

Chapter 4

Transformation of childhood

Living in more diverse families: long-term trends in numbers of marriages and divorces, as well as the share of families headed by a single parent.

Smaller families, older parents: the long-term trend to declining birth rates, as well as the older age of mothers when they have their first child.

Children's health: child health examined through obesity levels – growing rapidly in a number of countries – and prescriptions for behavioural disorders in children.

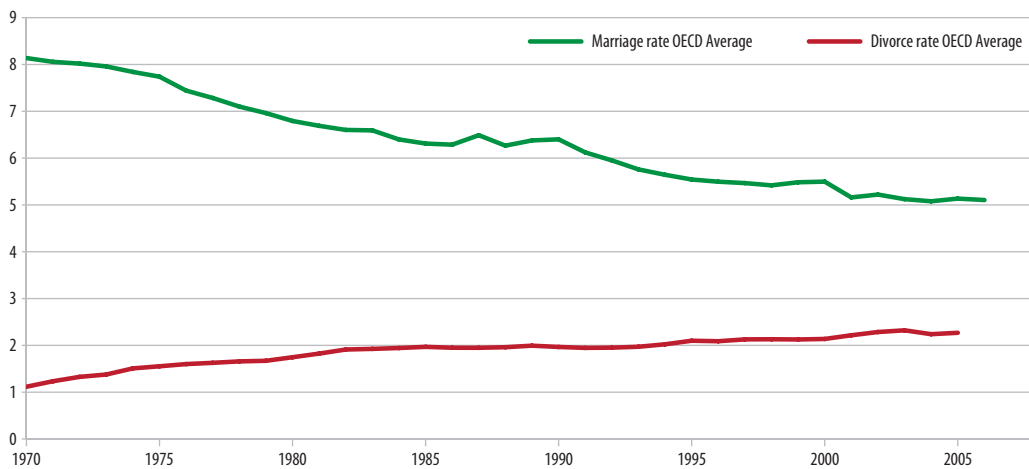
Children's inheritance of life chances: more children live in households defined as being below poverty levels, while the inter-generational bond in educational attainment levels may be loosening.

Expecting more of children: the growing general expectations that children should work hard but also be imaginative.

LIVING IN MORE DIVERSE FAMILIES

Family patterns are changing. In the 19th century, extended families were important economic units, as well as social networks. The nuclear family, where the mother took care of the children and the father worked outside the home, was particularly strong in OECD countries in the first half of the 20th century. In more recent years, family structures have continued to evolve: marriage is less prevalent; couples are increasingly living together without being married; separations and divorces are common; and numbers of both reconstructed and single-parent families are increasing. Although the nuclear family is still important, it is fragmenting towards more complex configurations of home life.

Figure 4.1. Fewer married couples
Annual number of marriages and divorces per 1 000 population, 1970-2006



StatLink  <http://dx.doi.org/10.1787/888932321321>

Source: OECD (2009), *Society at a Glance 2009: OECD Social Indicators*.

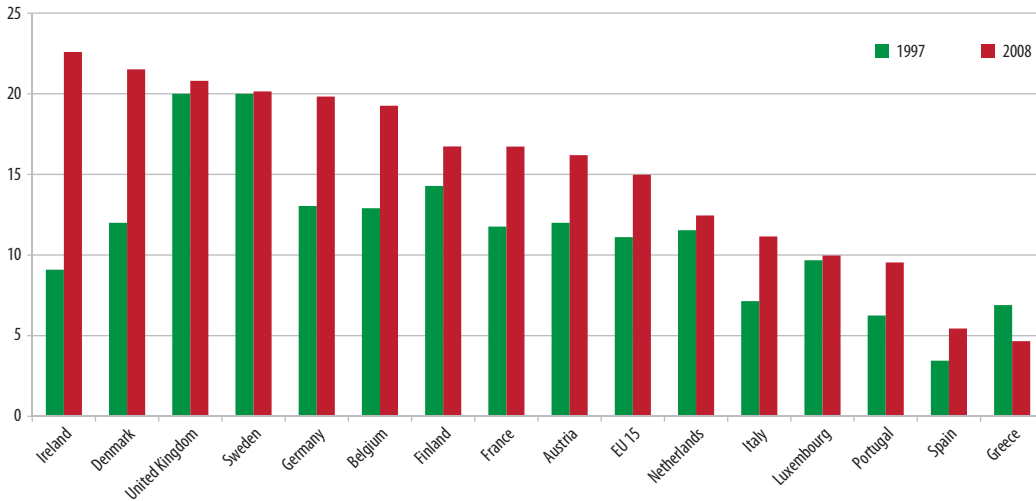
Figure 4.1 illustrates the changing patterns of partnership and living arrangements in recent decades, through rates of marriage and divorce across the OECD area. Marriage rates have steadily declined on average from more than eight per thousand population in a year to only five. Conversely, divorce rates have increased from just over one per thousand population in a year to nearly 2.3. While in 1970 there were eight times the number of marriages as divorces, by 2007 this gap had shrunk to just over twice as many marriages as divorces per year.

The OECD averages shown in the graph hide some marked differences between countries. Since 1970, marriage rates dropped less than one per thousand in Denmark and Sweden, compared with a decline of five or more in Hungary, the Netherlands, Portugal and Slovenia, during the same period. Rates of divorce similarly differ between countries. The rate went up by more than two per thousand population in the period shown in Belgium, Korea and Portugal while in Hungary, Iceland, Ireland, Italy, Mexico and the United States, the divorce rate increased by less than 0.5.

The structure of families in OECD countries has also been changing. The long-term trend is for numbers of children to decline (next section), while in only the decade to 2008, single-parent families have increased markedly. In the Europe Union (EU-15), the average number of single-parent families with dependent children went up from around 11% to almost 15% of all families with dependent children. More than one-fifth of families are headed by a single adult in Denmark, Ireland, Sweden and the United Kingdom. Among the 15 countries shown, only Greece goes against the trend.

Figure 4.2. More single-parent families

Number of single parents with dependent children as a percentage of all families with dependent children, in 1997 and 2008



StatLink  <http://dx.doi.org/10.1787/888932321340>

Source: European Commission (2010), Eurostat.

And education?

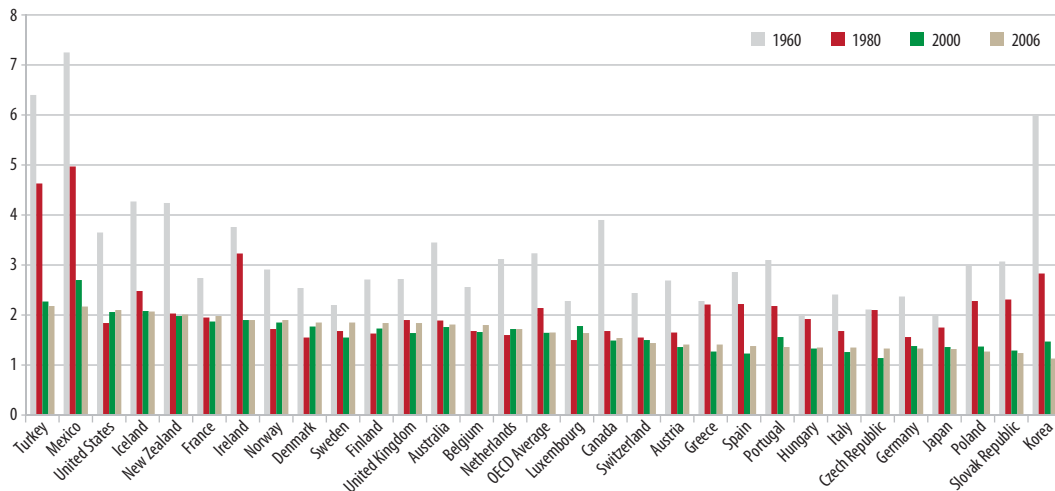
- Effective education at the school level relies on good home-school relations. How does the growing diversity of family situations affect the nature of these relations?
- Parental divorce causes significant stress for children and young people – are schools equipped to deal with the additional problems and indeed should they?
- As more of us move through disruptive transitions throughout our lives, does this mean that adults are more or less likely to return to learning? Can individuals be better supported to engage in lifelong learning during these transitional periods?

SMALLER FAMILIES, OLDER PARENTS

There has been a clear, long-term decline in the numbers of children being born, with smaller families, parenthood coming later, and more women choosing not to have children at all. Education is part of the story, with higher levels of attainment tending to be associated with fewer children. This development has an obvious impact on the age structure of the population (see Figure 2.1), but it also fundamentally influences the family environments in which children grow up, with fewer siblings and increasingly older parents. The impact is felt directly by educational planners, who must cope with falling numbers in some age groups and rising numbers in others, but it is also felt by teachers in their interactions with both students and their families.

Figure 4.3. Birth rates well down in the 1960s but creeping up after 2000

Total fertility rates: Children per woman aged 15-49, in 1960, 1980, 2000 and 2006



StatLink  <http://dx.doi.org/10.1787/888932321359>

Source: OECD (2009), *Health at a Glance 2009: OECD Indicators*.

Birth rates in OECD countries dropped sharply and universally during the second half of the 20th century, with the average number of births for each woman aged 15-49 years halving from over 3.2 in 1960 to only 1.6 in 2000. For some countries, the fall in the number of children being born has been truly dramatic. In Korea, the rate of 6 children per woman in 1960 had fallen to only 1.1 in 2006. Birth rates remain highest in Mexico and Turkey at 2.2, but they are far lower than the rates of 7.3 and 6.4 births per woman in 1960. While most countries show a very clear drop in numbers of births, some have not experienced major change. In Sweden, for example, the rate of 1.9 in 2006 was down from only 2.2 in 1960.

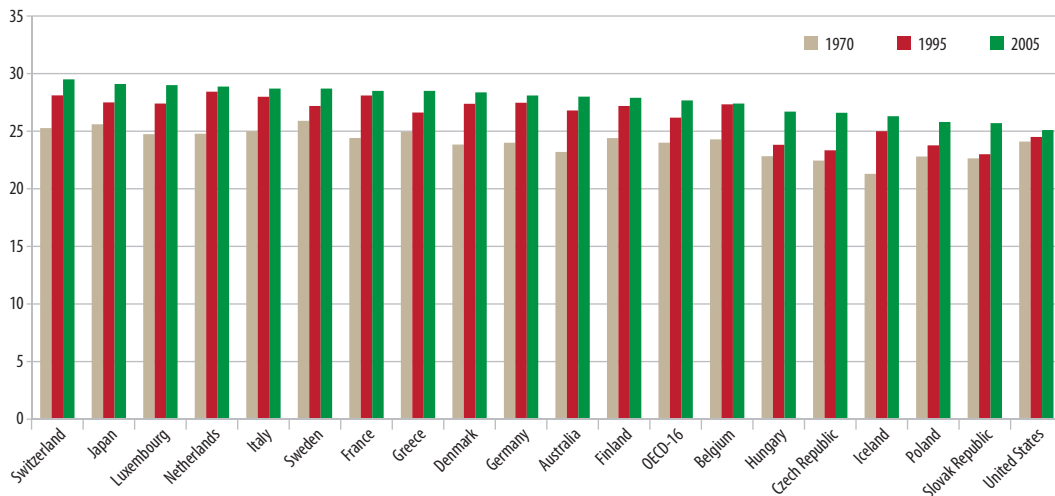
Birth rates have been creeping back up since the year 2000 in 17 OECD countries, marginally increasing the average to 1.7 by 2006. Both an increase in births given by mature mothers who had delayed childbirth and the introduction of national policies that support families and working women may have played a role in this rebound. In recent


years, birth rates have also begun to converge across most countries, with around two-thirds of them in the narrow range of 1.3 to 1.8 births per woman aged 15-49. Compare this with the differences in 1960, when some countries (the Czech Republic, Hungary and Japan) already had low birth rates of around 2, while others (Iceland, Korea, Mexico, New Zealand and Turkey) were more than twice as high.

As well as having fewer children, women in recent years tend also to be older when they have their first child. In 1970, in only 3 of the 16 countries shown below was the average age for starting motherhood over 25 years; by 2005 the average was over 25 years in all of them. That average age now approaches 28 years compared to 24 years in 1970.

Figure 4.4. Starting parenthood later

Average age when mothers have their first child, in 1970, 1995 and 2005



StatLink  <http://dx.doi.org/10.1787/888932321378>

Source: OECD (2009), *Society at a Glance 2009: OECD Social Indicators*.

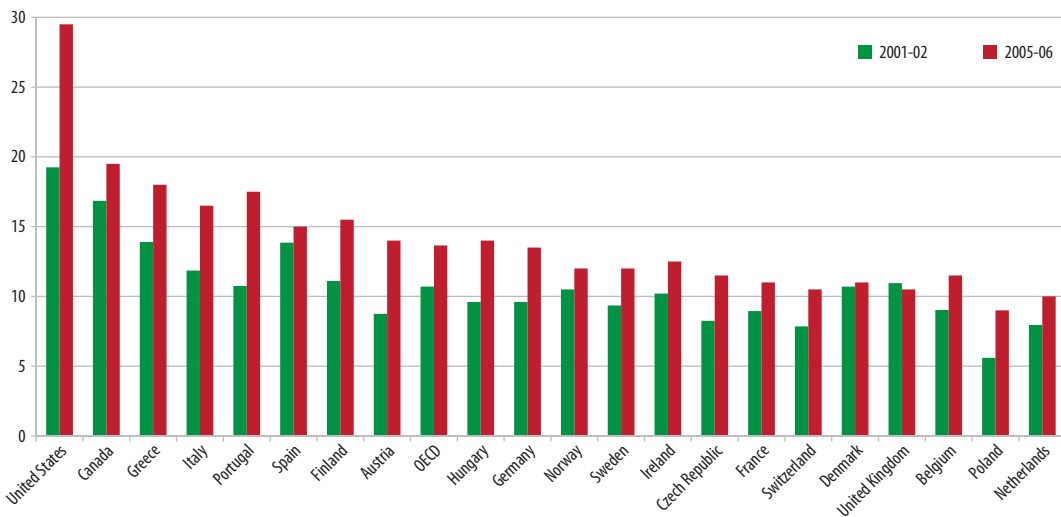
And education?

- What does it mean for young people coming into education to have older parents and fewer or, often, no brothers and sisters? How does it change the way in which they experience (school) life, and how should schools respond to this profound change?
- Smaller families allow parents to invest more time and resources into each individual child. Is this reflected in the intensity of their demands on the education their children receive?
- School rolls fall as numbers of young people fall. This presents both opportunities and problems. Is the opportunity being seized to innovate in ways that take advantage of smaller classrooms and higher per student funding? How can education systems respond to emptying and closing schools?

CHILDREN'S HEALTH

Trends related to the health of children give grounds for concern, even though earlier sections showed some very positive developments regarding the mortality of those aged less than five years. Two trends are highlighted: the increasing proportions of obese children in OECD countries and the growing numbers of children being diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD). The first trend reflects changing dietary patterns and regimes of physical exercise. The second trend is more complex to interpret, as it may involve greater propensities to mental problems, or socialisation environments in homes or classrooms, or changes in diagnoses and treatments, or more likely some combination of them all. Education is affected by any general deterioration in children's health ("a healthy body means a healthy mind") and plays its own role in both shaping and addressing these health issues.

Figure 4.5. Childhood obesity going up
Number of obese 15-year-olds, in 2001-2002 and 2005-2006



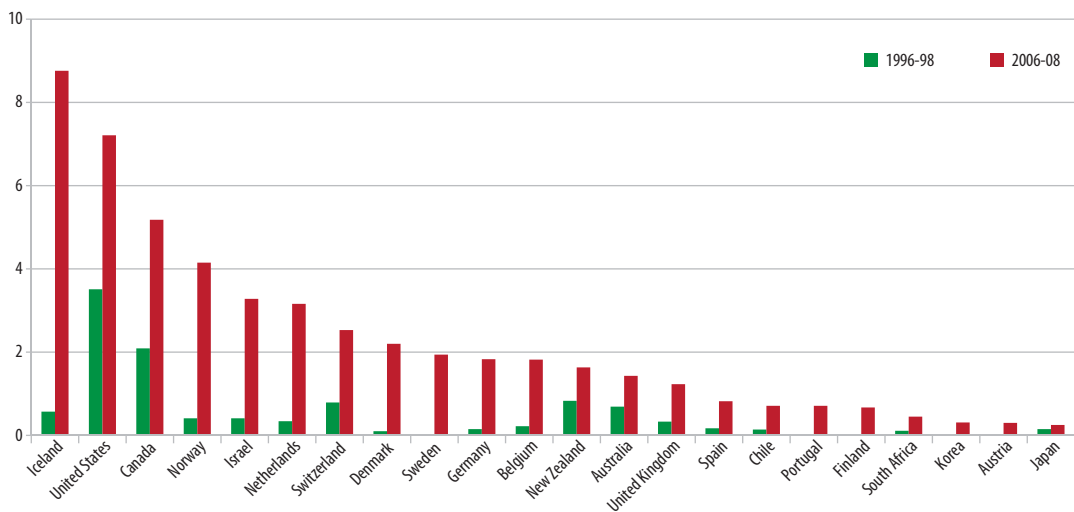
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Source: OECD (2009), *Health at a Glance 2009: OECD Indicators*.

There is now clear evidence from many countries that children are becoming more obese and that the rise is taking place quickly. The data available allow only short-term trends to be charted between 2001 and 2006, but even over this short time, the increases in obesity as measured by Body Mass Index are substantial in most OECD countries. They amount on average to almost three per cent. The only exception in the above figure is the United Kingdom, where obesity amongst 15-year-olds decreased slightly. In terms of range, the United States is on one side with almost 30% obesity among 15-year-olds and the Netherlands at the other with 10%. Two key factors behind rising child obesity are a diet with a high calorie intake, on the one hand, and a sedentary lifestyle with lower levels of physical activity, on the other.

Child health is looked at through a very different lens in Figure 4.6 which shows the increasing prescription of one type of ADHD medication in different OECD countries. Good health has a crucial mental as well as physical dimension, which is especially relevant to education given its fundamental responsibility for the child's cognitive and emotional development. Prescription of this medication is measured through the proxy of the number of daily doses per thousand inhabitants per day available in a country. The figure clearly shows the increase – in some cases spectacular – of ADHD medication in these countries over a ten-year period. The figure also shows the very wide variation between countries, with Iceland and the United States at one extreme, and Austria and Japan at the other. The rapid increase and the wide variation suggest that the increasing diagnosis levels are not a simple reflection of ADHD prevalence. Rather, cultural differences, medical developments and perhaps even fashion may well play important roles in both diagnosis and treatment.

Figure 4.6. Consumption of ADHD medication steeply rising
Consumption of daily doses of methylphenidate per thousand inhabitants per day,
in 1996-1998 and 2006-2008



StatLink  <http://dx.doi.org/10.1787/888932321416>

Source: International Narcotics Control Board (2009), *Psychotropic Substances: Report 2009*.

And education?

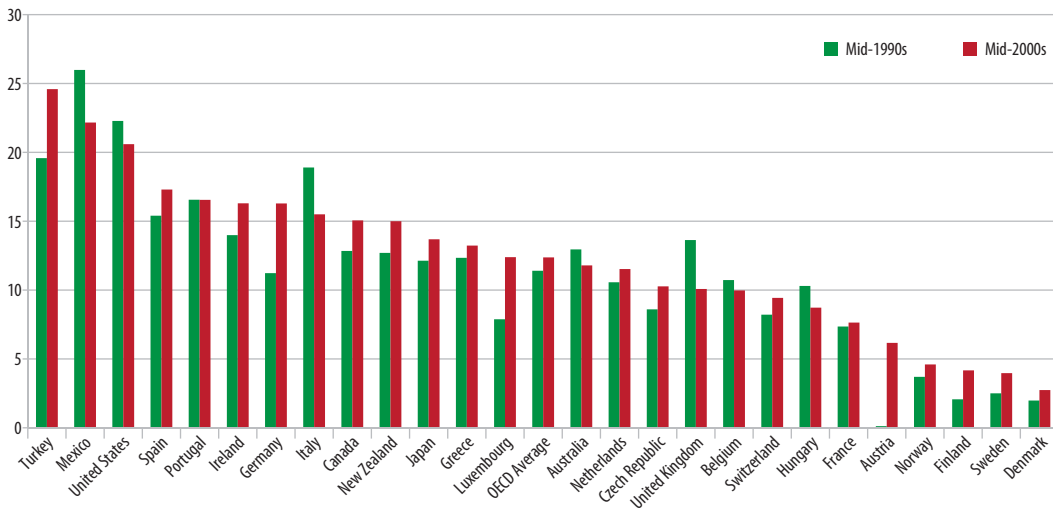
- A great deal of emphasis has been given in recent years to improving the cognitive performance of children. Does education also have a responsibility for improving students' mental and physical health?
- What can schools do to improve physical health, such as physical activities and nutrition programmes, without overloading the school curriculum?
- What is behind growing numbers of children being diagnosed with mental and behavioural conditions, such as ADHD? To what extent are schools themselves contributing to the problem? What other approaches are needed than medication?

CHILDREN'S INHERITANCE OF LIFE CHANCES

An earlier section of this book described trends in inequality and the persistence of poverty in OECD societies, despite growing affluence. In this section, the focus shifts to children. Their life-chances are importantly moulded by the conditions into which they are born and develop. As well as now being able to measure the persistence of poverty in populations as a whole, it is also possible to identify how many of these are children. Very wide variations exist between OECD countries in terms of children living in poverty, and the average has slightly risen over recent years. There are signs in Europe, however, that the intergenerational transmission of educational disadvantage may have declined. For education, the importance of social background in shaping attainment remains one of the most well charted relationships in educational and social research.

Figure 4.7. Rates of childhood poverty tending to rise

Percentage of children living in households earning less than 50% of the median income, in the mid-1990s and mid-2000s



StatLink  <http://dx.doi.org/10.1787/888932321435>

Source: OECD (2009), *Society at a Glance 2009: OECD Social Indicators*.

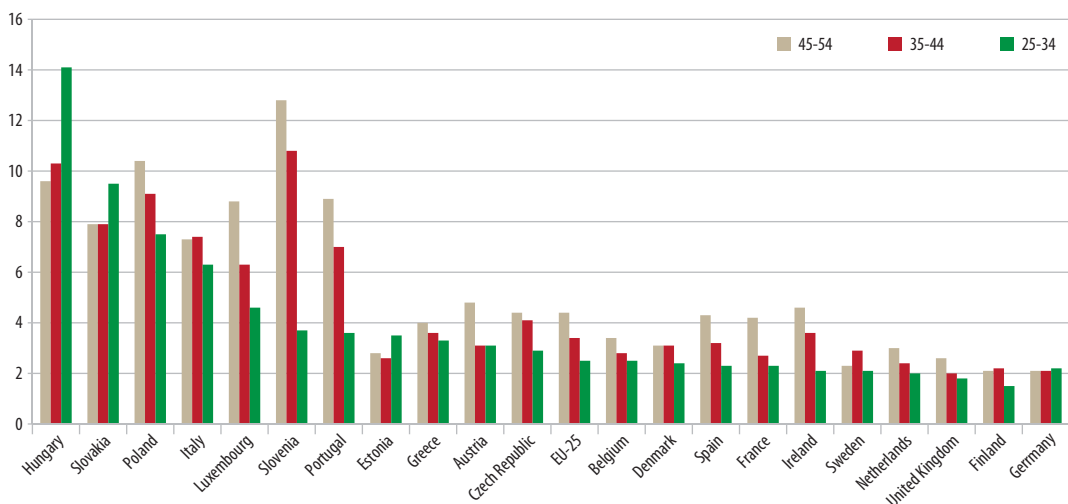
Rates of childhood poverty – children living in households earning less than 50% of the country's median income – increased in the decade up to the mid-2000s in 18 of the 26 OECD countries shown. The OECD average went up too, though the increase was relatively modest at 1%, from 11.4% to 12.4% during the period. The largest increases of around 5% were recorded in Austria, Germany, Luxembourg and Turkey. Childhood poverty rates show considerable variation, ranging from around 3% to 4% in Denmark, Finland, Norway and Sweden, to more than 20% in Mexico, Turkey and the United States. The latter two countries are among those where such poverty actually fell since the mid-1990s, the others being Australia, Belgium, Hungary, Italy and the United Kingdom.

A key issue for society is how far disadvantage (in terms of educational attainment, occupational level and income) is inherited from one generation into the next. European

Union data now permit the comparison of an individual's educational attainment with that of their parents allowing this to be charted across generations. Figure 4.8 suggests that the dependence on parental achievements in education declined over time in almost all EU member states. The largest gains were made in Portugal and Slovenia. In Slovenia in particular, someone aged 45-54 was nearly 13 times more likely to achieve a high level of education if their father also had done so than if the father only reached a lower level, whereas, for someone aged 25-34 this likelihood had fallen steeply to 3.7. Whether the trend is up or down, the dependence of a person's educational attainment on that of their parents is still particularly high in Hungary, Italy, Poland and the Slovak Republic, on the left of the figure; whereas it is now much lower in Finland, Germany, Ireland, the Netherlands, Sweden and the United Kingdom, on the right hand side. How far this change over time is a reflection of the declining elite status of higher education is another issue.

Figure 4.8. Educational attainment becoming less dependent on parental education

Likelihood of attaining higher education given father's educational attainment, by age group



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Note: The "likelihood" is the probability of attaining higher education where a person's father completed higher education, divided by the probability of attaining higher education where their father completed only a basic education. The higher the number, the more dependent a person's educational attainment is on their father's attainment level.

Source: European Commission (2007), *Social Inclusion and Income Distribution in the European Union 2007: Monitoring report prepared by the European Observatory on the Social Situation, Social Inclusion and Income Distribution Network*.

And education?

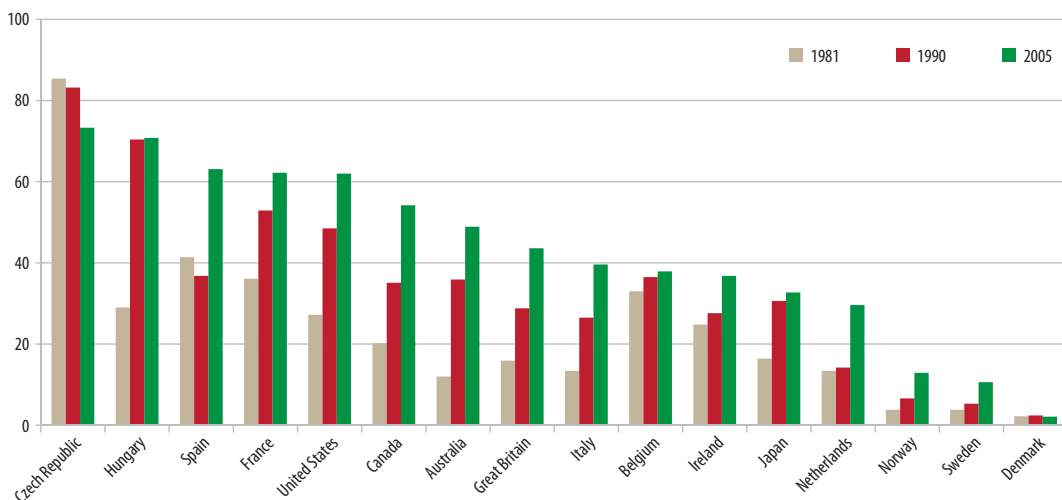
- Are poverty conditions and educational disadvantage being increasingly concentrated in particular schools and neighbourhoods? What can be done?
- How should educational institutions address the needs of students whose cognitive and social development have been affected by poverty? What role for non-formal provision?
- What can education do at later stages for those whose start in life has been particularly difficult?

EXPECTING MORE OF CHILDREN

Values are core to society but by their nature are difficult to measure. The school is one of the most important places where each generation acquires social norms and beliefs and a base of personal values for life. But what are the values that we want to instil in our children? In the countries for which there are comparable data there seem to be shifts in what we think are important qualities in our children, illustrated here by the valuing of hard work and imagination. For education, a further question concerns how far this task should be viewed as primarily their responsibility or whether it is accepted that others, as well as schools, have an important role to play.

Figure 4.9. “Children should work hard”

Percentage of respondents to the World Values Survey who believe that hard work is an important quality in children, in 1981, 1990 and 2005



StatLink <http://dx.doi.org/10.1787/888932321473>

Source: World Values Survey (2009), *Four-wave Aggregate of the Values Studies*.

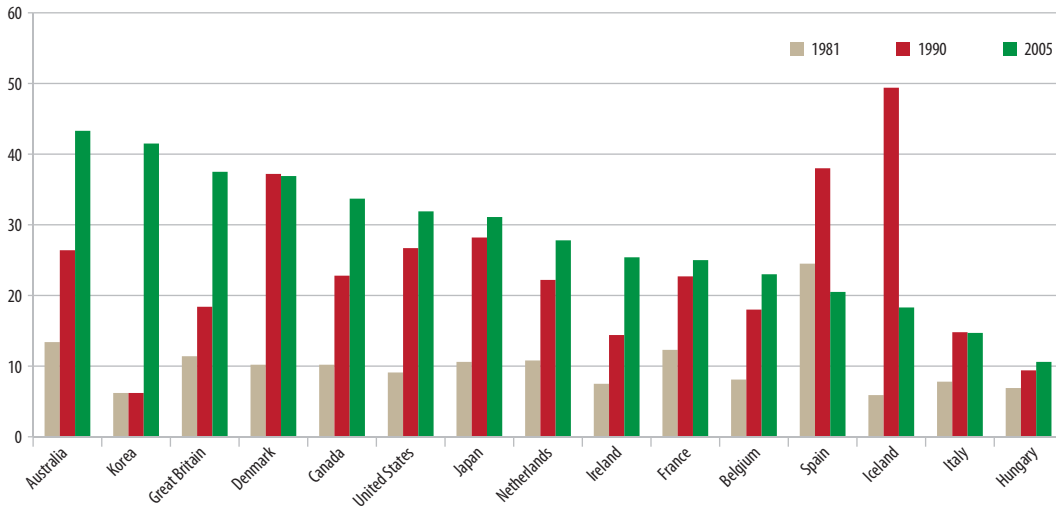
In most OECD countries permitting the comparisons, the proportion of populations who believe that “hard work” is an important quality in children has gone up since the early 1980s. Whether because we live in more competitive, achievement-oriented times or because there is greater belief in the meritocratic promise that talent plus hard work will translate into improved prospects, it seems that hard work in children is now valued more than in the early 1980s. The exceptions in the figure to this upward trend are the Czech Republic and Denmark, but their starting points are widely different: just under three-quarters endorse “hard work” in children as an important value in the Czech Republic compared with 2% in Denmark.

It is not only traditional values that are given greater priority but “post-materialist” ones as well. Imagination in children is also valued more than 20-30 years ago. In all the countries for which data is available, with the sole exception of Spain, the percentage of people who see imagination as important went up between 1981 and 2005, though 1990

was the peak year in some countries. As with hard work, the variation between countries is very large – from over 40% in Australia to just over 10% in Hungary. How far promotion of both hard work and imagination are compatible with one another is a matter for debate. It fits, however, with a more general pattern emerging from the World Values Survey findings: that we have rising expectations for children in general, finding more and more qualities important for them. The findings reported here may thus be part of the changing context and meaning of childhood in 21st century OECD societies, reinforced by smaller families with greater material resources for each child.

Figure 4.10. “Children should have imagination”

Percentage of respondents to the World Values Survey who believe that imagination is an important quality in children, in 1981, 1990 and 2005



StatLink  <http://dx.doi.org/10.1787/888932321492>

Source: World Values Survey (2009), *Four-wave Aggregate of the Values Studies*.

And education?

- With rising expectations for children by parents and society, is it reasonable to expect schools to develop all desired attributes in every child? Is this possible?
- Imagination and creativity are commonly cited as among the “21st century competences”. Should more be done in education to promote them? Should they be assessed?
- What role should be played by other sources of influence in shaping the norms and values of young people? Is too much expected of schools?

FIND OUT MORE

Relevant sources

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The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Definitions and measurement

- *Marriage and divorce*: The data used here is crude marriage and divorce rates. Marriage rate is calculated by dividing the actual number of new marriages in each year by the total population. Similarly, the rate of divorce is calculated by dividing the number of marriages that legally end each year by the total population.
- *Single parent families*: Families where single parents live with their dependent children. Dependent children are all children under the age of 16 years and economically inactive people of 16 to 24 years of age, living in a household with one of their parents. Cohabiting couples, another growing family type, are no longer counted as single parents, at least in most countries.
- *Total fertility rates*: The total fertility rate is not something that is actually counted. It is not based on the fertility of any real group of women, since this would involve waiting until they had completed childbearing. Instead, it is calculated by imagining that a woman would go through her entire fertile life (15 to 49 years of age) with the fertility rate current in each specific age group. These levels are calculated by dividing the number of live births each year to women from each age group by the population of women in the same age group.
- *Obesity*: The Body Mass Index (BMI) is a measure of a person's weight taking their height into account. It can be used as a proxy for the proportion of body fat, although this is not at all what the index measures and the diversity of body shapes and muscular tone in the human population can make it inaccurate for this purpose in many people. BMI is calculated by the following: $\text{weight(kg)}/\text{height(m)}^2$. Based on the WHO's current classification, individuals with a BMI of between 25 and 30 are defined as overweight, while those with a BMI greater than 30 are considered obese.
- *Consumption of methylphenidate*: Methylphenidate is the active substance in the widely used, a medication prescribed for the treatment of ADHD. Levels of consumption are measured as defined daily doses per thousand inhabitants per day and calculated on the basis of statistics on manufacture and trade provided by Governments. In countries that do not manufacture and export methylphenidate, quantities declared as imported are considered to be destined for consumption. For countries with manufacture and exports of methylphenidate, the average annual manufacture is added to the average annual import and the average annual export is subtracted. Conclusions on the actual level of consumption of psychotropic substances should be drawn with caution, as data on manufacture and trade reported by Governments may not be complete.
- *Childhood poverty rates*: This data refers to the percentage of children aged less than 18 years who live in a family where the total income is less than 50% of the median income in their country. The median is the mid-point between the highest and lowest income levels in the population.



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