

Why do English-speaking countries have relatively high fertility?

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Abstract In broad terms, the division in Europe between countries with very low fertility and countries with sustainable fertility matches Esping-Anderson's classification of the same countries into 'conservative' and 'social democratic' (Esping-Anderson 1990). A central difference between these two types relates to their preferred models of the family. The conservative countries hold more to the 'breadwinner' model of the family while the social democratic countries seek higher levels of gender equity within the family and in the workplace. State support in both conservative and social democratic countries is designed to be consistent with these differing views of the family. Would we then not expect fertility to be very low in Esping-Anderson's third group of countries, the 'liberal' countries, essentially English-speaking countries? By the Esping-Anderson definition, liberal countries are notable for their lack of support for families from public sources. Instead, according to Esping-Anderson, families must rely upon market provision for the services that they may need to combine work and family and they must rely on market employment to generate the income required to support their children. Contrary to this theory, whether measured by contemporary cross-sectional fertility or completed cohort fertility, with the exception of Canada, English-speaking countries now have the highest fertility rates among the countries that were classified by Esping-Anderson. Given the strength of theoretical explanation that arises from comparative studies of fertility in Europe, the paper examines why fertility in English-speaking countries seems not to follow expectation.

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Background

In recent decades, advanced countries have divided into two distinct groups in relation to their fertility rates. One group has had fertility rates in the range of 1.7–2.1 births per woman while the other group has had fertility rates below 1.5 births per woman. The first group can be said to have sustainable levels of fertility in the sense that the number of births can be expected to be sufficient to sustain an adequate future labour supply and, hence, a capacity to support a future ageing population. Fertility below 1.5 births per woman presents severe challenges for economic sustainability. There is debate about whether very low fertility rates will continue into the future in the absence of a policy response (Goldstein et al. 2009), but all governments with a fertility rate below 1.5 consider that their fertility rate is too low and most are attempting to increase the rate through policy means (United Nations 2010). Fertility sustained at very low levels for even 20 years produces future labour supply issues in any population. When fertility is 1.7–2.0 births per woman, any fall in future labour supply is likely to be slow and sustainable given the potential for capital deepening and increases in labour productivity.

The core explanations of the causes of very low fertility (below 1.5 births per woman) and policy responses to low fertility have been derived largely from comparisons of influences, institutions and policies in European countries. In Europe, there has been a divergence between countries with very low fertility and countries with sustainable fertility for around two decades. Researchers have examined why fertility differs between the Southern European countries and German-speaking countries on one hand and the Nordic countries, France and the Netherlands on the other hand. The strongest conclusion from this research is that fertility falls to very low levels when women must make stark choices between work and family, a choice that does not apply to men (d’Addio and d’Ercole 2005; Letablier et al. 2009; McDonald 2006). Fertility is argued to be relatively high in countries such as France and the Nordic countries because these countries have family policy regimes in place that support the combination of work and family (Letablier et al. 2009; McDonald 2006; Olah and Bernhardt 2008). These policies include state-subsidized child care, paid parental leave, family carers leave, regulations that restrict hours of work and income transfers through the tax or transfer systems that support families with children.

This explanation of very low fertility is consistent with the reversal of the relationship between labour force participation of women and fertility at the aggregate or country level. Nowadays, states with higher labour force participation rates for women have higher fertility while the opposite situation applied 20–30 years ago (OECD Family Database website, accessed December 2009). At the policy level, the argument that state support for the combination of work and family is the key to sustainable levels of fertility was made in the European Commission Green Paper on demographic change (European Commission 2005).

In broad terms and excluding the East and Central European countries, the division in Europe between countries with very low fertility and countries with sustainable fertility matches Esping-Anderson's classification of the same countries into 'conservative' and 'social democratic' (Esping-Anderson 1990).¹ A central difference between these two types relates to their preferred models of the family. The conservative countries hold more to the 'breadwinner' model of the family while the social democratic countries seek higher levels of gender equity within the family and in the workplace. State support in both conservative and social democratic countries is designed to be consistent with these differing views of the family. In an era when women are educated and able to compete with men in the labour market, the gender equity model is more supportive of fertility than is the breadwinner model (McDonald 2000a, b).

If the level of fertility in Europe is contingent upon the level of government transfers that support the combination of work and family especially for mothers, would we not expect fertility to be very low in Esping-Anderson's third group of countries, the 'liberal' countries? By the Esping-Anderson definition, liberal countries are notable for their lack of support for families from public sources. Instead, families must rely upon market provision for the services that they may need to combine work and family and they must rely on market employment to generate the income they need to support their children. Consistent with an expectation of very low fertility in liberal economies, the liberal economies in the advanced countries of East Asia have the lowest levels of fertility in the world. While their economies may be liberal, social policy in East Asian countries is conservative and this might be a truly fatal combination for fertility. However, when Esping-Anderson defined 'liberal' economies, he had in mind the English-speaking countries especially the US. So, we would expect very low fertility in English-speaking countries but the reality is the opposite. Whether measured by contemporary cross-sectional fertility or completed cohort fertility, with the exception of Canada, English-speaking countries now have the highest fertility rates among the countries that were classified by Esping-Anderson (see Table 1). Given the strength of explanation that arises from the comparative studies of fertility in Europe, how can this be so?

Potential theoretical explanations of high fertility in English-speaking countries

The paper considers why fertility is high in the English-speaking countries shown in Table 1 in terms of seven potential theoretical dimensions, which are discussed in the remainder of this section. However, some preliminary comments need to be made. First, policy may have a role in modifying the importance of these dimensions. For example, the provision of childcare may facilitate the combination of work and family, or cash or tax income transfers to those with children may offset the direct costs of children. The provision of access to abortion may reduce the number of unwanted births. On the other hand, the conventional liberal argument is

¹ In family support terms, France is clearly classified with the Nordic countries.

Table 1 Total Fertility Rates 2008 and Completed Cohort Fertility Rates for the 1965 birth cohort, selected OECD countries

Country	Total fertility rate 2008	Completed cohort fertility 1965 birth cohort
<i>English-speaking</i>		
New Zealand	2.18	2.25
United States	2.08	2.07
Australia	1.97	2.03
United Kingdom	1.96	–
Canada	1.66 ^a	1.72
<i>Social democratic</i>		
France	2.00	2.02
Norway	1.96	2.06
Sweden	1.91	1.98
Denmark	1.89	1.92
Finland	1.85	1.91
<i>Conservative</i>		
Greece	1.51	1.72
Switzerland	1.48	–
Spain	1.46	1.59
Italy	1.41	1.49
Austria	1.41	1.64
Germany	1.38	–
Portugal	1.37	1.82
<i>East Asia liberal</i>		
Japan	1.37	1.71
Korea	1.19	–

Source OECD Family Database website, accessed December 2009

^a 2007

that the market will adjust to needs including the needs of parents so long as people have the money to purchase what they need from the market. Thus, in the discussion of each of these theoretical explanations, the differential role of policy also needs to be considered. Second, it is important to recognize that the potential explanations are overlapping or may interact. In particular, value orientations necessarily interact with all other explanations. Some women will value children as all important and will sacrifice all else in order to have children. Others will want more of a balance between work and family (Hakim 2004).

Demographic explanations

Fertility can be subdivided into demographic components. While each of these demographic components may in turn be explained by one or more of the higher-order explanations discussed below, an understanding of the demographic components of fertility aids in an understanding of other potential explanations. The following questions are addressed:

- Is high fertility in English-speaking countries related to an early start to childbearing?
- What distribution of births by parity underlies the relatively high fertility? Is it low percentages of women having zero or one child or is it high percentages having three or more children?
- Are English-speaking countries at a more advanced stage of the 'tempo' transition? Has the shift to older ages at first birth ended or even been reversed?

Access to contraception and abortion

- Is high fertility related to unintended births arising from inferior access to contraception and abortion?

Compositional explanations

Because of migration or because of the wide distributional impacts on economic outcomes that are a feature of liberal countries, English-speaking countries tend to be more diverse or more heterogeneous than other OECD countries.

- Is high fertility in English-speaking countries due to high fertility among certain large ethnic groups?
- Is high fertility due to wide socio-economic distributions, specifically large groups with low education or low income?
- Is high fertility due to the religious composition of the population?

Macro-economic and labour market explanations

- The state of the economy and the perceived economic outlook may be better in English-speaking countries or they may simply be richer.
- Unemployment may be lower or, for those out of the labour force, entry or re-entry may be easier. The liberal labour market may be less likely to produce 'insiders' and 'outsiders' than more rigid labour systems.
- In a liberal system, the greater freedom for an individual worker to negotiate with an employer about salary and work hours may produce individually-tailored family-friendly outcomes.

Gender equity and the opportunity costs of having children

Insofar as very low fertility is associated with low levels of gender equity or the persistence of the breadwinner model of the family, English-speaking countries may be more advanced in this regard. The core to this argument is that low levels of gender equity reduce the returns to human capital of women leading to a high opportunity cost of having children. Some women may then opt to have no children or only one child.

- Is occupational gender segmentation less prevalent in English-speaking countries? Is the gender wage gap narrower?
- Are the opportunities to combine work and family better for women in English-speaking countries?
- Are there higher levels of gender equity in the household in English-speaking countries?

The direct costs of children

Children cost money and their cost relative to household income and household preferences for material goods may constrain couples from having an additional child.

- Are children more affordable in English-speaking countries?
- What are the cost structures of essential children's services?

Value orientations

Beyond the objective and the institutional explanations already described, observed fertility differences across countries may be due to different value orientations. Value orientations can stem from the compositional aspects already mentioned but broader culture and social arrangements and lifestyles may be more conducive to having children in some countries than in others.

- Culture in English-speaking countries may be more conducive to having children.
- The persistence of a conservative approach to family (care must be provided by the family and not by the state or the broader community) may not be conducive to childbearing.
- Is the suburban lifestyle that prevails in English-speaking countries more conducive to having larger numbers of children?
- There may be changes in values about the timing of births that will affect cross-sectional fertility measures.
- There may preferences about the sex of children that may influence the number of children that a couple has.
- There may be preferences about the number of children. In particular, one-child families may not be favoured in some contexts.

The demography of fertility

Early childbearing

Sardon (2006) has recently addressed the demographic aspects of fertility in English-speaking countries outside Europe compared to other countries with

advanced economies. Outstanding among his observations, and as observed by many others (Frejka and Sardon 2006), the US is notable for its early childbearing. Early childbearing in the US has a very long history dating back to its first white settlement. This was also true of Australia and New Zealand in their early years of settlement but, in these countries, marriage and childbearing shifted to much later ages in the latter part of the nineteenth century. From that point onwards, marriage and childbearing patterns in Australia and New Zealand have mirrored those in the UK rather than those in the US (McDonald 1974).

The distribution of fertility rates by single years of age in the US has two peaks, one around age 21, the other around age 27. This unusual pattern can be considered to be the result of the sum of two distributions, one with very early childbearing and one with ages of childbearing not all that much younger than in other English-speaking countries. The early age distribution is associated with Hispanics and non-Hispanic blacks, with relatively low levels of education and with states in the southwest. The later age distribution is associated with non-Hispanic whites, higher education and states in the northeast. Because births to Hispanics and non-Hispanic blacks constitute almost 40% of all births in the USA, their early childbearing clearly affects the national pattern (Table 2).

While the age-specific fertility rates under age 25 are very much lower for non-Hispanic whites in the USA than for Hispanics or blacks, their rates are higher than those that apply in the other English-speaking countries, although teenage fertility is a little higher in New Zealand. Rates for ages 15–19 and 20–24 are similar in New Zealand and the UK and higher than the rates in Canada and Australia that, in turn, are also similar to each other (Table 3). This pattern may well reflect ethnic differences across the countries. New Zealand has two large groups, Maori and Pacific Islanders (accounting for 58% of all births under age 25) that have relatively early childbearing. The rate of fertility under age 25 is about three times higher for Maori than it is for New Zealanders of European origin. In the UK, those with origins in Pakistan and Bangladesh begin their childbearing at young ages. In contrast, the major immigrant groups in Australia and Canada are selective of late childbearing compared to non-immigrants. Immigrants in these countries from China and India practise relatively late childbearing. In addition, in Australia, the relatively large second generation of Southern European origin marries relatively early because of parental limitations on cohabitation but delays its first births so that they occur later than for third-generation Australians (McDonald 2002). New

Table 2 Age specific fertility rates, ages 15–19 and 20–24, by race and Hispanic origin of mother, USA 2007

Race and Hispanic origin of mother	Age specific fertility rate 2007		Percent of total births at all ages 2007
	15–19	20–24	
Non-Hispanic white	27.2	83.3	53.6
Hispanic	81.7	178.5	24.6
Non-Hispanic black	64.3	133.6	14.5

Source National Center for Health Statistics 2009

Table 3 Age specific fertility rates, ages 15–19 and 20–24, English-speaking countries, 2007

Country	Age specific fertility rate 2007	
	15–19	20–24
Australia	16.0	55.5
New Zealand	31.6	75.8
United Kingdom	26.0	73.5
Canada	14.0	52.6
Non-Hispanic whites in the USA	27.2	83.3
Norway	9.1	60.5
Sweden	5.9	49.4
Austria	10.5	61.5

Sources Statistical agency websites for each country; Human Fertility Database; National Center for Health Statistics 2009

Zealand also has a very high rate of out-migration and around one quarter of its citizens lives in another country (mainly in Australia). Out-migrants from New Zealand may be selective of persons who commence their childbearing later and have lower completed fertility. However, in 2006–08, the Total Fertility Rate of Australians born in New Zealand was 2.12 births per woman, very close to the rate for New Zealand itself.

Cumulated fertility under age 25 in Australia and Canada is very similar to that of both Denmark (a country with relatively high fertility) and Austria (a country with very low fertility). Thus, this indicator suggests that early childbearing does not differentiate English-speaking countries. However, in the UK and New Zealand and among non-Hispanic whites in the USA, cumulated fertility to age 25 is much higher than it is in Denmark and Austria. Sweden, a country with relatively high fertility, has by far the lowest cumulated fertility to age 25 of the examples shown in Table 3. Thus, the association between early childbearing and total fertility is not linear and does not provide an obvious direction to pursue in the quest for an explanation of relatively high fertility in English-speaking countries.

Another measure of early childbearing is the cohort mean age at first birth. For the 1965 birth cohort, the mean age at first birth was 26.3 years for England and Wales, 26.3 years for Italy, 26.7 years for Sweden, 27.2 years for Denmark, 25.4 years for Greece and 28.4 years for the Netherlands (Frejka and Sardon 2007; Human Fertility Database). For the US, however, the equivalent cohort mean age at first birth was 24.6 years. Again, the association between these numbers and the completed fertility rates shown in Table 1 is by no means linear.

In summary, there is early childbearing in the two highest-fertility English-speaking countries, New Zealand and the US, but early childbearing does not seem to account for the relatively high fertility outcomes in Australia, the UK and Canada. Furthermore, early childbearing in New Zealand and the USA is strongly associated with particular large ethnic groups in those countries suggesting that it may be the ethnic composition that leads to higher fertility rather than early childbearing as such.

Births by birth order

Do English-speaking countries have relatively low proportions of women who have no children or only one child or, on the other hand, do they have high proportions with three or more children? Table 4 shows the distribution by parity of the 1955 birth cohort for various countries. The three English-speaking countries shown in the table tend to have slightly higher levels of childlessness, a relatively low incidence of one-child families and a high incidence of families with three or more children. These patterns are also evident in cohort parity progression rates (Frejka and Sardon 2007). It does seem that low proportions with one child and high proportions with three or more children are specific features of English-speaking countries.

The progression of the tempo effect

Since the 1970s, all major industrialized countries have experienced a substantial shift to later ages at childbearing. This has produced a ‘tempo’ distortion to the period total fertility rates recorded in these countries. As births shift to later ages, they are delayed to a future time so that the current level of fertility falls even though the delayed births may eventually occur. Tempo distortions can be very long-lasting. As a country comes to an end of further delay of childbearing at younger ages, the occurrence of formerly delayed births at older ages will produce a rise in its period total fertility rate. Thus, differences in period fertility across countries may be due at least in part to those countries being at different stages of tempo distortion. Specifically, it may be the case that English-speaking countries have reached the end of their tempo distortions at an earlier point in time than other countries and this may explain their relatively high fertility.

One approach to examining the effects of tempo is to compare the period TFR with the tempo-adjusted TFR as published by the Vienna Institute of Demography. Only two English-speaking countries are included in the Institute data sheet for 2008, the UK and the US. Both show a period TFR for 2006 that is 0.14 lower than the adjusted TFR for 2003–05. This is larger than the equivalent difference in

Table 4 Percentage distribution of completed number of children ever born, 1955 birth cohort, various countries

Country	% Distribution by number of children ever born, 1955 birth cohort				
	0	1	2	3	4+
Australia	13	12	38	24	13
England and Wales	17	12	40	21	10
USA	16	18	35	20	11
Denmark	13	19	46	17	5
Netherlands	17	15	43	18	7
Italy	12	24	43	16	5

Sources: Frejka and Sardon (2007), Kippen (2006)

countries such as Spain, Italy, Denmark, France, Sweden and Norway. If this is a reliable approach to assessing the issue, and this is doubtful, then English-speaking countries are not closer to the end of their tempo distortions than a range of other countries.

A more direct approach to investigating the end of a tempo effect is to examine the trends in cohort fertility rates at younger ages. If the transition to later ages at birth were ending, we would expect to observe no further decline in cohort fertility at younger ages, or even a rise. Table 5 shows this trend for various countries using cumulated fertility to the 27th birthday as the indicator. The choice of age 27 is somewhat arbitrary and could influence the result. However, with that caveat in mind, there is some evidence that the tempo effect in English-speaking countries may have ended at an early time point, especially in the US. Indeed, cumulated cohort fertility under age 27 has been almost constant in the US from the 1955 birth cohort onwards. The trend is not as evident for Australia as it is for other English-speaking countries, but the latest data for Australia show increases in fertility rates at younger ages between 2007 and 2008 (ABS 2009). The same applied to New Zealand between 2007 and 2008 (Statistics New Zealand 2009).

The other unusual demographic feature of US fertility is that completed cohort fertility has been increasing since the low point reached by the 1955 birth cohort. This would be unlikely to occur if there was a delay of births in progress.

In summary, this investigation of demographic differences in fertility does not reveal any outstanding reasons why fertility is relatively high in English-speaking countries. The strongest possibility seems to be the parity distribution of completed fertility: women in English-speaking countries have fewer one-child families and more families with three or more children. There is also a suggestion, strong for the

Table 5 Cumulated cohort fertility to the 27th birthday, women born in 1970, 1975 and 1980, various countries

Country	Cumulated cohort fertility to 27th birthday, by year of birth cohort		
	1970	1975	1980
Australia	0.61	0.54	0.49
Canada	0.63	0.58	
New Zealand	0.78	0.69	0.66
England & Wales	0.72	0.64	0.64
United States	0.98	1.01	0.95
Denmark	0.55	0.46	0.42
Finland	0.58	0.51	0.47
Norway	0.69	0.57	0.52
Sweden	0.63	0.43	0.40
France	0.60	0.53	0.53
Austria	0.68	0.58	0.49
Germany	0.52	0.49	0.43
Italy	0.37	0.29	
Spain	0.34	0.23	0.25

Source: Frejka and Sardon (2009)

US, that English-speaking countries may have ended the transition to later childbearing, that is, the tempo distortion to period fertility may be zero or very small.

Unwanted births and the accessibility of contraception and abortion

Among OECD countries, the argument that fertility may be high because of a high incidence of unwanted births has been made almost exclusively in relation to the US. Partly this is due to the fact that information on unwanted births has been obtained in surveys in the US for many years but not in other OECD countries. This has changed with the advent of the Generations and Gender Surveys in some European countries but, as yet, there has been little analysis of these data. There are also likely to be measurement issues as the fact that a birth was unwanted is derived from self-reporting and, in differing cultures, there may be differing attitudes about whether or not a child can or should be reported as unwanted.

Frejka has described a syndrome of unwanted births associated with low education and low levels of reproductive health knowledge especially in the poorer segments of the US and more especially among blacks and Hispanics (Frejka 2004). Quesnel-Vallée and Morgan (2003) have estimated that US women who had more births than they had intended contributed half of all births in the US between 1982 and 2000 despite the fact that they were only one quarter of the sample that they had examined.

Based on the National Survey of Family Growth 2002, Finer and Henshaw (2006) reported that 49% of all pregnancies in the US in 2001 were unintended. For over 50% of these unintended pregnancies, the woman was not using contraception in the month preceding the conception. Less than half of the unintended pregnancies ended with induced abortion. Between 1994 and 2001, the proportion of unintended births ending in abortion fell. Pregnancies were unintended for 69% of blacks and 54% of Hispanic women. And unintended pregnancy was strongly related to low income and low education.

In the US, access to abortion varies dramatically across the states. In the southern states, very high proportions of women live in counties with no abortion provider (Henshaw and Kost 2008). Using time series data, Gohmann and Ohsfeldt (1994) found that lack of access to abortion was related to higher levels of fertility in the US. All these results suggest that poor access to contraception and abortion and unintended pregnancy play some role in the high fertility in the USA.

While data on this issue are less readily available in the other English-speaking countries, contraception and abortion are accessible to most people through their national health systems and, while variable in quality, reproductive health education is provided in most schools. In a comparison of Canadian and US fertility, Bélanger and Ouellet (2006, p. 107) concluded:

Unwanted pregnancies and births are more frequent in the United States, as is the use of abortion, while Canadian females use more effective contraception

methods than Americans, partly because medical methods and sterilization are more accessible and less costly.

The abortion rate in Australia and New Zealand is the same as the abortion rate in Northern European countries (Sedgh et al. 2007). Beyond the US, unwanted births are probably not especially important as a cause of relatively high fertility in other English-speaking countries.

Population composition

Ethnicity

The English-speaking countries are all countries of immigration. Australia, Canada and New Zealand all have more than 20% of their populations born in an overseas country. This raises the possibility that the immigrants may contribute differentially to the relatively high fertility that applies in these countries. Only in the case of New Zealand is the indigenous population of sufficient size to influence the national fertility rate.

In 2007, while the national TFR in the USA was 2.12, the TFR for Hispanic women was 2.99, for non-Hispanic blacks, it was 2.13 and for non-Hispanic whites, it was 1.87. If the TFR of Hispanic women in the US had been the same as that of non-Hispanic whites, there would have been about 400,000 fewer births in the US and the TFR for the USA would have been 1.92 instead of 2.12. It should be noted that the TFR for Mexico in 2007 was 2.13, thus either conditions in the USA lead women of Mexican origin to have more children, or immigrants from Mexico to the USA are selective of very-high-fertility Mexican women. The discussion in the previous section showed that Hispanic women in the USA have a high level of unintended pregnancies and poor usage of contraception, but Parrado and Morgan (2008) have concluded that Mexicans in the US assimilate to US fertility circumstances. In a recent article, Parrado (forthcoming) argues that period estimates of fertility for Mexicans in the USA provide a misleading impression of the completed fertility of these women. He shows that their fertility tends to be high soon after arrival creating a tempo effect. Furthermore, he suggests that the population denominators for Mexican women in the USA may be underestimated, leading to spuriously high birth rates. Nevertheless, it is evident that Hispanic women add substantially to the US period fertility rate. Non-Hispanic whites in the USA in 2007 had a fertility rate that was lower than the national rates of Australia, New Zealand, the UK, France, Norway and Sweden. Thus, taking this factor into account, we need only to explain why US fertility is close to that of these other countries, not why it is so much higher.

A similar argument applies to New Zealand taking into consideration the high fertility rates of Maori and Pacific Islanders. In 2006, the TFR for 'Europeans' in New Zealand was 1.92 while the national rate was 2.05. For other ethnic groups the fertility rates were 2.78 for Maori, 2.95 for Pacific Islanders and 1.52 for Asians. Maori and Pacific Islanders accounted for 34% of all births. Thus, the difference

between New Zealand and countries such as Australia, the UK, France and Sweden falls away once New Zealand's ethnic composition is taken into account.

Migrants to Australia and Canada come from a very diverse range of countries and no single origin country is sufficiently large to make a difference to the fertility rate in either of the two countries. Nevertheless, total migration is of sufficient size to make a difference if most immigrants came from high (or low) fertility countries. In 2006–08, 26% of all births in Australia were to a mother who had been born in another country. However, the country of birth that contributed the largest number of births (UK) accounted for only three per cent of all births. In total, in 2006–08, the fertility rate of all overseas-born women in Australia was 1.81 compared to 1.93 for women born in Australia. As it is likely that the rate for those born in Australia would have been lowered by low fertility rates among second generation Southern Europeans in Australia (McDonald 2002), the fertility rate of third generation Australians must be quite high.

Data on fertility rates by country of birth are not available for Canada. However, Canada takes a high proportion of its immigrants from Northeast Asia and from India and close to 60% of its immigrants come from Asia as a whole. While these are important sources of Australia's immigrants, the proportion of Australia's immigrants coming from these countries is much lower because the two largest sources of immigrants to Australia are the UK and New Zealand. Canadian immigrants from Northeast Asia and from India are recruited on much the same basis that Australia recruits immigrants from the same countries and the expectation would be that the fertility rates in Canada for these groups would be much the same as their fertility in Australia. In 2006–08, the fertility in Australia of immigrants from Northeast Asia was 1.24 births per woman and it was 1.67 for those born in India. Thus, it seems possible that immigration may lower the overall fertility rate in Canada. This is confirmed to some extent by the fact that the 2007 fertility rates in British Columbia (1.51) and in Ontario (1.57), where most Asian immigrants live, were much lower than the rates in other provinces.

In England and Wales in 2008, the fertility rate for women born in the UK was 1.84 and that for women not born in the UK was 2.51. The overall TFR for England and Wales in the same year was 1.97. Thus, the presence of women not born in the United Kingdom increased fertility from 1.84 to 1.97, another considerable increase (Office of National Statistics 2009).

An intriguing speculation is that period fertility rates may be affected by not only the level of immigrant fertility but also by its timing. Yang and Morgan (2003) have speculated that the tempo distortion may be less prominent in the US because it applies only to the educated sub-group of the population. They conclude that a modest part of educational differences and a substantial part of racial differences in period fertility in the US can be attributed to differential changes in tempo. It might even be argued that the increasing proportion of Hispanic women in the US population might have produced a 'counter' tempo effect—a national shift to earlier childbearing. Might this be an explanation of why fertility at younger ages stopped falling in the US many years ago? The increasing proportion of Hispanics may also explain the unusual rise in cohort completed fertility in the US from the 1955 birth cohort onwards.

Income, education and occupation

According to Esping-Anderson's classification, economic and human capital outcomes are likely to be more diverse in liberal economies than in social democratic economies especially but also in conservative welfare states. This is a result of the private, competitive nature of the education and labour markets in liberal economies and because of their lower rates of redistribution through taxation. Effectively, the state intervenes less in the direction of producing equality of outcomes for its citizens. This has been confirmed often in cross-national studies of income distribution and educational outcomes (e.g. Smeeding et al. 1990). In liberal economies, there remains a strong relationship between fertility and income or education. Low income and low education are associated with higher levels of fertility. To the extent that fertility outcomes are inversely related to the opportunity costs for women of having children, this is the result that would be expected. Women with high levels of human capital lose more by having children. In contrast, in social democratic economies, governments intervene through provision of services or tax transfers to reduce the diversity of outcomes and so the variation in opportunity costs of having children is not as wide. Furthermore, in social democratic economies, governments provide more services that support the combination of work and family, also tending to reduce opportunity cost differences (see Neyer and Andersson 2006).

In accordance with this theoretical perspective, Andersson et al. (2009) found relatively small effects of education upon completed cohort fertility in the Nordic countries despite significant differences in the timing of births by education. Those with higher levels of education commence their childbearing later but almost fully make up for their late start compared to women with lower levels of education. In contrast educational differences in completed fertility remain large in the English-speaking countries. In Australia, for example, the 2006 Census showed that fertility at age group 35–39 ranged from 2.47 births per woman for those with Year 9 education and below to 1.77 for those with Year 12 education and 1.49 for those with a bachelor degree (McDonald and Kippen 2009). Frejka and Westoff (2007) also observed wide differences in completed fertility in the US both by educational level and by income level. Yang and Morgan (2003) also observe substantial socio-economic differences in completed fertility in the US.

While there is evidence, as theorized, that fertility rates by income and education are more dispersed in the English-speaking countries than in the Nordic countries, it is difficult to prove whether or not wide dispersion leads to higher overall fertility than would otherwise be the case.

Religion and religiosity

The argument has been made that US fertility may be high because Americans are more religious than people in other developed countries. In this context, David Coleman (2000) has described the USA as 'a madhouse of religion'. The World Values Survey showed that religion was important in the daily lives of around 50% of all American women but for less than one-sixth of women in European countries

(Frejka and Westoff 2007). After controlling for various other characteristics, Frejka and Westoff conclude that differences in religiosity contribute positively to US fertility when compared with a number of European countries. It is common to find that women who state that they have no religion have lower fertility (e.g. McDonald and Kippen 2009). Thus, more secularized societies might be expected to have low fertility. This would be in keeping with Second Demographic Transition Theory but, at the national level, the evidence for this is not strong.

Within the US, a recent study by Hayford and Morgan (2008) shows that more religious women have higher fertility and that their higher fertility is determined more by higher intended fertility than by unwanted births or the degree of postponement of the first birth. They show that religiosity is associated with more traditional gender and family values and these values contribute substantially to the higher fertility of religious people.

Religiosity seems to have a role in the higher fertility of Americans but is unlikely to have any significant effect in the other English-speaking countries.

Macro-economic and labour market explanations

There has been something of a re-emphasis upon macro-economic trends and their association with demographic trends. Recently, Myrskylä et al. (2009) have argued that once countries reach a particular (high) level of socio-economic development (as measured by the Human Development Index), fertility increases. GDP per capita is one element of the Human Development Index. Using OECD data on 2008 GDP per capita (constant prices, constant PPP with 2000 as the reference year), a cutoff point of \$30,000 divides the 30 OECD countries into two halves, 15 with higher than \$30,000 GDP per capita and 15 with lower than this amount. Only two of the 15 countries with GDP per capita in excess of \$30,000 have a fertility rate below 1.5 (Austria 1.41 and Switzerland 1.48). And only five of the 15 countries with GDP per capita below \$30,000 had a fertility rate above 1.5 (the Czech Republic, France, Ireland, New Zealand and Turkey). Thus, the association of fertility with GDP per capita, an indicator of national wealth, is strong. Four of the five English-speaking countries considered in this paper fall into the wealthy category. New Zealand is the exception. It is also notable that the strong rises in fertility in English-speaking countries from 2003 to 2008 took place in a period of strong economic growth.

Of course, simple associations can be spurious² and so it is necessary also to have a theory that links national wealth to fertility. First, a high level of national wealth may encourage optimism on the part of young people so that they feel that having children is less of a risk than it would otherwise be. Though not as strong as the correlation with GDP per capita, there is also a reasonable correlation between fertility and the unemployment rate in OECD countries, with those having low unemployment having higher fertility. Confidence in the economic future can slow down or reverse the delay of childbearing producing a period increase in fertility. Some studies have shown that those who have reached a favourable long-term

² For example, four of the five English-speaking countries have qualified for the 2010 World Cup finals.

economic situation are more likely to proceed to childbearing, all else being equal (Caucutt et al. 2001; Martin 2000). This is consistent with the demographic analysis above. Second, as wealth rises, the non-discretionary direct costs of children become relatively smaller, that is, children become more affordable.

The point can also be made that these economic factors are likely to have more force in liberal economies where state compensation is lower. Furthermore, as argued by Caldwell and Schindlmayr (2003), participants in the labour markets of liberal economies have become more inured as risk takers. Economic liberalization, the so-called 'new economy', was pioneered in the English-speaking countries and it was applied to all workers irrespective of their working history. Workers in these countries have had longer to become used to the new institutional arrangements of employment. In contrast, European and East Asian labour markets tend to be characterized by insiders and outsiders with older men being the insiders and women and young workers being the outsiders. The working conditions for older male workers have been protected while the working conditions of younger workers have been aligned to the conditions of the new economy (Caldwell and Schindlmayr 2003; McDonald 2000a). By delaying or eschewing births, young workers in European countries pursue a strategy to qualify as insiders. While many European countries that could be characterized in this way have relatively high fertility, they also have expensive family support policies as a form of compensation (Caldwell and Schindlmayr 2003).

The relative absence of an insiders-outsidiers labour market also means that it is easier in English-speaking countries for mothers to re-enter the labour market after a period of absence due to childbirth (Letablier et al. 2009). In addition, except in the US, parental leave is widely available in English-speaking countries. In Australia, all workers, including casual workers and including fathers, are eligible for up to 2 years of unpaid parental leave following the birth of a child.³ They have full rights to return to their former job at the end of the period of leave. Furthermore, 52% of employed Australian women are eligible for paid maternity leave of varying durations at full pay through negotiated agreements with their employers (Productivity Commission 2009). The previous Howard Government also argued that its maternity allowance (a \$5,200 payment made upon the birth of every child) operated as a form of paid parental leave. The current Australian Government has scheduled to introduce a statutory scheme of paid parental leave in 2011. Canada, New Zealand and the UK all provide statutory rights to varying periods of paid parental leave. In Canada, through Employment Insurance, parents can get up to 52 weeks of paid leave after the birth of a baby if they combine Maternity, Parental and Sickness Leave entitlements. The basic benefit rate is 55% of the parent's average insured earnings up to a yearly maximum insurable amount of \$42,300 and is taxable. In New Zealand, up to 14 weeks of paid parental leave is available payable at a (current) rate of up to \$407 per week. The UK has a system of 13 weeks unpaid parental leave for all parents and a statutory maternity payment for a

³ Up to two years is available for a couple. They can share the leave or either one can take the full two years.

maximum period of 39 weeks with the first 6 weeks being set at 90% of earnings. The remaining 33 weeks are paid at a standard rate, currently £123 per week.

It should be pointed out, however, that studies have shown little or no relationship between fertility and the availability of paid parental leave and a comparison of Germany and the US strongly supports that conclusion. It is even argued that long maternal leave (more than 12 months) may reduce fertility because it is a conservative, male breadwinner-style policy (Letablier et al. 2009).

More speculatively, in a liberal system, the greater freedom for an individual worker to negotiate with an employer about salary and work hours may produce individually-tailored family-friendly outcomes. Australia provides an example of this possibility. Because of strong demand for labour in Australia, employers were willing to negotiate hours of work with women on an individual basis that fitted in with their family responsibilities (Gray and McDonald 2002). They were also willing to accept a relatively high minimum wage such that the income earned by women during their part-time work was sufficient, with their husband's income, to provide an adequate family living standard. The 52% of women who receive paid maternity leave from their employers in Australia have also gained this benefit through negotiation. Australian employers, especially large employers, see the provision of family benefits as providing them with a competitive edge in a tight labour market, and human resource consultants routinely make this case to employers (e.g. Westpac 2005). There is not a lot of information available about informal arrangements between employees and employers in the US but highly valued workers are probably able to negotiate deals (for extensive discussion of paid parental leave in the USA, see Gornick and Meyers 2009).

Gender equity and the opportunity costs of having children

As discussed above, the most commonly accepted argument for the existence of very low fertility is the argument that the losses to women in terms of earnings, career and time are very great in societies that do not provide arrangements that enable women to combine work and family. As a consequence, many women in these societies have no children or stop at one child. As Lutz et al. (2006) have pointed out, opportunity costs become relatively great for women who have children as more and more women do not have children. There is a strong gender dimension to this explanation because men who have children do not suffer the same losses. Indeed, fathers tend to have better labour market outcomes than men without children (Letablier et al. 2009). This explanation also includes the balance of housework performed by men and women that also tends to be more inequitable in societies with very low fertility (Letablier et al. 2009; McDonald 2000a). The thrust of the opportunity cost argument is extensively reviewed in Letablier et al. (2009) and will not be repeated. Here, the purpose is to examine the salience of this argument to the relatively high fertility in English-speaking countries.

The OECD Family Database provides cross-national statistical comparisons of the employment of mothers and non-mothers, gender wage gaps and public expenditure on childcare. At this macro-level, it is very difficult to discern patterns

that are associated with fertility. In broad terms, employment ratios of mothers are higher in English-speaking countries than in the countries of Europe and East Asia shown in Table 1 that have very low fertility. On the other hand, in broad terms, the employment ratios tend to be lower in the English-speaking countries than in the countries of Europe shown in Table 1 that have fertility rates higher than 1.5. Much the same statements can be made about the gender wage gap. Public expenditure on provision of childcare is very low in Canada, the US and New Zealand and only moderate in Australia and the UK.

Parents in English-speaking countries, in keeping with the liberal classification of their welfare systems, essentially put together their own packages of work and family arrangements. The package involves the work hours and working times of the two parents (in two-parent families), the availability of other relatives to provide childcare, the costs of alternative forms of accessible childcare and the returns provided by governments for the costs of childcare. The result is a very wide diversity of arrangements tailored by individual needs, resources and constraints. In some respects, the countries differ from each other. In Australia, New Zealand and the UK, the package commonly involves part-time employment when children are young, while this is much less the case in the USA and Canada. In other respects, they are similar. In the US, when mothers of preschool age children are employed, the main forms of childcare divide roughly as follows: fathers (27%), other relatives (27%), centres (22%), family day care and other care in the home of the provider (17%) with other arrangements making up the rest (House Ways and Means Committee 2000). Formal care is more common for 3 and 4 year-olds and informal care more common for children under age three. Australia has a very similar breakdown and other English-speaking countries likewise. This contrasts with the very regular, often government-funded, childcare systems that characterize especially France but also the Nordic countries. Thus, women in English-speaking countries find their own ways to meet their work and family needs rather than give up either work or family. Employers in English-speaking countries also vary in the extent to which they co-operate with the needs of the working mother and this becomes another element in the equation. In Australia and New Zealand, relatively high minimum wages underpin the part-time work component of this approach to work and family.⁴ In Australia, all workers are entitled to request part-time hours in their own job.

Putting together individual childcare arrangements in this way has a long history in English-speaking countries and thus has become part of the culture of work and family. However, the process is uncertain and stressful and the fact that it continues to be done and that women both work and have children reflects a strong value orientation towards the combination of the two. Nevertheless, the cumbersome nature of the system has led to pressure for policy change and support from government. Today, government subsidies to childcare in English-speaking countries are much more generous than they were a decade ago.

⁴ These two countries along with France have the highest relative minimum wages in the OECD countries.

The least advanced is Canada where the government provides tax deductions (for expenses up to \$7,000 per child in 2006) for childcare expenses. The deduction applies to the tax liability of the parent with the lower taxable income. However, there are also provincial-level subsidies for capital costs and operating costs, and subsidies to parents (Beaujot and Wang 2009). In the US, direct subsidies for the use of childcare services are provided only to those on very low incomes, primarily as a part of welfare to work reforms. However, all families are entitled to a \$3,000 per child care tax credit to a maximum of \$6,000. The rebate is not income-tested. The UK has an income-tested childcare tax credit (up to £175 per week for one child). It also provides free and universal early childhood education for all 3- and 4-year olds. Much like the UK, New Zealand provides an income-tested childcare subsidy and also free and universal early childhood education for all 3- and 4-year olds.

Support from government is highest in Australia. There are two (sequential) arrangements. The Child Care Benefit is a payment tested on family income that meets as much as 90% of the costs of childcare for those on a low income but only a small fraction of the costs of those on high incomes. The Child Care Tax Rebate then provides a tax rebate of 50% of the costs of childcare that have not been met already by the Child Care Benefit. The maximum rebate is \$7,800 per child. In combination, the two payments mean that all families using approved forms of childcare get a return from government of 55–90% of their childcare costs. A program of free and universal early childhood education will be available for all 4-year olds in the near future. In the medium term, this is likely to be extended to 3-year olds. Childcare provided by employers to their employees is free of fringe benefit tax.

There are other policy approaches that are supportive of workers with family responsibilities. In Australia, for example, all workers are eligible for 10 days of family carer's leave for use when children or other relatives are sick, or to attend school functions. So called 'flexitime' is also widely available in Australia. By working longer hours (without pay), workers can build up future leave credits. Women often use flexitime credits to cover longer leave during school holidays.

The direct costs of children

While the opportunity costs of having children lead to a relatively high proportion of women in English-speaking countries having no children, the high proportions having three or more children are likely to be associated with low direct costs. By the time that a couple is making a decision about a third child, they have already experienced the direct costs of the previous two children so they have an understanding of the costs involved. Also, there tend to be economies of scale in the direct costs of children, especially in costs such as housing and private transport.

In relation to the direct costs of children, research papers on low fertility tend to focus only on comparative levels of income support provided by governments through the tax-transfer system. These are clearly important as offsets to child costs but more important and little researched are the actual costs of children relative to the net household disposable income of families with children. Even within a single

country, there is no broad agreement about how to measure the direct costs of children (McDonald 1990). The problem is far greater if we wish to compare costs across countries. Nevertheless, it would be very difficult to argue that the costs of food, clothing, transport (e.g. petrol), furniture, entertainment, housing and education for children are lower in European countries than they are in the US. This may be less so in the other English-speaking countries but, even there, the marginal cost of a third child in the suburban life style of English-speaking families with children is very small. The vast majority of Australian children, for example, live in the outer suburbs of the large cities. A third child in this situation will cost almost nothing more in clothing (cheap clothing made in China or hand-me-downs), housing (the big houses easily accommodate another child), health care (national health system), private transport (low cost of fuel and travelling to the same places as the older children, subsidized public transport for children), education (free education), furniture and recreation (same TV, computer and computer games, same sporting equipment, lots of parks and ovals nearby). Food, special equipment and external entertainment are the few expenses that would be costly. Even the do-it-yourself camping holidays are relatively cheap. Most services required by children in English-speaking countries (education, health, transport) are free or relatively cheap. Likewise, most goods required by children are cheap. Thus, I would assert that a careful study would show that the marginal third child is considerably cheaper in English-speaking countries than in continental European countries.

In relation to the net household disposable income of families with children, transfers from the state in the form of cash or tax concessions play a significant role, but, as discussed below, there are relatively significant transfers in the English-speaking countries. However, before examining these transfers, it is important to recognize that liberal welfare states are based upon low income tax regimes. Tax does not have the same impact on gross family incomes in English-speaking countries that it has in most European countries. For example, the OECD (2008) shows that, in 2006, the 'tax wedge' (the difference between what employers pay out in wages and social security charges and what employees take home after tax, social security deductions and cash benefits have been taken into account) for one-income families with two children was 3% in New Zealand, 12% in the US, 16% in Australia, 23% in Canada and 28% in the UK. These compare with a rate of 42% for both Sweden and France. Thus a family in an English-speaking country having the same (PPP-adjusted) gross income as a family in Sweden or France, will have a much higher net disposable income before state transfers. Direct taxes and transfers to families are also more progressive in English-speaking countries than in other OECD countries, meaning that low-income families are relatively better off in English-speaking countries (Whiteford 2008).

In like manner, Adema and Ladaique (2009) have shown that if the effects of private social expenditure and the tax system are taken into account, social expenditure (the ratio of social expenditure to GDP) does not vary greatly across OECD countries. In particular, using this measure, social expenditure in the English-speaking countries looks similar to social expenditure in the continental European countries. This is a very different impression from that gained from comparing only gross public expenditure.

Finally, there seems often to be an assumption that state transfers for the costs of children are close to zero in English-speaking countries. This is not the case as the following description shows.

New Zealand has four types of payments:

Family tax credit

- Paid to families with dependent children 18 and under. Between \$3,000 and \$5,000 per child per annum depending upon the age and birth order of the child, income tested.

In-work tax credit

- Paid to families with dependent children 18 and under who work the required hours each week—couples must work at least 30 h a week between them and sole parents must work at least 20 h a week. Up to \$3,000 per annum.

Minimum family tax credit

- Paid to ensure that the annual income (before tax) of a family with dependent children 18 or younger does not fall below \$24,493. Subject to the same work test as the in-work tax credit. It ensures that these families have a minimum income of \$395 a week after tax.

Parental tax credit

- Paid to families with a newborn baby for the first 56 days (8 weeks) after the baby is born. \$150 per week. People on paid parental leave or receiving an income-tested benefit are not eligible for this payment.

Australia has three main payment types that mirror the four payment types in New Zealand:

Family Tax Benefit Part A

- A per child payment ranging at its maximum from \$5,500 to \$6,700 per annum depending upon the age of the child. Income tested.

Family Tax Benefit Part B

- A per family payment tested on the income of the second earner in the household. \$2,800 to \$3,800 per annum depending upon the age of the youngest child. Also tested at a very high level of family income.

The Maternity Allowance (Baby Bonus)

- \$5,200 paid to almost all new mothers. Income tested at a very high level of income.

The United Kingdom has four payment types:

Child Tax Credit: Family

- A payment of a maximum of £545 per annum per family. Income tested.

Child Tax Credit: Family with Child under Age 1

- A payment of a maximum of £545 per annum if the family has a child aged less than 1 year.

Child Tax Credit: Child

- A payment of a maximum of £2235 per child per annum. Income tested.

Working Tax Credit

- A supplement for individuals working 30 h or week or more (£775) is available to couples with at least one child if they work 30 h per week between the two.

Canada has a complex system of payments and some provincial governments have additional payments (Beaujot and Wang 2009):

Canada Child Tax Credit

- Maximum of \$3,400 per child. Income tested.

National Child Benefit Supplement

- Supplements the incomes of families with low incomes. Amount varies with the number of children. Maximum of \$2,100 per annum for a family with one child.

Working Income Tax Benefit

- Paid to those on low family incomes. Maximum of \$1,700.

Family Supplement to Employment Insurance

- For families, increases the replacement rate of employment insurance to as much as 80% of insurable earnings

In the United States:

Child Tax credit

- Reduces tax by up to \$1,000 for each qualifying child. Income tested at a high level of income.

Earned Income Tax Credit

- For low-income families, a credit of \$4,800 for two or more children and \$2,900 for one child.

These payments, in general, are larger than cash/tax transfers in the social democratic countries and are part of the favourable ‘tax wedge’ situation of families in these countries. Also, these cash/tax benefits are much higher for low-income families than for average- or high-income families. This could be regarded as a desirable quality for payments designed to alleviate the direct costs of children which become a lower proportion of family income as income rises. Thus, the payments support childbearing among low-income people.

Values and attitudes

The facts that relatively low percentages of women have one child and relatively high percentages have three or more children suggest that values may play some part in the high-fertility outcomes for women in English-speaking countries. These fertility outcomes are what economists would refer to as ‘revealed preference’ and revealed preference may well be the most reliable way of measuring values about having one or three children. Direct questions on ideal or desired numbers of children have the problem that they are not set within the context of constraints that will impinge upon the actual number of children that a woman will have. While it is difficult to obtain comparable cross-national data, the lone child in English-speaking countries is often portrayed as likely to be lonely or spoilt despite the fact that studies of only children rarely back up these popular images. The predominance of the one-child family in European countries with very low fertility rates suggests that this family form is more acceptable in those countries even if it is largely determined by constraints upon childbearing.

There is evidence available that in English-speaking countries, parents are much more likely to have a third child if the first two children are of the same sex (Kippen et al. 2009; Pollard and Morgan 2002) but this has also been observed for Nordic countries (Andersson et al. 2004). However, it may well be the case that the suburban nature of most family housing in the English-speaking countries may be conducive to having three or more children irrespective of their sex. A recent study showed that the largest average new house sizes in the world are found in Australia, the US and New Zealand (CommSec 2009). This result is driven by the predominance in these countries of large separate houses in the suburban areas of expanding cities. The study did not include Canada where the same situation applies. Among the English-speaking countries, only the UK had relatively small houses. In Australia, having three or more children becomes much more common as education level falls and is more common for those born in Australia than for migrants (McDonald and Kippen 2009). Low education is associated with low economic status so, again, the diversity of economic outcomes in English-speaking countries may contribute to higher fertility.

In the years 2001–2005, a series of books were published in English that were critical of the strong demand upon educated women to delay their first births until they had established their careers to the highest level (Cannold 2005; Crittenden 2001; Haussegger 2005; Hewlett 2002; Macken 2005). These books were written mainly by professional women who were publicly expressing their regret that they had delayed their first birth for too long and were then unable to have a baby for physiological reasons. These books received considerable publicity, being aired widely in women’s magazines and on television chat shows. It is very likely that this public discussion led to a reconsideration of the timing of the first birth among working women. Accordingly, this debate may have ended the increasing tendency to delay the first birth and possibly reversed it as observed above. Thus, a change in values has probably affected period fertility in English-speaking countries through changes in values about the timing of the first birth.

Finally, the strong value orientation in English-speaking countries is for women to combine work and family. As described above, the combination is often difficult and stressful to manage because it is very largely in the ambit of the individual family to sort out their own arrangements. Nevertheless, the vast majority of families in these countries achieve the result and they continue to put pressure upon governments and employers to ease the difficulty through the provision of services and supports. This is different from Esping-Anderson's conservative countries where it is still a struggle to get recognition for the combination of work and family.

Conclusion

Concluding where the discussion ended, there is a fundamental value orientation in English-speaking countries in favour of the employment of mothers and a balanced combination of work and family. This value orientation has a long history dating back to the origins of the women's movement in the 1960s. This orientation led to the end of the early childbearing period of the baby boom and rolled in a new period where the first birth was delayed increasingly while women established themselves in education and career. Being liberal countries in Esping-Anderson's terms, governments in these countries have been very slow to provide services and conditions of employment that facilitate the combination of work and family, but changes have occurred and are still in progress, especially in the past decade. For women and their partners who have struggled to put together their individual work and family arrangements, any concession or assistance from government seems like a major advance and encourages progress. This has generated a dedication to the combination of work and family for women in these countries. This has been underlined by the public debate that took place in these countries in the years 2001–2005 about delaying the first birth. This debate displays strong determination to achieve the work and family combination in the best way possible.

Governments have reacted to the pressure that has built up behind this movement. Australia probably provides the best example of this. In 2003, the Australian Prime Minister referred to the work and family issue as 'a barbeque stopper', meaning that it was the main topic of conversation at social gatherings. In 2004, his government introduced substantial increases in cash payments to families with children including a new \$5,000 maternity payment and a child care rebate that guaranteed that a little over 30% of child care costs were covered by the government. The family-related leave entitlement was extended to 10 days per annum. His government won the 2004 election, winning many seats in the outer suburban areas of the large cities where young families live. In 2007, there was a change of government and the new government has increased the child care subsidy to at least 55% of the cost and has introduced a universal paid parental leave scheme. By 2010, in most English-speaking countries, the financial benefits and services provided by governments are not small. The services are not as good as those provided in the social democracies but the models are different. In the English-speaking countries, both tax levels and service levels are lower.

This provides individual families with the opportunity to design their own arrangements about work and family, a skill at which they had become adept from the 1970s onwards. Employers have co-operated with this process because labour and skills shortages have led them to accommodate the needs of working mothers, again on a largely individual basis. High child-related payments for those on low incomes are associated with relatively high fertility rates among low-income couples.

The very high fertility rates in New Zealand and the US are associated with the ethnic composition of these countries and we can hypothesize that Canada's relatively low fertility is associated with the high proportion of its immigrants coming from Asia. The US has several other special circumstances that are associated with high fertility such as very early childbearing, a high proportion of unintended births and a substantial sub-population that is very religious. In the end, the interesting countries are Australia and the UK, both of which now have fertility rates that are close to replacement level without there being any special circumstances such as those that apply in the US. There has been considerable policy change in both these countries in the past decade and employers in both countries have organized hours of work to fit in with the demands of children, especially school-age children. Both also experienced economic booms up to the onset of the global financial crisis. Their economic booms probably provided a confidence among young people to commence their families somewhat earlier than had been the case in the past. It will be interesting to compare the effects of the global financial crisis upon fertility in the two countries because the crisis has been much more severe in the UK than in Australia.

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