 are black or Spanish-origin whites, compared to 16.4 percent of persons aged 35-44 and only 10.8 percent of the elderly.<sup>10</sup> Finally, there is the very real concern that whatever public actions are taken may undermine the remaining capacity of the private family to provide for its children, might make matters worse instead of better. But while this argument may have some pertinence to AFDC programs, it seems irrelevant to public schooling, which is already overwhelmingly a public responsibility. And the "moral hazards" arguments simply appear to lack social saliency for the elderly. We appear to worry very little about whether increased benefits for them would undermine their children's willingness to care for them or lead the able-bodied to withdraw prematurely from the labor force (Bane et al., 1983). But we're scandalized by equivalent prospects for those we think of as welfare mothers.

#### INDUSTRY

The final and least obvious of the demographic mechanisms helping to bring about the trends described is the effect of demographic change on the ma-

ior industries serving the two age groups. Education and health are two of the largest industries in the United States. Education, of course, serves primarily the young and health services are disproportionately directed towards the old. The Congressional Budget Office estimates that an elderly person will spend an average of \$4,680 on health in 1984 (Congress of the United States, 1983:19). This comes to a total of \$131 billion, about 4 percent of GNP.

We have already seen that the quality of products of our educational system is deteriorating and that the system is serving a somewhat smaller fraction of youth. The question is whether this deterioration is in any sense a product of the declining numbers in school. Public elementary school enrollments declined by 11 percent between 1972-1973 and 1982-1983, and secondary enrollments by 18 percent (Feistritzer, 1983: Tables 7 and 8). I believe that a persuasive case can be made that these two trends are linked.

At first blush, the evidence is all to the contrary. Expenditure per pupil in real dollars increased by 22.5 percent between 1972-1973 and 1982-1983, faster than the growth of per capita personal income. The average number of students per teacher declined from 22 to 18. The average experience level of teachers increased and a much higher fraction had Master's degrees (Feistritzer, 1983; Tables 13, 15, 34). So the quantitative indicators are favorable.

The only problem is that none of these variables has been shown to be related to student performance. Eric Hanushek (1981) has recently published a masterful review article of 130 studies of factors affecting children's performance in schools. He concludes that the only reasonably consistent finding is that smarter teachers do better in terms of evoking student achievement. Teacher effects are very large, although it's hard to say what characteristics—apart from being smart—those effects represent. Another recent review by Murname (1981) also

suggests that intellectual skills of teachers are the most vital element in student performance. Both reviews conclude that physical resources, expenditures, and class size are immaterial.

So these studies focus our attention on the conditions of public school teachers. One might expect teachers to have shared in the rising pattern of school expenditure. But in fact during the 1973–1983 period, teachers' salaries declined from 49 percent of school expenses to only 38 percent of school expenses. Real incomes of teachers dropped by 12.2 percent during the period. Starting salaries grew more slowly than in 8 out of 9 other large fields with which teaching is routinely compared (Feistritzer, 1983:50,73). The expenditure gap is explained by higher maintenance costs for aging buildings, higher administrative costs and higher energy costs.

Teachers have been faced not only with declining real income in the here and now but also attachment to a declining industry, so that their future earnings prospects are also diminished. These trends are surely implicated in an appalling deterioration in the quality of teachers entering the profession and a rapid outflow from the profession of those best qualified.

You already know of the decline in SAT scores nationally. The decline in SAT scores for those intending to major in education has been even faster. In 1973, education majors scored an average of 59 points below the mean on the combined SAT. By 1982, they scored 80 points lower. The average SAT score in 1982 for those intending to major in education was 394 in verbal and 419 in math (Feistritzer, 1983:88–90). This highly negative selection into the profession has been accentuated by negative selection of those who remain after entering. The 1972 National Longitudinal Survey of high school seniors enables us to compare people who left the profession to those who remained. The mean SAT score is 42 points lower for those

who stayed in teaching than for those who entered and left. Altogether, continuing teachers had SAT scores that were an average of 118 points below those in the cohort who never taught (Vance and Schlechty, 1982:Tables 22–23).

The most obvious interpretation of what's been happening with regard to the teaching profession is that the demand for teachers shifted downwards because of the declining schooled population. This shift led to a lower wage for teachers, which induced a disproportionate number of the better teachers to leave the field or to avoid it altogether.<sup>11</sup> It seems likely that this tendency was reinforced by the behavior of teachers' unions, which a Rand study shows to have become increasingly concerned with issues of reduction in force and maximum class size during the 1970s as enrollments plummeted (McDonnell and Pascal, 1979:vi). Some salary increases may have been bargained away for job protection, which is a greater boon to poorer teachers with fewer opportunities elsewhere. It's also likely that greater opportunities for women in other sectors are implicated in the decline in teacher quality, especially since this decline is larger for female entrants to the profession than for male (U.S. National Center for Education Statistics, 1983:222).

If demographic factors are pertinent to teachers' salaries, then this effect ought to appear in state-level data. I've estimated simple OLS regressions to predict the change in average teacher salaries, by state, between 1972–1973 and 1982–1983. The most important factor of those examined is the growth rate in per capita income in the state, with an elasticity of about .4. The growth rate in enrollment has a positive sign in weighted and unweighted regressions and an elasticity of about .12. That is, a decline of 10 percent in enrollment is associated with about a 1.2 percent fall in teacher's salary. The coefficients are larger than their standard

error, but are insignificant. The fact that they are positive and sizeable, however, is quite consistent with an interpretation of the kind that I've offered, as well as with the time series data. It is inconsistent with the Malthusian notion that school districts would translate funds liberated by falling enrollment into a search for better teachers. Quite the opposite effect seems to be working; demographic decline seems to have led to a deterioration in the salaries of teachers, which is surely implicated in their declining quality. It is interesting to note that the growth rate of the proportion over age 65 is negatively associated with the growth rate of teachers' salaries by state, with an elasticity of about  $-.25$ . States where the elderly have grown more rapidly have had larger declines in teacher salaries. Finally, states where local school districts finance a larger fraction of school expenses have had larger declines in teacher salaries.<sup>12</sup>

While numbers of teachers have been stagnant and salaries and quality declining, quite the opposite trends have been evident in the medical profession. Applicants to American medical schools are so outstanding that choosing among them has been described as a lottery system; even those who don't make it are so talented that we launch foreign invasions to ensure their safety. Tremendous amounts of capital have flowed into the health care industry in the past decade, to be converted into equipment and personnel who embody a never-ending stream of technical advances.<sup>13</sup> There can be little doubt that the growth in demand for health care services, both in terms of numbers of persons in the ages of prime use and of entitlements that were negotiated from demographic strength, have helped to produce this bloom of health for the health care industry. In turn, the health care successes have helped to generate more health care consumers by reducing mortality, a classic case of supply creating its own demand.

In short, it appears that the predominant industrial response to demographic change has been anything but classically Malthusian. The group with faster growth has been far better served by their specialized industry than the group with declining numbers. The scenario in our schools is not very different from that in certain smokestack industries, except that here the demand reduction has a demographic origin and the product is, for better or worse, the human capital of the next generation.

#### DISCUSSION

It is not my intention to paint the elderly as the villains of the piece. By prevailing standards, their motives and behavior are certainly no less pure than those of other groups. Their principal role here is instead that of a comparison group, the second of two dependent groups among whom demographic trends have been radically different. Feeble as it is to be dealing with an  $N$  of 2, it would be more than twice as bad to have an  $N$  of 1. But one can't simply stand on grounds of scientism and wish away the possibility that there is direct competition between the two groups. Indeed, the self-evident public resistance to higher levels of taxation and public expenditure suggests that, in the public sphere at least, gains for one group come partly at the expense of another.

The set of relationships I am proposing might on the surface appear to be exactly the opposite of those proposed by Easterlin (1980). They are not. Easterlin's arguments emphasize above all the manner in which private labor markets react to a cohort of unusual size. I am emphasizing primarily how transfers, either public or private, are related to cohort size for exactly those stages where the cohorts are out of the labor force. The arguments are quite compatible. Taken together, they suggest that the larger the role of transfers relative to earnings, and in particular the larger the role of govern-

ment in the economy, the more advantageous it may be to live in a large cohort.

I have emphasized age to the almost total exclusion of sex, race, and other traditional demographic variables. How, you might ask, can we talk about the neglect of children without mentioning their abandonment by mothers heading into the labor market? The answer is that it's not at all clear that mother's work is a source of disadvantage for children, at least not as a direct determinant. Recent reviews of studies of the effect of working mothers on child development find very few and inconsistent effects, far less clear-cut than those associated with marital disruption (D'Amico et al., 1983; Heynes, 1982). Furthermore, it's obvious that women's work has become a very important contributor to children's living standards, and is the core source of support for the large numbers of children not living with their fathers. But it does seem likely, as I noted earlier, that increased earnings prospects for women have facilitated marital disruption. But so have improved opportunities for men.

With regard to race, let me just say that the main theme here is the changing status of American children, a group that includes all races. I see no particular reason for separating out the races anymore than for carrying through a distinction between Northerners and Southerners or other commonly used identifiers. For those who prefer to think of the problems in childhood as being confined to the black population—a group who for most of us constitute "other people's children"—let me just say that there is not a single trend that I've talked about that does not pertain to *both* races. Indeed, for some—declining school achievement and rising illegitimacy, for example—changes have been much faster for the white population.

#### SUMMARY AND CONCLUSION

Let me summarize briefly. My argument is that we have made a set of

private and public choices that have dramatically altered the age profile of well-being. These choices are in an important sense joint ones involving the number of dependents we have as well as the conditions in which they live. This jointness derives from several sources. One is that the same institution—the conjugal family—remains the principal agent responsible for both childbearing and childrearing. Factors that influence the health of that institution invariably affect both numbers of and conditions for children. There was simply no way to protect children fully from the earthquake that shuddered through the American family in the past 20 years. The factors at work here are not only the objective conditions we face but also the set of values and mental constructs we elect to face them with. At the other end of the age scale, we can obviously affect the number of elderly persons as well as their circumstances by altering health programs, as we have so decisively chosen to do. A final source of jointness is that numbers themselves affect conditions. Some of these effects are largely inadvertent, as I've argued in regard to public schooling, and others seem to be very deliberate outcomes of the political process.

It's useful to step back and ask whether the mixture of numbers and conditions that we've chosen is the one that best serves us. In regard to redistributions from the working-age population to the elderly, the answer is far from obvious. There is surely something to be said for a system in which things get better as we pass through life rather than worse. The great levelling off of age curves of psychological distress, suicide and income in the past two decades might simply reflect the fact that we have decided in some fundamental sense that we don't want to face futures that become continually bleaker. But let's be clear that the transfers from the working-age population to the elderly are also transfers away from children, since the working ages

bear far more responsibility for child-rearing than do the elderly. And let's also recognize that the sums involved are huge. Just the increase in federal expenditures on the elderly between 1977 and 1983, if distributed among the population under age 15, would come to well over \$2,000 per child. The increase in annual benefits for the elderly during this six-year period is almost exactly equal to the total amount of additional annual earnings generated by increased female labor force participation over the entire period from 1960 to 1981.<sup>14</sup>

While the redistribution toward the elderly is clearly a decision that a free society should be able to make, the redistributions away from children seem to be less defensible. There is no generally accepted rule in welfare economics for how children's interests ought to be represented in public decisions (d'Arge et al., 1982; Nerlove, 1974; Nerlove et al., 1984). A convenient starting place for work in the area is the assumption that each decision-making adult has children whose utility is folded into the adult's own utility function. That's a very different world from the one that we live in. When only 38 percent of voters are living with a child, the utility that we derive from other people's children would seem to be a far more salient concern than the utility that we derive from our own.

But there is more than consumption value involved. It's clear that public expenditure on children has a different character than expenditure on the elderly. Expenditure on the elderly is almost exclusively consumption expenditure, in the sense that it does not appreciably affect the future productive capacity of the economy. Most types of expenditure on children are both consumption and investment, a logic explicitly recognized in the first school law in America passed by the Massachusetts Bay Colony in 1642, "taking into consideration the great neglect of many parents in bringing up their children in learning which may

be profitable to the commonwealth" (Commager, 1983). The reorientation towards the elderly is thus consistent with the declining share of GNP that is represented by savings and with dramatically rising debt service burdens on future generations.

It seems to me that we are continually faced with two questions. First, do we care about our collective future—the commonwealth—or only about our individual futures? If only our individual futures matter, then our concerns will naturally focus on ourselves as older persons and we will continue down the road we appear to be on.<sup>15</sup> But if we have collective concerns, we face a second and even more difficult decision about what mix of private and public childrearing responsibilities will best serve the needs of future generations. Rather than following the elderly model, at the moment we are attempting to return more and more of these responsibilities to the family. But in view of the manifest erosion in the family's ability to shoulder these responsibilities, this attempt appears to be more an answer to the first question—do we care?—than to the second—how best to proceed? The constituency for children in public decisions simply appears too feeble to fight back. In short, we may be returning responsibilities to families not because they are so strong but because they are so weak.

#### NOTES

<sup>1</sup> The number of children aged 0–19 in 1915 was 30.6 percent larger than the number of children 0–19 in 1895. These are the cohorts that are aged 64–84 in 1980 and 1960, respectively. (U.S. Bureau of the Census, 1975a:15.)

<sup>2</sup> Sources: U.S. Bureau of the Census. Money Income and Poverty Status of Families and Persons in the United States: 1982. Current Population Reports P-60, No. 140, July 1983; Characteristics of the Low Income Population 1971. Current Population Reports P-60, No. 86, December 1972. The data plotted on Figure 1 are:

Age	1970 Percent in Poverty
0-13	15.6
14-21	12.6
22-44	8.3
45-64	9.1
65+	24.6
All ages	12.6

Age	1982 Percent in Poverty
0-2	24.1
3-5	23.5
6-13	21.9
14-15	19.8
16-21	17.0
22-24	12.3
45-54	9.4
55-59	9.9
60-64	11.3
65+	14.6
All ages	15.0

<sup>3</sup> Sources: U.S. Department of Health Education and Welfare. Public Health Service. Vital Statistics of the United States, Vol. II, Part A, 1960 and 1961; U.S. National Center for Health Statistics. Monthly Vital Statistics Reports. Vol. 31(13), October 5, 1983. The data plotted on Figure 2 are

Age group	Death Rate from Suicide per 100,000	
	1960-61	1981-82
5-14	0.25	0.50
15-24	5.15	12.50
25-34	10.15	15.85
35-44	14.30	15.60
45-54	20.50	15.90
55-64	23.40	15.25
65-74	22.50	16.80
75-84	26.95	19.25
85+	25.45	18.95

<sup>4</sup> See especially Grubb and Lazerson (1982, p. 109). A New York Times poll in 1978 found very strong national support for reductions in property taxes, with "welfare and social services" the overwhelmingly preferred targets for service reductions. Respondents consistently overestimated the welfare cost component of their locality's expenses. Poll Tax Cuts Are Widely Backed Around Nation. New York Times: June 28, 1978, p. 1.

<sup>5</sup> Sources of mortality data: U.S. National Center for Health Statistics. Vital Statistics of the

United States. 1968. Vol. II, Section 5. Life Tables. U.S. Government Printing Office Washington, D.C.; U.S. National Center for Health Statistics. Monthly Vital Statistics Report: 32. Supplement. August, 1983.

<sup>6</sup> Data are drawn from U.S. Bureau of the Census, Money Income and Poverty Status of Families and Persons in the United States: 1982. Current Population Reports, P-60, No. 140, 1983. Table 17. The percentage of children in poverty rose from 14.9 percent to 21.3 percent between 1970 and 1982. This increase is decomposed by the conventional formula that weights changes in within-category poverty (where the categories are female-headed families and others) by the mean proportion in the category in the two years. Likewise, the change in proportions in the categories is weighted by the mean prevalence of poverty in the category. The absolute number of children in poverty increased by 2.904 million; the increase in the number of children in poverty in female-headed families was 2.007 million.

<sup>7</sup> To estimate the number of living parents, we begin with the age distribution of fathers and mothers at the birth of their children in 1940 (Grove and Hetzel, 1968). These parents are then survived forward to 1980, one decade at a time. For each decade, mean survival rates from U.S. life tables at the beginning and end of the decade are used (Grove and Hetzel, 1968; U.S. National Center for Health Statistics, n.d.; 1983b). The procedure results in 1.54 living mothers and 1.06 living fathers for the two 40-year-old persons. The procedure assumes that there is no relationship between parents' mortality and their number of surviving offspring.

To estimate the number of children for the couple, we use the number of children ever born to women aged 35-44 in "married couple families" in 1980 (U.S. Bureau of Census, 1982b:59). These children are then survived forward 12.5 years from birth by the U.S. life table of 1970 (U.S. National Center for Health Statistics, n.d.).

<sup>8</sup> These figures are derived from a stable population corresponding to age-specific fertility and mortality rates of 1980 for males and females. The growth rate of the stable population (-.0050) is derived from female fertility and mortality. Age distributions of parents at childbirth are computed separately for males and females, and life tables are separately applied for fathers and mothers. All persons are assumed to be a member of a "couple" with a same-age spouse. The number of living children is that of the female member of the couple. National Center for Health Statistics, 1982a, 1983b.

<sup>9</sup> Tabulations from the U.S. Bureau of the Census November, 1982 Current Population Survey Public Use Tape, performed by Nancy Denton at the University of Pennsylvania.

<sup>10</sup> Source: U.S. Bureau of the Census

(1982a:27). 95 percent of Spanish-origin persons are assumed to be white.

<sup>11</sup> This reasoning assumes that school districts are not fully capable of adapting salaries to differences in teacher quality and that higher quality teachers have on average, higher earnings opportunities in other occupations.

<sup>12</sup> The regression equations for 50 states are the following:

Weighted by state population:

$$Y = -.0149 + .1439 X_1 + .4770 X_2 \\ (.0060) (.0964) (.1771) \\ -.2553 X_3 + .0085 X_4 \\ (.1630) (.0548)$$

$$R^2 = .208$$

Unweighted:

$$Y = -.0069 + .1011 X_1 + .4770 X_2 \\ (.0067) (.0876) (.1705) \\ -.2862 X_3 - .2291 X_4 \\ (.1640) (.0713)$$

$$R^2 = .449$$

Where  $Y$  = Average annual growth rate of teachers salaries, 1972-1973 to 1982-1983, in 1972 dollars

$X_1$  = Average annual growth rate of enrollments in public elementary and secondary schools, 1972-1973 to 1982-1983

$X_2$  = Average annual growth rate of per capita personal income, 1970 to 1981, in 1972 dollars

$X_3$  = Average annual growth rate of the proportion of population aged 65 and over, 1970-1981

$X_4$  = percentage (divided by 1000) of total school revenue derived from local sources in 1982-1983 (i.e., sources other than state or federal).

Data are drawn from Feistritz (1983) and U.S. Bureau of Census (1982a).

<sup>13</sup> A recent U.S. Office of Technology Assessment report on the biotechnology industry shows the United States to be far ahead of its international competition in this rapidly growing area, in large part because of both private and public funding advantages. The huge stock of health care entitlements amassed in the United States is probably a key underpinning of this growth and helps to explain why this is one of the few industries where American growth remains exceptional. See *Science* 223:Feb. 3, 1984:463.

<sup>14</sup> Federal expenditures on the elderly increased from \$95.7 billion in 1977 to \$217.1 billion in 1983 (U.S. Bureau of the Census, 1982a, 1983a), or by \$121.4 billion. There were 51.4 million children below age 15 in 1982 (U.S. Bureau of the Census, 1983a), for a ratio of \$2,364 per child.

The comparison with female earnings, a theme first suggested by Davis and van den Oever (1981), is done in the following way. Women workers in 1981 earned an average of \$8,300 and there were 51.94 million women working, so that they earned a total of \$431.102 billion (U.S. Bureau of the Cen-

sus, 1983c:189). The female labor force participation rate in 1981 (aged 16+) was 52.1 percent and in 1960, 37.7 percent (U.S. Bureau of the Census, 1982a:377). The withdrawal of women back to their participation rate of 1960 would therefore have cost the economy, as a first order approximation,

$$\frac{14.4}{52.1} (\$431.1 \text{ billion}) = \$119.2 \text{ billion}$$

in 1981. So the increase in elderly benefits, in this crude calculation, exceeds slightly the total amount of added earnings of women over a period more than three times as long.

<sup>15</sup> Children's status may still improve when we realize that our social security system is jeopardized by worker shortages, a realization that dominates population policy concerns in Europe (McIntosh, 1983).

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