

Introduction to the 60th Anniversary Issue of Population Review

William J. Haller
Department of Sociology, Anthropology, and Criminal Justice
College of Behavioral, Social, and Health Sciences
Clemson University
Clemson, South Carolina, USA
and
The Balsillie School of International Affairs
Waterloo, Ontario, Canada

The first volume of Population Review – a peer-reviewed journal of sociological demography – appeared in 1957. In 2003, the journal went ‘digital’ and formed a solid and productive relationship with Project MUSE – one that we are very grateful for. Now, we have reached a milestone: our 60th volume!

60th Anniversary



To celebrate this accomplishment, Population Review is presenting a digital-only issue that features the journal’s 10 most-read articles on Project MUSE. The articles are free to download until 2022. This special collection highlights articles that fall under the general category of sociological demography – a science (more quantitative than qualitative) that attempts to understand population composition and change through a sociodemographic lens.

We did not select them; rather, our readers did. Through this special collection, we hope to inspire young sociologists and demographers to explore sociological demography. Although sociological demography can cover many topics, those of population well-being in terms of health and equity have been the most frequent among our articles so far over the past 12 years. Within the broad areas of health and socioeconomic equity, the ten articles can be categorized into three main areas: health and longevity gaps resulting from racial and economic inequalities, populations traditionally addressed only infrequently in the research literature, and interactions between population change and economic pressure on the welfare state, mainly due to the drops in fertility in highly economically developed (and some less developed) countries. Each paper – summarized thematically below– demonstrates their impact in a wide range of subject areas.

The events during the months since the COVID-19 outbreak morphed into an epidemic and then into a pandemic emphasize the crucial nature of population studies that are not bounded by specific territories and geographies. Although Population Review was founded through the auspices of the Indian Institute for Population Studies it has evolved into a global venture, encouraging submissions that address population processes and characteristics in all parts of the world and on emergent population issues and understudied populations. In many ways, the concerns of our contributors and readers in this special collection emphasize population health, and prospects for the welfare state and global civil society.

In their 2020 article, “Who’s Skeptical of Vaccines? Prevalence and Determinants of Anti-Vaccination Attitudes in Italy” Engin and Vezzoni show that the core groups embracing an anti-vaccination position are younger and less-educated adults who exhibit distrust in both political institutions and the health-care

system. In the Italian context, they found no association between religiosity and anti-vaccination attitudes, perhaps because of the religious homogeneity of Italian society and that the Catholic Church removed ethical and moral concerns about common childhood vaccines. Surprisingly, higher trust in others is associated with greater anti-vaccination attitudes, which is somewhat alarming given that the disease, of course, spreads through close physical proximity. Political orientations on the right or the left do not drive anti-vaccination attitudes but those attitudes are most common among those who refuse to situate themselves in terms of the left-right political spectrum (including the 5-star movement), so there is nevertheless some link between populism and anti-vaccination attitudes in Italy.

“Socio-Economic Status and Life Expectancy in the United States, 1970-1990” by Swanson, McGehee, and Hoque (published in 2009) examines the overall increase in the life-expectancy gap between high- and low-SES populations (seven of the eight states examined: Colorado, Florida, Louisiana, Mississippi, Ohio, South Dakota, and Washington) and a small but statistically significant narrowing of the gap in Pennsylvania. The political economy of the US welfare state changed dramatically between 1970 and 1990 between the years of the Nixon and Bush presidencies, through a combination of global economic shocks (e.g., the oil crisis of 1973, stagflation, US Federal Reserve response raising the prime rate to nearly 22%) and the largely general implementation of neoliberal economic policies that led to cutting social welfare programs even while socioeconomic inequalities were increasing. Health disparities and SES inequalities rose during this time, as did rapid advancements in medical technologies. Because socially driven investments in health care access in the United States was a path largely ignored in favor capital-intensive development in the medical sector (e.g., higher technology, and increased specialization) higher SES households reaped the gains in life expectancy in the United States overall. Structural economic changes affecting health care access were left largely unexamined by the nation’s leadership which explained the increasing gap in unhealthy individual-level behaviors and lifestyles. This was largely to the detriment of the health conditions of the larger minority populations in the United States and those disadvantaged spatially, by distance and infrastructurally underserved neighborhoods. The COVID-19 pandemic has magnified these deleterious structural trends that have largely increased across the subsequent 30+ years since 1990.

In “Residential Segregation and Health Outcomes in the United States: Moving Beyond Black and White,” Anderson examined the effects of residential segregation on poor self-reported minority health using national-level data from the 2011-2012 Behavioral Risk Surveillance System (BRFSS), and she expanded her analysis to encompass Latino and Asian minorities in addition to American Blacks and Whites. Her contribution is particularly notable because she considers alternative theories, place-stratification and spatial assimilation, and the range of causal mechanisms associated with each, such as the multiple pathways framework posited by the fundamental causality perspective (segregation resulting in multiple mechanisms that compromise health, ranging from allostatic loads associated with stress to exclusion from timely and appropriate medical care due to spatial and economic deprivations). Whereas segregation and isolation are generally detrimental for minority health outcomes in the United States, Whites experience no such significant effects, as expected in the vast literature on race and health inequities, because Whites are not subjected to racial segregation and its consequences. However, the observed patterns among Blacks, Latinos, and Asians play out somewhat differently in the aggregate for each group, with the overall rates of poor self-reported health a bit higher than 25% (26% for Blacks and 27% for Latinos), and lowest for Asians (at 11%) and next for Whites, (at 15%) – the mean ages for these four groups, however, are 52, 45, 46, and 56 years, respectively. The most researched group for residential

segregation and health in the United States is Black Americans. Anderson's results show the expected link with economic factors being particularly important in the relationship between Black residential isolation and self-reported health. The higher level of poor self-reported health associated with isolation among Latinos is strong and consistent regardless of metropolitan-level variables, such as those available for economic conditions and recency of immigration (which addresses spatial assimilation theories). For Asians, recent immigration is significant and positively associated with better health although the same set of control variables was not available for the models for Blacks and Latinos. Overall, Blacks and Latinos experience the worse health outcomes associated with residential isolation, as expected with place-stratification theory. Anderson summarizes that "the positive relationship between segregation and poor health outcomes seems to go hand-in-hand with having a marginalized social status in the United States" (2016, p. 58).

Population Review also publishes work on large population groups that have received relatively little attention in the demographic literature. Among these, "Are the Parents Alright?: Time in Self-Care in Same-Sex and Different-Sex Two-Parent Families with Children" by Augustine, Avelदानes, and Pfeffer addresses mutual care and well-being support patterns among gay and lesbian parents versus heterosexual parents in fulfilling their respective parenting responsibilities for their minor children (aged 17 and under). By focusing on the well-being of gay and lesbian parents their work contrasts with more frequent research on the well-being of children of same-sex parents. Their analysis of the American time-use surveys of 2003-2015 show that gay fathers suffer greater time losses from self-care compared to fathers in heterosexually-headed families and that the opposite occurs (fewer time losses) with lesbian mothers compared to mothers in heterosexually-headed families, suggesting that "fatherhood may disrupt the daily lives of men in same-sex relationships more so than men in different sex relationships [while] women in same-sex relationships seem to have a buffer against the disruptions of parenthood relative to women in different-sex relationships." The theoretical rationale for these divergent outcomes is straightforward, though perhaps disturbing as it suggests that heteronormativity casts a long shadow across generations due to the socialization of women generally into family care roles, better enabling lesbian-couple parents to perform and equitably divide family care work. They also cite past research showing that gay men experience greater alienation from their families of origin compared to heterosexuals and lesbians and thus may face greater difficulty in obtaining help from parents, siblings, and other relatives. Additionally, research on same-sex parents using population data still must cope with small sample difficulties, and the resultant low statistical power. Augustine, Avelदानes, and Pfeffer do an exemplary job of outlining the available options in the *analysis plan* section of the paper and are careful to qualify the interpretations of their results accordingly. Demographic estimates of this population of parents the 2013 National Health Surveys reported by Gates (2014) puts the number of same-sex couples raising children above 131,000. With the Obergefell v. Hodges Supreme Court ruling in 2015 legalizing same-sex marriage in all 50 states the number of same-sex couples with dependent children will have increased substantially by now. Aside from the socio-political progress this represents, future researchers of same-sex parenthood will likely have the benefit of larger analytical samples to employ in their research.

Another under-researched population in the United States is veterans. In "Current and Future Demographics of the Veteran Population, 2014-2024" Amaral and his colleagues at RAND Corporation integrate data from Census 2000, the last US Census to provide data about veterans, the 5-year American Community Survey estimates for 2005-2009 and 2009-2013, and the Department of Defense Active Duty

Master and Loss Files, Work Experience (WEX) , and Contingency Tracking System Files (CTS) for 2000-2014 to fulfill needs assessments for the Veterans Access, Choice, and Accountability Act of 2014 addressing long wait times, poor patient outcomes, and backlogs in disability claims. Specifically, there is an ongoing need to assess the siting of the Veterans Administration Medical Centers (VAMCs) and Community-Based Outpatient Clinics (CBOCs) on which Federally-supported veterans' health care depends. Using Public Use Microdata Areas as the key geographic units (and assuming no additional major conflicts during this period to increase the number of active-duty service members) they estimate that from 2014 until 2024 the veteran population overall will decline from 21.6 million to 17.5 million, and that most of these losses will be fairly evenly distributed nationwide except for major cities in and surrounding the Ohio River Valley. Their analyses account also for migration of veterans among PUMAs, but show that distances to VAMCs and CBOCs do not drive migration decisions among veterans. Their work largely corroborates the results of the 2014 VetPop model of the Office of the Actuary (OACT) within the Department of Veterans' Affairs (VA). Key differences are that specific location of discharge is not interpreted as the start-point for potential inter-PUMA migration but is dealt with as cohort change, and that they use CDC data to adjust veteran-specific mortality rates by race and ethnicity. The VetPop model thus predicts higher percentages of black and Hispanic veterans and fewer white and Asian veterans by 2024.

Circling back to Southern Europe, León and Migliavacca in their 2013 article, "Italy and Spain: Still the Case of Familistic Welfare Models?" reexamine the characterization of southern European welfare states as familistic. The initial typology of welfare states developed by Esping-Anderson (1990) was threefold and focused mainly on Europe and North America: liberal or Anglo-Saxon, social democratic or Nordic, and conservative or continental. The common difficulties with typologies of countries (prohibitively narrow construal of abstract generalizations on the one hand and glaring exceptions on the other) led to debates over labeling and identification of the abstract types. Emerging from these debates was the characterization of a familistic welfare state where families in general, and female family members in particular, are expected to make up for the shortcomings of the state in providing economic and institutional mechanisms for child and elder care. A familistic welfare state is thus one that privileges the traditional notion of families led by a male bread winner, with their female spouses and daughters peripheral to the paid labor market, preoccupied with unpaid domestic work. Familism can be viewed as a cutting across the initial types described by Esping-Anderson. As León and Migliavacca explain "the less familistic welfare states are the Nordic ones since social policy is explicitly designed to facilitate women's economic independence by lessening their family burdens [while] the more familistic ones are those of Southern Europe where social policy not only does not help women to be economically independent but it actually relies on them to solve caring obligations and needs" (27). León and Migliavacca provide compelling evidence that the welfare states of Spain and Italy, but especially Spain, have been evolving quickly in women's educational attainment and labor force participation such that the label of "familistic" no longer applies. While the overall trend in female labor force participation has been upward in Germany, France, and the UK from 1992 to 2011 that upward trend has been gradual and began at about 60% in Germany and 66% in France reaching about 62% and 69% by 2011 (in the UK it went from about 61% to 72%). Spain and Italy started this upward movement at a much lower point, about 42% in 1993 with Italy reaching 55% by 2011 and Spain more than making up the difference, surpassing Germany at 67% by then. They state that "while Spain has reached levels of female participation that are similar to other European countries, the Italian level of participation is still remarkably under the European average [and] the increase in women's activity in Spain is strongly explained by a sharp increase in women's education level."

This has been interpreted as a shift away from the male breadwinner model to an adult worker model. However, two factors diminished what might otherwise be a rosy scenario for women's employment in Spain: first, the Great Recession of 2008-2009 and its aftermath when female unemployment rose drastically and, second, the jobs themselves: "very high percentages of non-permanent jobs, together with very low levels of secure part-time employment" (32). Relevant changes in laws and policies in Spain have, nevertheless, included anti-discrimination and gender equality legislation, and legislation addressing long-term care needs of individuals lacking family support. León and Migliavacca conclude by pointing out that younger cohorts of women in both countries increasingly hold higher expectations for more progressive social policies, improved work/life balance, and more egalitarian attitudes about sharing domestic and care-giving responsibilities between men and women as care work increasingly shifts from the informal (i.e., underground) economy to the mainstream service sector. However, this "new form of commodification of care work has been crucially facilitated by mass migration since the end of the 1990s" and "the problem of care supply given insufficient public provision generates [new] inequalities" (38).

Two of our most downloaded articles are also two of our most technically sophisticated and both provide sensitivity analysis projections using population data from Germany. Building on the Lee-Carter fertility model, Vanella and Deschermeier in "A Principal Component Simulation of Age-Specific Fertility—Impacts of Family and Social Policy on Reproductive Behavior in Germany" use policy variables as part of the principal component analysis aspect of the Lee-Carter model. This "enables the integration of the correlations among the Age-Specific Fertility Rates (ASFRs) and the (time series) autocorrelations among each set of ASFRs" (p. 79). For countries where the welfare state bases its retirement systems for retirees on the mandatory contributions of the economically active population, low fertility rates imply a higher economic burden on the system over the long run. This is because the economically active age group "is obliged to pay the biggest part of retirement income of the elderly population via contributions from their labor income" (p. 80). In West Germany the total fertility rate (TFR) reached 2.54 in 1966 and plummeted to 1.38 by 1978. East Germany followed a similar, though less accentuated pattern, until about 1974 when the TFR increased before declining again in the 1980s. After unification of West and East Germany, the TFR dropped further to 1.24, from that nadir recovering gradually in the opening decades of the 21st century. Fertility forecasts and projections have improved over time, but have had shortcomings rendering them either insufficiently realistic (e.g., assuming decreasing ASFRs for women less than 30 years old are offset by increasing ASFRs for older women, the "tempo effect"), or yielding prediction intervals (PIs) that are too wide to be useful for scientifically informed policy development, especially in long-term forecasting (e.g., 80% PI between 0.88 and 2.21 for 2050). Vanella and Deschermeier's model "accounts for autocorrelation and cross-correlation among the variables, thereby taking trends among the ASFRs and over time into account" (p. 102). In what they view as the most likely scenario, they anticipate some increase in Germany's TFR across the coming decades: point estimates from 1.6 in 2016 to 1.63 in 2040, when bracketed by a 90% prediction interval between 1.21 and 2.06, and by a 75% prediction interval between 1.34 and 1.93. With these results, they see it as extremely unlikely that fertility in Germany will return to its mid-1990s nadir, that an increase to replacement level (2.1) is also unlikely, and that an increase to the overall Northern European level of 1.8 is "realistic, though improbable."

In "Educational Expansion and the Role of Demographic Factors: The Case of West Germany," Buis, Mönkediek, and Hillmert (2012) integrate differential fertility and inequality of educational opportunity perspectives to examine the extent to which the distribution of educational attainments may inter-

generationally shape the joint effect of differential fertility and inequality of educational opportunity. Their overall methodology was to use observed distributions from a combined data set of 14 different West German sociodemographic surveys to create sensitivity (i.e., “what-if”) analyses for four different scenarios: 1) baseline, corresponding to observed empirical rates; 2) counterfactual projection of distribution of educational attainments when differential fertility is artificially set to zero; 3) counterfactual distribution of educational attainments when inequality of educational opportunity is artificially set to zero; and 4) counterfactual distribution of educational attainments when differential fertility of greatly increased. This exercise addresses the belief among some social commentators that higher fertility among lower educated parents “creates downward pressure on the average level of education” (p. 11), which they address by quantifying that impact and assessing its salience under alternative assumptions. What they found from the first three scenarios was that “observed levels of both inequality of opportunity and differential fertility are too small to result in a meaningful impact on the distribution of education in the subsequent generation” (pp. 11-12). However, in theoretically imaginable world where differential fertility greatly exceeds observed levels, the average level of education would be lower. The main takeaway for social scientists and policy analysts is that “speculations [such as posed by] Herrnstein and Murray (1994) and Sarrazin (2010) concerning the demise of countries due to excess fertility of disadvantaged groups are grossly exaggerated [and although] the effects of IOE and differential fertility are, by social science standards, large, their combined influence on the distribution of education is small” (p. 12).

Continuing with the implications of fertility change and the capacity of the welfare state to provide for population health and well-being, Lu, Liu, and Piggott, in “Informal Long Term Care in China and Population Ageing: Evidence and Policy Implications”, analyzed informal long-term care (LTC) using the Wave 1 of the China Health and Retirement Longitudinal Survey (CHARLS), a nationally representative survey that included 150 counties of 28 provinces in China, approximately 10,000 households, and 17,000 individuals aged 45 or greater. Informal LTC is “unpaid care, given by friends and relatives to a person in need of support in their activities of daily living (in most cases, an elderly person)” (p. 30). It is widely known that China’s population control policies have been the world’s strictest beginning in 1980 (commonly, if not entirely accurately, known as the “one-child” policy, which was relaxed to a “two-child” policy in 2015). Although this succeeded in curtailing population growth, it necessarily carried long-term implications regarding long term care for the aged and disabled, both informal care (provided by family or household members) and care provided by China’s still very underdeveloped public-sector welfare state. Lu, Liu, and Piggott (2015, 29) explain:

LTC policy in China, which is highly decentralized, is in its infancy. Where policy structures exist they are poorly resourced.... By contrast, central policy guidelines, informed by perceptions of informal care policy, envisage a full care model with relatively little reliance on informal care. Policy developments consistent with this vision have not been costed, but it can be anticipated that this will be a major, perhaps unsustainable, fiscal burden for China as its population ages (p. 29).

However, they found that “contrary to expectation... fertility change is not the main driver for reducing informal care. Education levels, living standards, urbanization, and [spousal] co-residency are much more important.” These latter aspects of socioeconomic development thus undercut informal care, which realistically remains the most important resource for China’s rapidly burgeoning elderly population. Their findings on family structure “indicate that as long as a disabled elder has at least one child, there is a weak

link between number of children and probability of receiving informal care... [and] when elders do receive informal care, the intensity, measured in hours per month, is not related with the number of children.” In rural China, where the public resources are stretched even further, “those with one child are somewhat more likely to receive no care than those with two or more children [and] in the urban sector the rates are less stable with family size, but there is still no clear relationship between number of children and probability of receiving care” (p. 35).

Given that “about 100,000 severely disabled elders need high care assistance from the public sector” and that the MCA [Ministry of Civil Affairs] has estimated that there are 5 million beds in nursing homes in China with a high vacancy rate, Lu, Liu, and Piggott recommend that “policy imperatives should not focus on investment in new capacity but rather on funding mechanisms to allow those in need access to these existing facilities, and to match the current bed supply with real demand effectively and efficiently. In addition, it is critical to develop public support mechanisms that can facilitate a more effective use of informal care. Our analysis indicates that public support is most needed in the rural sector (38).”

To round out our selection of the ten most-downloaded articles on a positive note is “International Migration and Employment in Australia” by Peter McDonald, wherein he describes the evolution of Australia’s immigration policies focusing particularly on the period since 1995. In the immediate aftermath of WWII only 2 percent of Australia’s population came from outside of Australia, New Zealand, and the UK. Policy planners, seeing Australia as vulnerable with its small population and economy, focused on manufacturing growth based on migrant labor. They attempted recruitment initially from Britain but had to extend their efforts to Continental Europe due to Britain’s post-war labor shortages. By 1971 the “population born in Continental Europe matched that born in Britain.” Although the explicitly racist “White Australia” policy (from 1901) was rescinded in 1966, it was in 1973 that the policy was fully renounced and replaced with a policy system that was explicitly multiculturalist. Through the 1980s and early 1990s the system “was based on permanent residence with applications made offshore.” During that period, “migrants arrived as skilled or unskilled workers or as family members or refugees without a strict delineation between these categories” (2). In 1995 “a points system was introduced in the selection of new permanent residents with the points being determined by the skill level of the applicant, and entry was limited to those with higher-level skills. Points were awarded for qualifications, work experience, age, and English proficiency.” Additionally, the permanent migration system and existing temporary migration systems were found to be increasingly awkward so a new, comprehensive, and streamlined temporary migration system was introduced, which “also enabled multinational companies to move their employees in and out of Australia much more efficiently, [providing] an incentive for such companies to have a base in Australia.” Since 1995 the skilled permanent and skilled temporary migration programs “have gradually been merging into a single system in which permanent migration is preceded by a period of temporary migration” (3). McDonald describes the resulting system as “one of movement away from a cumbersome, inflexible, untargeted migration program to one that is highly flexible based on initial temporary residence and responsive to shifts in labor demand both in terms of numbers and occupations [with the outcome being] a huge surge in migration from 2006 onwards with annual net migration moving from an average of 90,000... to an average of well over 200,000 per anum” (4). Accompanying this shift has been movement away from Australia’s earlier, white European, sources of immigration to diversification of immigrant streams, particularly from across Asia. The net result could be summarized as a “win-win” that left Australia in a more advantageous position economically. McDonald concludes “These benefits include the partial mitigation of population ageing, providing a targeted approach to labor supply shortages and a

system that is responsive to shifts in labor demand, improving labor productivity, higher levels of growth of GDP per capita, and higher wages for low wage workers” (9).

Underscoring Professor McDonald’s account of what might be referred to as the Australian model of immigrant incorporation, Australia has, for the fourth time, scored a perfect 8 out of 8, on the Queen’s University decennial index on Multicultural Policies in Contemporary Democracies pertaining to immigrant minorities. It’s corresponding scores pertaining to indigenous peoples are not as stellar but have improved each decade in the 21st century.

References

- Amaral, Ernesto F. L., Michael S. Pollard, Joshua Mendelsohn, and Matthew Cefalu (2018). Current and Future Demographics of the Veteran Population, 2014-2024. *Population Review*, 57, 28-60.
- Anderson, Kathryn Freeman (2016). Residential Segregation and Health Outcomes in the United States: Moving Beyond Black and White. *Population Review*, 55, 45-74.
- Augustine, Jennifer March, Jose Martin Avelandanes, and Carla A. Pfeffer (2017). Are the Parents Alright?: Time in Self-Care in Same-Sex and Different-Sex Two-Parent Families with Children. *Population Review*, 56, 49-77.
- Buis, Maarten, Bastian Mönkediek, and Steffen Hillmert (2012). Educational Expansion and the Role of Demographic Factors: The Case of West Germany. *Population Review*, 51, 1-15.
- Engin, Ceylan, and Cristiano Vezzoni (2020). Who’s Skeptical of Vaccines? Prevalence and Determinants of Anti-Vaccination Attitudes in Italy. *Population Review*, 59, 156-179.
- Esping-Anderson, Gøsta (1990) *The Three Worlds of Welfare Capitalism*. Princeton: Princeton University Press.
- Herrnstein, Richard J., and Charles Murray (1994) *The Bell-Shaped Curve: Intelligence and Class Structure in American Life*. New York: The Free Press.
- León, Margarita and Mauro Migliavacca (2013). Italy and Spain: Still the Case of Familistic Welfare Models? *Population Review*, 52, 25-42.
- Lu, Bei, Xiaoting Liu, and John Piggott (2015). Informal Long-Term Care in China and Population Ageing: Evidence and Policy Implications. *Population Review*, 54, 28-41.
- McDonald, Peter (2015). International Migration and Employment in Australia. *Population Review*, 54, 1-12.
- Multiculturalism Policy Index, <http://www.queensu.ca/mcp/>. Accessed 8-October-2021.
- Sarrazin, Thilo (2010). *Deutschland schafft sich ab: Wie wir unser Land aufs Spiel setzen*. München: DVA.
- Swanson, David A., Mary A. McGehee, and Nazrul Hoque (2009). Socio-Economic Status and Life Expectancy in the United States, 1970-1990. *Population Review*, 48, 41-65.

Vanella, Patrizio, and Philipp Deschermeier (2019). A Principal Component Simulation of Age-Specific Fertility – Impacts of Family and Social Policy on Reproductive Behavior in Germany. *Population Review*, 58, 78-109.