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# The impact of demographic trends on families

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Dr. Mokomane is rated at the C2 level by the South African National Research Foundation. Those rated at this level are recognized as established researchers who enjoy some international recognition for the quality and impact of their recent research outputs. In 2019 she received the Established Researcher the Year Award from the Faculty of Humanities at the University of Pretoria.

## Executive summary

Demographic trends in any population are shaped by three basic processes or events: *fertility*, the average number of births per woman over a lifetime; *mortality*, the total number of deaths in a population; and *migration*, the geographic movement of people across a specified boundary for the purpose of establishing a new permanent or semi-permanent residence. Understanding demographic trends is not only crucial for the achievement of sustainable development ideals as envisioned by Agenda 2030, but also because such trends have a major impact on the well-being of the family, the fundamental unit of society and one of the essential institutions without which no society can function. It is to this end that ‘demographic change’ is one of the megatrends that the United Nations General Assembly Resolution 77/191 has urged Member States to focus on in the preparations for, and observance of, the thirtieth anniversary of the International Year of the Family in 2024. The Resolution also calls for the exploration of the impact of demographic trends on the functioning and well-being of the family

In line with the foregoing call, this background paper draws on recent published data sources to provide an overview of the levels and trends in the basic processes of demographic changes over the last 30 years in different world regions. For each process, the paper draws on the literature to provide an analytical discussion of the implications of the emerging trends for family well-being and for the achievement of relevant Sustainable Development Goals (SDGs) targets. A particular focus is placed on seven SDGs deemed more likely to have the family as their main benefit unit or point of delivery, and hence more likely to be affected by demographic trends. These are SDG 1 (poverty eradication); SDG 3 (good health and well-being); SDG 4 (quality education); SDG 5 (gender equality); SDG 8 (decent work and economic growth); SDG 10 (reduce inequality within and among countries); and SDG 16 (ending violence). The overall main points discussed in the paper are as follows:

### Fertility

The last three decades have seen a definite fertility decline across the world: the total fertility rate (TFR) of 3.3 children per woman in 1990 decreased to 2.3 children per woman in 2021. This trend is expected to continue, with projections indicating that by 2050 women in the world will be having, on average, 2.1 children. If sustained, a fertility rate of 2.1 children per woman, known as replacement-level fertility, leads to each new generation being less populous than the older, previous one in a given area. Thus, further affirming the global fertility transition, is the available evidence that the number of world regions with a TFR of less than 2.1 is gradually increasing: from two in 1990 to four in 2021, to an expected five in 2050.

Despite the overall global fertility decline, the following points are noteworthy: (i) Many countries in the global South have high levels of adolescent fertility. In line with the ideals of SDG 3, this trend warrants policy attention given the array of health, developmental, and socioeconomic challenges that adolescent mothers and their children typically face; (ii). TFRs in developing countries have stayed consistently higher than the global average with sub-Saharan Africa exhibiting the highest fertility rates in the global South. This pattern is relevant SDG 3 and SDG 10.

At the structural level, declining fertility rates can have negative consequences for economic growth, national savings, and government budgets. Thus, to mitigate these negative effects, countries faced with low fertility often develop and implement pro-fertility policies and programmes such as generous maternity leave policies, childcare subsidies, family assistance packages via the tax and transfer system, and publicly funded reproductive health and social care. From the family well-being perspective, these policies have the potential to negatively impact gender equality and/or women's human rights. At the individual and family level, the implications of decreasing fertility include changes in household and family structures as a result of changing nuptiality patterns as well as an increased need for long-term care and support due to increased population ageing.

### **Mortality**

Global mortality levels have also changed rapidly over the past three decades and this is reflected, among others, in the overall increase in life expectancy at birth. The latter is the estimate of the average number of additional years a person could expect to live if the age-specific death rates for a given year prevailed for the rest of their life. It is the indicator of the overall mortality level of a population.

Available evidence shows that life expectancy at birth has consistently increased from 64 years in 1990 to 71 years in 2021 and it is expected to further increase, reaching 77.2 years in 2050. This improvement is seen across all regions and although the gap in life expectancy at birth between developing and developed regions remains wide in terms of this mortality indicator (SDG 10), it is gradually closing

Despite the overall decline, there is evidence of persistently high levels of maternal mortality ratio (MMR). The latter is the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births. Using a family lens, the high levels of MMR are noteworthy given the negative long-term effects of mothers' deaths on families, especially the children left behind. The paper also demonstrates how the various causes of death in different world regions have important implications for family well-being as well as for the care and support of those affected by diseases as well as those family members who care for them. For the most part, the paper illustrates how the impact of mortality on the family has relevance for SDG 3, SDG 5, and SDG 10.

### **Migration**

As with fertility and mortality, the last three decades have seen notable changes in the levels and trends of migration across the world with available evidence showing that for the period under review, the number of international migrants increased from 2.8 percent in 1995 to 3.6 percent in 2020. The general pattern of international migration essentially points to economic disparities and inequalities between regions and countries, with migrants from the global South more likely to move to the global North in search of better economic and socio-political opportunities. Other noteworthy points include increases in transnational migration, family migration, the feminisation of migration, transitional motherhood, and the use of technology in managing family relationships. The paper also highlights issues of child migrants, the impact of migration on people with disabilities, and restrictive migration policies that hamper migrants' access to socioeconomic opportunities and integration as emerging issues that need attention in line with SDG 10, among others.

Although the benefits of migration for families are usually in the context of the role that remittances play in enhancing the overall well-being of family members left behind, the discussion in the paper further highlights the extent to which leaving behind long-term social networks, relationships, and cultural beliefs and practices can impact the provision of family care, and lead to the weakening of key family functioning mechanisms such as reciprocal and intergenerational relations between family members. This is discussed in the context of, among others, SDG 3 (good health and well-being); SDG 4, SDG 5, SDG 8, and SDG.

## **Recommendations**

Based on the key points discussed in the paper, the following recommendations are made, and are presented in no order of priority:

- *Develop and/or strengthen social security and pension systems.* The current and projected decline in fertility systems suggests that the need for long-term care will increasingly become a major issue that needs both policy and pragmatic attention. Countries, therefore, need to prioritize the development and/or effective implementation of social security and social pension systems to cater to the care and support of older people as traditional family support and its pool of unpaid family caregivers gradually decreases with the decline in fertility.
- *Protect the rights of non-traditional family structures and their members.* There is a need for multisectoral responses aimed at improving the well-being and protection of rights of non-traditional family structures that are emerging as a result of prevailing nuptiality patterns. These responses should be implemented without undermining the right and choice of family members to live in these family structures or unions.
- *Enhance the well-being of adolescent mothers and their children.* Despite the global fertility decline, there is evidence that several developing countries have high levels of adolescent fertility which comes with adverse consequences for the health, socioeconomic well-being, and social capital acquisition of both young mothers and their children. There is, therefore, a need to put in place interventions to reduce the prevalence of pregnancies among young women and to enhance the well-being of the young mothers and their children through social assistance programmes.
- *Expand social health insurance coverage.* Although improvement in health care, sanitation, and overall social development has seen a decrease in mortality across the world, there still exist wide gaps in life expectancy at birth between certain groups of countries. One plausible way of addressing this is the development and/or effective implementation of social health insurance systems, as well as universal health care and long-term care systems.
- *Put in place concentrated efforts to reduce maternal mortality levels.* Although there is a need to reduce the levels of all types of mortality, from the family wellbeing perspective, the pattern of maternal mortality, particularly in developing regions, needs particular attention given its demonstrated impact on the family. As per target 3.1 of SDG 3 (Health and well-being) countries should aim to attain levels of maternal mortality ratio below the level of 70 per 100,000 live births.
- *Protect the rights of widows.* Given the gross social and economic injustices, discrimination, and other harmful practices that widows across the world often face, there is need for countries to put in place policies, legislation and programmes to protect and uphold the rights of widows and enhance their socioeconomic wellbeing and that of their children.

- *Support migrants' establishment and maintenance of social networks.* A major impact of migration is the loss or reduction in long-term social networks, relationships, and cultural beliefs and practices that are critical for family functioning including child socialisation, and care and support across the life course. With the prevailing increase in transnational migration, attention should be given to the support of fictive kins or relationships in both areas of origin and destination given their effectiveness in filling the spatial gaps that migration brings to family relationships.
- *Support the increased use of technology to support migrant wellbeing.* Although there are some doubts about the effectiveness of digital platforms and social media in closing the emotional spaces created by migration, there is a somehow positive consensus and increasing recognition that technology can, in fact, enhance the management of family relationships. This should therefore be further explored and incorporated in migrant support policies and programmes.
- *Review migration and relevant national policies and regulations to promoting family reunification and integration.* There is a need to use a family lens (focusing on family units and not only its members) in all migration and national policies as a way of promoting family reunification and integration for the benefit of all as envisioned by a number of targets in SDG 10 (reduced inequality) and SDG 3 (improved health and wellbeing).
- *Support the wellbeing and livelihood of migrants in urban areas.* Migration is often associated with the rapid expansion of urbanization. Contrary to expectations however, many urban migrants particularly in developing countries face an array of socioeconomic and environmental barriers. From the family point of view, SDG 11 which seeks to “make cities and human settlements inclusive, safe, resilient and sustainable” is particularly relevant and worthy of consideration in urban development and migration policies.

## 1.0 Introduction

Demographic trends in any population are shaped by three basic processes or events: *fertility*, the average number of births per woman over a lifetime; *mortality*, the total number of deaths in a population; and *migration*, the geographic movement of people across a specified boundary for the purpose of establishing a new permanent or semi-permanent residence (Rowland, 2003). In addition to being important determinants of population size and structure, these processes are also important for understanding important socioeconomic, political, and environmental issues – such as population growth, urbanization, family change, immigration, and human health and longevity – and their impact on society and its functioning (Lundquist et al, 2015; United Nations, 2022a). An understanding of current and future demographic trends is also of vital importance for policy formulation and decision-making at national, regional, and international levels, including within the context of the 2030 Agenda which emphasizes the placing of people at the centre of sustainable development. As the United Nations (2022a:9) asserts:

A path towards a more sustainable future requires demographic foresight, which involves anticipating the nature and consequences of major population shifts before and while they occur and adopting forward-looking and proactive planning guided by such analysis.

Often described as “the leading edge of social change in the modern world” (Weeks, 2002:1), demographic trends are also worthy of attention and understanding because of their impact on the family, the fundamental unit of society and one of the essential institutions without which no society can function (Ziehl, 2003; Richardson et al, 2020). As Seltzer (2019:405) succinctly asserts, this is because:

All demographic events occur in families. The motivation for having a child, the consequences of losing a parent or spouse, and when people move to new locations (whatever other economic and social factors are involved) are all family experiences. Individuals’ health depends on the transmission of genes from parent to child. Individuals rely on family members to care for them if they become ill and to help them remain healthy once they are better. People move into and out of the labour force and adjust their hours worked to fulfill family responsibilities. They move to new locations, including across national borders, to contribute to their families’ economic welfare. Family members share resources and ameliorate the risks of economic uncertainty

The importance of understanding the impact of demographic trends on the family is further affirmed in the United Nations (UN) General Assembly’s Resolution 77/191 on the preparations for and observance of the thirtieth anniversary of the International Year of the Family (IYF). Proclaimed by the UN General Assembly Resolution 44/82 of 9 December 1989, the IYF was first celebrated in 1994 under the theme “Family: Resources and responsibilities in a changing world”. In proclaiming the IYF, the General Assembly decided that the major activities for its observance should be concentrated at the local, regional, and national levels, assisted by the United Nations system. Resolution 77/191 urges UN Member States to view the observance of the thirtieth anniversary (IYF+30) in 2024 as “an opportunity to focus on megatrends, such as technological change, urbanization, migration, **demographic change**, and

climate change and their impact on the functioning and well-being of the family” (United Nations, 2022:26).

Thus, this background paper, which is written as part of the preparations for the IYF+30, illuminates the most important demographic trends since 1994<sup>1</sup>, when the IYF was proclaimed, and discusses the potential impact of these trends on families in different world regions. Recommendations on how context-specific and family-oriented policies targeting these trends can advance family well-being and contribute to the implementation of relevant Sustainable Development Goals (SDGs) are also given. Particular focus is placed on seven SDGs: SDG 1 (poverty eradication); SDG 3 (good health and well-being); SDG 4 (quality education); SDG 5 (gender equality); SDG 8 (decent work and economic growth); SDG 10 (reduce inequality within and among countries); and SDG 16 (ending violence). While all SDGs have a role in family well-being, it is specifically in these seven that the family is more likely to be the main benefit unit or point of delivery, and hence more likely to be affected by demographic trends (Richardson et al, 2020:7).

The paper begins with a broad-brush review of the literature on how demographic trends and their underlying processes can impact families. Thereafter, a section on *demographic transformations* draws on recent published data sources to provide an overview of the levels and trends in the basic processes of demographic changes over the last 30 years in different world regions. For each process, the paper provides an analytical discussion of the implications of the emerging trends for family well-being. Where available, good practices from different world regions are highlighted in the concluding section to illustrate the extent to which context-specific and family-oriented policies and programmes can advance family well-being and contribute to the achievement of the targets of the selected SDGs outlined above. The section also gives strategic recommendations in this regard.

## **2.0 Impact of demographic trends on the family**

### **2.1 Fertility**

In demographic terms, fertility refers to the product or output of reproduction, rather than the physiological ability to have children (Population Reference Bureau, 2011) and it is a direct result of well-defined biological and behavioural factors known as the proximate determinants of fertility (see Bongaarts, 1987). A proximate determinant that is of particular relevance to this paper is union formation, with the established thesis being that women in unions (marriage or cohabitation) generally have more children than their counterparts of the same age who are not in any union due to their relatively higher exposure to sexual encounters. Thus, the demographic interest in nuptiality patterns – defined as the timing, prevalence, and stability of marriages and unions – is largely in relation to their construction of the social contexts of fertility behaviour and family formation (Newell, 1988).

Nuptiality patterns are also linked to wider social and economic changes and implications including family members’ living arrangements, equity in access to work and income, labour force participation, access to social protection and social security systems, as well as overall family functioning (Newell, 1988; Rowland, 2003). For example, although higher divorce rates may, in some contexts, be indicative of women being able to sustain themselves financially through

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<sup>1</sup> Or as close as possible to that year depending on data availability

paid work independently of marriage (United Nations, 2019:55), marriage dissolution through divorce and separation can also imply more vulnerability for families. Although union dissolutions take different forms and are shaped by different legal traditions, social norms, and family configurations, they are producing divergent outcomes for women in terms of economic status and personal autonomy (United Nations, 2019), with a consistent finding in the global scholarship on the subject revealing a range of negative outcomes for children and adolescents. These include increased vulnerability to poverty, educational failure, early and risky sexual activity, early marriage, and union instability (Maundeni, 2000; D’Onofrio, 2011; Anderson, 2014; Ncube et al, 2018).

By the same token, while “children who are removed from the most dysfunctional environments are more likely to do better after the divorce” (Anderson, 2014:379), parents who divorce have been shown to be more likely to experience “major changes in their lives including a change in residential arrangements, economic disadvantage, loneliness associated with social network changes, and role strain associated with the task overload that results from having to care for children and work outside the home” (Damota, 2019:5). This, in turn, can lead to adverse effects on the parents’ physical, emotional, and financial well-being, which may also, in turn, affect their children (Anderson, 2014). According to the United Nations (2019), this is often the case where women have allocated much of their time to domestic responsibilities and childcare, often at the expense of personal economic gain and career advancement, creating what has been termed ‘relationship-generated disadvantage’. As the American feminist, Gloria Steinem, once remarked, “if women have young children, most are only one man away from welfare.”<sup>2</sup>

The structure of unions such as polygamy (the act of marrying multiple spouses) can also have a major impact on the psychosocial functioning of family members such as women and children (Naseer et al, 2021). Consistent with the findings of other African studies (for example, Tertilt, 2005; Dierickx et al 2019; D’Exelle et al. 2021), a West African-focused study by Millogo et al (2022) found that while fertility rates do not vary significantly between women in polygamous and monogamous unions, those in the former tend to have a higher desire for children and are less likely to use family planning. Millogo and colleagues attribute this partly to competition between co-wives which often intensifies when women are more directly dependent on their husbands for emotional fulfilment and/or access to resources, as is the case in most polygamous marriages. Such competition, which can also reflect discriminative behaviour and/or unequal treatment of co-wives by their husbands, has also been noted to take place along with poor marital satisfaction, lack of trust, and mental health problems in Islamic countries with high levels of polygamy (see Abd et al, 2019; Naseer, et al, 2021). All in all, it can be argued that while polygamous households were traditionally viewed as units that ideally made decisions for the good of all, and within which domestic chores and other family responsibilities could be shared, the competing interests entrenched in the households can give rise to the “coexistence of extensive conflicts and pervasive cooperation in household arrangements” (Bove & Vallengia, 2009:21).

On the whole, demographic literature has consistently shown that fertility levels can generate benefits or costs for society, which may be either captured within the family or spill over and influence the welfare of other members of society (Schultz, 2005:2). In terms of benefits,

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<sup>2</sup> <https://internetpoem.com/gloria-steinem/quotes/if-women-have-young-children-they-are-one-man-away-45839/>

Becker's theory of the quantity/quality trade-off has been widely used to describe social processes in the context of fertility decline and to propel the notion that lower fertility improves the well-being of families, particularly for women and children (Brenes-Camacho, 2018). The basic thesis of the theory is that high fertility (high quantity of children) strains family budgets and reduces the availability of resources to feed, educate, and provide health care to children (Birdsall & Griffin, 1988). Conversely, families with fewer children tend to invest more in the "quality" of the children by, for example, providing them with better education, better nutrition, better access to health care, and overall lifetime opportunities which together can reduce family poverty and stimulate positive family wellbeing (Schultz, 2005; Doepke, et al,2022; Brenes-Camacho, 2018).

Another benefit of lower fertility is its demonstrated association with increased participation of women in the labour force. From a family well-being perspective, women's participation in the labour market is important against available evidence showing that when they have independent sources of income, women are more likely than men to reinvest a much greater part of their earnings in their children's human capital assets (education, health, nutrition) as well as in activities that can create a springboard for families to move out of poverty and improve their overall wellbeing (World Bank, 2009; Idowu, 2019). This is particularly the case in societies where the bulk of childrearing and childcare responsibility is carried by women and/or when children are young. Indeed, data from UNWomen (2021) shows that in general, the likelihood of women being in the labour force during prime working ages tends to decrease with each additional child aged under six while the rate of men's participation remains unchanged. The argument in this regard is that the presence of children influences the opportunity cost of market work by creating "inflexible commitments at home that will conflict with [employees'] expectations or demands at work" (Ahmad, 2008:61; Tammelin et al, 2017). Even if women carers do participate in the labour market, evidence shows that childcare commitments and demands often affect their productivity and/or earnings. For example, a global study on the working and social conditions of families with care responsibilities (Heymann, 2006), showed that women are one and a half times more likely than their male counterparts to lose pay in order to care for a sick child and six times more likely than men to lose job promotions because of this. This implies that the more children there are in a household, the more difficult it will be for the mother (the traditional and primary caregiver) to participate in the labour force. Conversely, fewer children per woman (lower fertility rates) can theoretically free up women's time and contribute to an increase in their labour force participation (Tzvetkova & Ortiz-Ospina, 2017).

In terms of high fertility, a long-standing hypothesis relates to its role as a form of safety net or old-age support in contexts where the no or limited social security for older people (see for example, Leibenstein, 1957; Caldwell, 1978; Nugent; 1985). The main argument here is that, with high fertility, at the very least "minimizes the chance of ending up without care by having as many children as possible. At most, if all children contribute to their parents' upkeep, having many children results in a large pool of resources available to support parents" (De Vos, 1985:1). Although evidence in this regard is still somehow contentious (see, Jellal & Wolff, 2002; Piggott & Woodland 2016 ; Rossi & Godard, 2019), a number of studies have shown that the introduction of old age pensions tends to lead to lower fertility rates suggesting that a large number of children is seen as a necessity when future income security is not guaranteed. For example, studies such as Holmqvist (2011) and Rossi & Godard (2019) have noted that sub-Saharan African countries with well-developed social pension systems, tend to have much

lower fertility rates (three children per woman) than the rest of the continent (five children per woman). Similar patterns have been made in other world regions and countries such as the OECD (IEhrlich & Kim, 2007; Billari & Galasso, 2014; Boldrin et al, 2015), Asia (Asian Development Bank Institute, 2019; Shen et al, 2020), and Latin America (The World Bank, 2014; IMF, 2018).

The old-age security value attributed to high fertility largely reflects social norms and practices regarding long-term care (LTC) in many both developed and developing (Dykstra et al, 2013; Mureşan & Hărăguş, 2015). Reflected in acts such as material assistance, help with daily activities, and emotional support for older people over a protracted period of time (Brodsky et al, 2002; UNWomen, 2017), LTC has an element of filial obligation, by which children essentially have a responsibility to support their aged parents in return for, or as a 'repayment' of the parental care and support they received in childhood (Aboderin, 2005:3). One way through which this obligation is executed is through co-residence between older parents and their adult children in multigenerational households. In these households' adult children and their family members such as spouse, children, and grandchildren are relied on for material as well as practical support and care by older people (Cohen & Menken, 2006). It is to this end that residence in multigenerational households has been associated with positive subjective well-being overall and improved health outcomes among older people (Zgu et al,2019; Xi et al,2023).

Multigenerational living arrangements have also been shown to enhance intergenerational relationships, defined as "the chain of relationships between ageing parents, adult children, grandchildren, and even great-grandchildren" where there is "a certain reciprocity between each family member that benefits each of the generations" (Silver Maples, 2023). Such relationships are important for child socialisation, family cohesiveness, the subjective well-being of younger and older family members, and positive health outcomes of the latter (Bronfenbrenner; 2016; Shi, 2017; Baltaci, 2020). All in all, the benefits of intergenerational relationships are bi-directional. Older people not only receive material and affective support from younger family members, but they are also generally well positioned to step into the role of champion and mentor, either complementing family relationships or providing important support where family structures are weak (Bronfenbrenner; 2016). Older people also "offer the emotional stability that improves with age, and the wisdom that grows as experience deepens. They have strategic communication skills and are motivated to contribute to the lives of future generations" (Bronfenbrenner; 2016:9).

The foregoing suggests, in sum, that fertility decline not only means that in the long run, older people will have fewer children with whom they can reside (Ruggles & Heggeness, 2008), but smaller family sizes will also weaken the emotional and physical support as well as companionship networks for the older people as well as for younger family members (Sheffield, 2022).

Beyond the provision of care for older people, fertility decline suggests that many families will eventually struggle to meet their support and caregiving duties and obligations as small families are likely to be less able to cope with multiple or increased demands on their members. For example, in many developing regions such as sub-Saharan Africa, the extended family, which comprises generations of close relatives, has for years been a source of social security and support during times of need and crisis such as job loss, illness, bereavement in

addition to old age as well as for reciprocal caregiving relations between younger and older family members (Blanc & Lloyd, 1994; Mokomane, 2013). By the same token, during the economic crisis in 2008, Benokraitis & Buehler (2018:7) obscured and noted that in the United States many families relied “on their kin for loans to pay off credit or rent; help in caring for children while searching for a job after being laid off; and a place to live, such as with parents or grandparents, after a home closure”. It can be argued, therefore, that with decreased fertility, family members facing livelihood and life course adversities will, in the future, have fewer people to rely on as family care and support responsibilities will be distributed among fewer available kin (Mokomane, 2013).

Decreased fertility has also been associated with compromised family social capital, a concept that borrows from the literature on social capital or “those social relationships that allow individuals access to resources possessed by their associates, and to the amount and quality of those resources upon which people depend for social, economic and emotional support” (Belsey, 2005:17). Social capital has also been described as “resources embedded within a person’s social network that influence decisions and outcomes by shaping a personal identity while delineating opportunities and obstacles within a person’s social world” (Belcher et al, 2011:69). To this end family social capital provides material and other enabling resources that strengthen the capacity of individual family members to function and attain their current and future goals and objectives (Swartz, 2008:15). Such capital has, for example, been shown to entail social relationships, values, and norms shared by a family that are positively linked with family members’ mental and physical health status (Quick et al, 2021). According to Sheffield (2022), for example, even though poor quality sibling relationships can reduce a child’s well-being, on the whole children from large families or those with more siblings tend to have better academic and overall social outcomes. Sheffield further posits that sibling relationships are also an important source of companionship and emotional support in adult and older years as other social connections, such as those made in the workplace diminish. Others (e.g., Merry et al, 2020; Yakaku et al, 2022) argue, by the same token that, large sibling relationships may prepare people to better handle conflict and learn to comprise more. These are skills that may explain those with more siblings are significantly more likely to have stable unions and relationships in their adult lives.

### **Mortality**

It has been widely established how individual socioeconomic and demographic characteristics such as age, gender, marital status, migration status, ethnicity, etc., as proxies for health and nutrition-related behaviour (Diamond & McDonald, 1994; Rowland, 2003) have a strong influence on mortality. The “family effect” in mortality is however associated with the socioeconomic status of households and parents that play a major role (Alter et al, 2001; Stringhini et al, 2017; Braudt et al, 2019), through the ‘social gradient of health’. The latter is a notion that members of families with higher socioeconomic position tend to be healthier because of their greater access to flexible resources capable of decreasing risks of poor health, illness, disability and death and eventual mortality (Braudt et al, 2019; van Lenthe & Mackenbach, 2021; WHO, 2022). According to Braudt and colleagues, for example, parental educational attainment and family income are important indicators of the quality and quantity of flexible resources that families can leverage to protect the safety and health of their children as well as to better navigate relevant institutions and optimize environments and health care access for all family members. It is for this reason that “children and youth in families with lower levels of mother’s education, father’s education, and/or family income-to-needs ratio

exhibit significantly higher all-cause mortality risk compared with children and youth living in higher socio-economic families (Braudt et al, 2019:1). All in all, the evidence suggest that members of families “in the highest social strata live longer and have better health than those in the strata just below them who, in turn, live longer than those just below them and so on in a downward gradient until the bottom of the social ladder is reached” (Donkin, 2014:1).

In terms of the impact of mortality on the family, it is widely documented that death in a family typically leads to shifts in family dynamics; changes the role of family members and reshapes their identities; changes patterns of communication; and shifts or restructures relationships between family members (Cait, 2005; Delalibera et al 2015). Although the death of any adult or breadwinner in a family can have adverse effects on the household due to a reduction in financial, material, and other resources, the effect tends to be higher when the death is that of a mother. For example, beyond its spill over effects onto the health, survival, and nutrition of children, maternal mortality, defined as deaths due to complications from pregnancy or childbirth (Population Reference Bureau, 2011) has been shown to have short and long-term consequences on children and families through increased risks of child labour, poor learning outcomes, lower educational attainment, early marriage, early childbearing, and disrupted living arrangements for children left behind (Kes, et al, 2015; Bazile et al, 2015; Bergma et al, 2015; Tulloh et al, 2015; Knight & Yamin, 2015; Moucheraud et al, 2015). As a study in Ethiopia concluded:

Without a mother, new-borns and children face nutrition deficits, impacting their survival and growth; and older children drop out of school to care for younger siblings and contribute to household and farm labour which is often beyond their capacity and age, and often choose early marriage or migration in search of better opportunities. Family fragmentation is common following a maternal death, leading to tenuous relationships within a household with the births and prioritization of additional children further stretching limited financial resources (Molla et al, 2015:7)

It has further been shown that maternal mortality can exacerbate gender inequality within families due to defined gender roles that render men and fathers unable to assume household, childrearing, and childcare responsibilities (Bazile, 2015). This finding suggests, for example, that when a family takes in orphans, women disproportionately assume the increased caregiving responsibilities. A related effect of this is the reduction in women’s ability to access financial and material resources including paid labour (Bazile et al, 2015; Kes et al, 2015), as well as disruption to productive labour force participation as discussed earlier (Heymann, 2006).

The impact of mortality on the family can also be gleaned from the literature on widowhood. Against the critical role that the family plays in enhancing the overall well-being of its members, it is somehow logical to expect that extended family reaction and support would try to compensate for the loss of interaction experiences by surviving spouses and nuclear family members (Morgan, 1984). Indeed, a number of studies (for example, Nowye, 2005; Makatu et al, 2008) have highlighted the healing and therapeutic value of traditional African widowhood rites. On the whole, however, the literature on the subject abounds with evidence of the array of societal challenges, injustices, discrimination, harmful cultural rites as well as economic, health, and quality of life deprivations that widows in most parts of the world face (Loomba

Foundation, 2015; United Nations, 2019; Amoo et al, 2022: 2). While the challenges are diverse and vary across regions, the ground-breaking World Widows Report (Loomba Foundation, 2015:119), identified the following that have relevance for the family:

- *Denial of right to family.* While international law requires countries to ‘facilitate the family’, children in some parts of Africa, South Asia, and the Middle East are sometimes forcibly removed from their mother on the death of the father thus denying them the right to family.
- *Remarriage.* It can be difficult or impossible for widows to remarry, or only under unfavourable circumstances, such as when child or very young widows can only marry older men, sometimes with older wives still in the household or when widows are forced to remarry a brother of the deceased husband. These practices have been documented in many parts of Africa, South Asia, the Middle East, and North Africa.
- *Little or no social welfare protection* in some developed countries, losing a husband presents a substantial risk to health through the loss of the husband’s occupational health insurance and the associated reduction in pensions and other income. Survivors’ benefits, which are offered in most contributory and non-contributory pension systems, have been particularly important for older women living alone; however, the benefits are usually lower than retirement pensions, at around 50 to 80 percent of the deceased’s benefits. In these countries, therefore, the main concern for older widows who depended financially on their husbands is the lack of sufficient provision for the loss as well as the costs associated with health and care provision (Loomba Foundation, 2015). By the same token, given that men in many developing regions have higher formal employment rates than women, and that the majority of women in these regions work in the informal sector (UNWomen, 2022), the death of husbands means that widows are often left without any social security entitlements and protection (Mokomane, 2013; UNWomen, 2022)
- *Property theft and denial of inheritance.* Widows across sub-Saharan Africa, South Asia, and the Middle East are often forcibly evicted from their homes and extended families by their husband’s families after their deaths. This often amounts (where formal or customary laws permit widow inheritance) to the theft of land, buildings, and even such mundane items as pots, pans, and bedding and typically leaves widows and their children destitute and homeless in addition to denying them their inheritance rights.

In addition to the foregoing, it can be argued that the death of a husband can endanger the very existence of a household, the unit of utmost importance for most families (Dribe et al, 2007). To the extent that it is within households that families’ organisations of production, consumption, child care, and elder care takes place, and where family members access different types of support, in many societies, the death of a husband and/or father can bring a decline in support as well as changes in the living conditions of surviving family members (Dribe et al, 2007).

Changes to family living conditions can also be brought about by some of the most common widowhood strategies that include (i) remaining a widowed household head; (ii) remarrying, or (iii) moving into the household of one’s children or that of somebody else (Dribe et al, 2007:214). From a family well-being perspective, these strategies are important as a wide body of evidence has consistently identified female-headed households as particularly vulnerable to an array of psychosocial and economic challenges such as *inter alia*, income insecurity, poverty, role overload, role conflict, social exclusion, and inter and intrafamily problems (Lebni

et al, 2020; Beza, 2020). Remarriage, on the other hand, can enhance the divisions of labour within households in a way that restores the pre-widowhood socioeconomic and emotional conditions of the widowed and their children. It is noteworthy, as discussed earlier that in some societies widows can be forced to remarry only under unfavourable circumstances (Loomba Foundation, 2015).

Remarriage can also change family structure by creating blended or stepfamilies, defined as new partnerships that involve non-biological children from previous relationships (Kumar, 2017:110). There is available evidence showing the extent to which high-quality stepparent-child relationships can exert positive influences on youth adjustment, including a reduction in stress, substance abuse, academic problems, and enhancing family belonging (Jensen & Lippold, 2018; King et al, 2015). On the whole, however, a wide and established body of research shows that stepfamilies typically experience negative dynamics that are generally not found in biological families and that have implications for family functioning as well as for child and young wellbeing (Jense & Lippold, 2018). Such challenges include clouded roles of stepparents; ambiguous family boundaries; poor family cohesiveness; heightened conflict between children and stepparents as well as between stepsiblings; conflicting family cultures; family relocation; and declines in parent-child relationship quality (Jensen & Lippold, 2018; Nixon & Hadfield, 2016). At the individual level, stepfamilies have been associated with low academic and economic outcomes for children as well as increased levels of stress and psychosocial issues among stepparents (Zaidi & Morgan, 2017; Telka et al, 2018). Overall, being in a stepfamily often

... [raises] new questions about who is in a family, the distinction between who lives together and who is a family member, and the extent to which family members are expected to meet the long-term obligations that define kinship. ... Demographic changes [in these families] increase family members' uncertainty about their relationships. Family ties are less stable and more uncertain among the economically disadvantaged, and uncertainty may exacerbate these disadvantages by weakening individuals' ability to rely on family members' support to alleviate hardship (Seltzer, 2019:405).

## **Migration**

As with fertility, the impact of migration on the family can be either positive or negative. However, as Trask (2022) cautions, one cannot make a blanket judgment on this impact as it is largely dependent on individual and family circumstances such as educational level, occupation and skills economic, and other socio-historical factors. For the current purpose, the interest in migration trends stems from its deep-rooted impact on family-decision making practices, and function. As Bryceson (2019: 3045) points out,

While some migrants unilaterally decide to migrate, seeking individual economic benefit or escape from their family home, most will still harbour a sense of family obligation steering them towards contributions to their family's welfare further downstream.

In line with Bryceson's statement, much of the extant literature on the benefits of migration for families points to the role that remittances, the financial transfers that migrants send home to their families and local communities (Trask, 2022:21), play in enhancing the overall

wellbeing of family members left behind. The literature has consistently shown that remittances typically ease liquidity which can then be used to improve families' long-term well-being through investments in health care and education (Démurger, 2015:2). Overall,

Through remittances, the migration of one of the family members is an added advantage as this brings an additional income to the family thereby alleviating poverty, helping in building investment and creating infrastructure, support in household consumption, improve healthcare for parents left behind who may be sick, and can also play a role in providing children schooling in developing countries like Nigeria (Oluwatosin, no date:1).

It is noteworthy, however, that remittances are “more than just economic resources” (Akanle & Adesina, 2016:67) but they also have important social benefits for both migrants and their family members who stay behind. These include enhanced kinship networks, improved gender equality, and stronger intergenerational relationships. In terms of the latter, Ayika et al (2018) show that the changes in family structure and functioning in migrant households tend to have a significant impact on intergenerational relationships as the first generation of migrants and subsequent generations acculturate at different rates and extents. Positive intra-family and intergenerational relations have also been improved where older siblings are found to positively influence their younger siblings in households where at least one parent has migrated (Démurger, 2015).

Migrant families have also been shown to experience more equality and equity between the genders, mainly through changes in family roles and functioning including with regard to decision-making and gendered division of housework (Ayika et al, 2018; Démurger, 2015). According to Démurger (2015:8), for example, studies have shown that in countries such as Albania, less educated women in households from which men have migrated are more likely than their peers in households without a male migrant to gain access to remunerative employment, which could empower them to make resource-allocation decisions within the household. In a different vein, arguing that changes in migrants' family structure and/or functioning are inevitable, Ayika et al (2018) used the example of Australia to show how moving from more “traditional” gender roles with clear gender-specific duties to more “fluid” gender roles and role reversals can provide women with opportunities for economic independence and decision-making power and also men with the space for men to contribute to the family with unpaid household labour.

Notwithstanding the foregoing, it is also noteworthy that while migration improves the well-being of families this is often “at the cost of leaving behind long-term networks and at times, relationships, and cultural beliefs and practices that span generations” (Trask, 2022:24). With regard to the provision of family care, a key implication brought about by contemporary migration patterns is the weakening of traditional reciprocal relations between generations. All in all, the reduction in household sizes as family members become spatially separated means that family support for care roles and domestic tasks diminishes with high levels of migration (Cassirer & Addati, 2007; Wusu & Isiugo-Abanihe, 2006). In addition to exacerbating the typical acculturative stress that negatively affects migrants' well-being and ability to cope with change, this absence of family networks is often a barrier to migrant women's entry into the labour market, particularly for migrant families with children (Bonizzoni, 2009; Kōu et al 2017).

The physical absence of a migrant may also have multiple adverse effects on the family left behind, particularly in the case of transnational families, whose members are physically separated between two or more nation-states but maintain close ties and relationships (United Nations, 2022). A key characteristic of this type of migration is transnational motherhood which entails mother-child separation as young migrant mothers leave their children with family members in search of economic opportunities lacking in their countries of origin (Wali & Renzaho, 2018). A wide body of literature has associated this “non-traditional family structure” (Zhao et al, 2018) with increased risks for future psychopathology as well as psychological problems in children left behind. All in all, the typical loss of physical proximity and insecure attachment with parents as well as ineffective care arrangements and inadequate support in the left-behind family, these children often present an array of psychosocial problems, poor learning outcomes, and poor nutrition (Démurger, 2015; Baison, 2021).

Transnational migration has also seen migrant mothers increasingly taking on the breadwinning role thus redefining gender roles. Although transnational mothers shift their mothering obligations to another family member (usually another woman) they continue to be intimately involved in the workings of the family which means they now carry the double burden of having to conform to traditional “female” gender roles while also taking on the “male” breadwinning role (Fresnoza-Flot, 2018). Often ignored in the debates about transnational mothering is the emotional toll that these migrations take on the women themselves who may be lonely, homesick, and miss their children and families (Parrenas, 2010).

There has been increasing recognition of the role that technology, particularly new digital platforms and social media, can play in the “management of family relationships” and in filling the gap created by the physical separation in migrant families (Trask, 2022) and also in connecting migrant families to information and resources social services and employment in destination areas (CIGI, 2019). At the same time, however, others have warned that many transnational families, particularly, the less privileged in developing regions, are subject to ICTs [Information and Communication Technologies] laws and policies that keep them from easily interacting with one another (Hoang and Yeoh, 2012). To this end, Hoang and Yeoh (2012: 321) argue that new technologies “are not powerful enough to challenge the barriers and spaces created” by migration when it comes to the emotional dimension of family life.

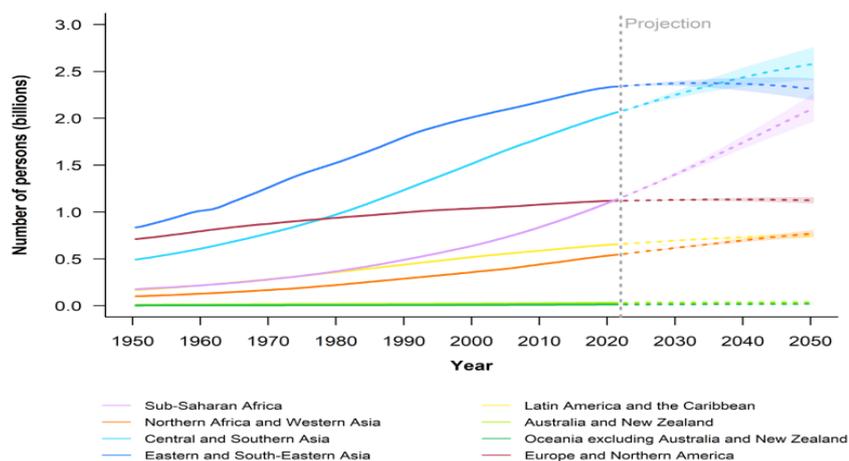
The impact of migration can also be at the structural level where regulations and policies create deep inequalities when it comes to family life. Integration conditions, minimum income, and housing requirements, and proof of future cohabitation can limit family-related migration. For example, it has been noted that most OECD countries have policies that impose conditions for family reunification that often cause delays and actually work against the integration of family members into the host society as many migrant families can only meet those conditions over an extended period of time (Kaczmarek & Ono, 2022). This typically delays family reunification and causes stress on all members involved. Moreover, ‘family’ is often narrowly defined in regulations. In practice, this means that intimate partners who are not legally married, grandparents, aunts and uncles, adult children above a certain age, and same-sex partners may not be considered for family-related migration even if they play a central role in caregiving relationships (United Nations, 2019).

### 3.0 Demographic Trends over the last 30 years: Implications for families

On the 15<sup>th</sup> of November 2022, the world population was reported to have reached 8 billion people. Commenting on this “milestone in human development”<sup>3</sup>, the United Nations Secretary-General António Guterres remarked, in part, that “this is an occasion to celebrate ... and marvel at advancements in health that have extended lifespans and dramatically reduced maternal and child mortality rates”<sup>4</sup>. Indeed, as shall be shown later, propelled by various public health interventions and overall socio-economic development, there has been a notable and almost universal decline in mortality rates globally over the years. This decline has been accompanied by equally notable declines in fertility rates and increased migration in some countries. The result has been “unprecedentedly rapid” population growth across the world, which has been reflected in the huge expansion of the number of humans (Bongaarts, 2009: 2985). For the period under review, it has been reported that the world population of 8 billion reached in November 2022 represents an increase of 2.7 billion since 1990 and an additional 1 billion people since 2010, and 2 billion since 1998 (United Nations, 2022).

Figure 1 below shows that much of the population growth has taken place in developing regions of the global South, specifically in sub-Saharan Africa, Central and South Asia and, to a lesser extent, in Latin America and the Caribbean as well as in North Africa and West Asia. Projections are that population growth in these world regions will continue to grow until at least 2050. Conversely, developed countries in the global North have sustained stable population growth rates since 1990 and these are projected to remain virtually stable, growing slightly from 1.22 to 1.25 billion between 2005 and 2050.

**Figure 1: World Population estimates and projections by region, 1950-2050**



Source: Amended from United Nations (2022)

For the most part, the different regional population growth rates are relevant for SDG 10 as they reflect the different stages occupied by countries in the global North and global South within the Demographic Transition Model. Based on historical fertility and mortality trends of several European countries, this model posits that a country’s or region’s total population

<sup>3</sup> <https://www.un.org/en/dayof8billion>

<sup>4</sup> <https://www.un.org/en/desa/world-population-reach-8-billion-15-november-2022>

growth rate cycles through five stages as socio-economic development takes place. Grover (2014:1) succinctly describes these stages as follows

- *Stage 1*, applied to most of the world before the Industrial Revolution. Both birth rates and death rates are high due to events such as wars or pandemics. As a result, population size remains fairly constant
- *Stage 2*, the introduction of modern medicine lowers death rates, especially among children, while birth rates remain high; the result is rapid population growth.
- *Stage 3*, birth rates gradually decrease, usually as a result of improved economic conditions, an increase in women's status, and access to contraception. Population growth continues, but at a lower rate.
- *Stage 4*, birth and death rates are both low, stabilizing the population. These countries tend to have stronger economies, higher levels of education, better healthcare, a higher proportion of working women, and a fertility rate hovering around two children per woman.
- A possible *Stage 5* would include countries in which fertility rates have fallen significantly below replacement level (2.1 children) and the proportion of older persons is greater than the youth population.

For the most part, developing countries in the global South are, today, predominantly found in Stages 2 and 3 while most countries in the global North are in Stage 4 and, increasingly, in Stage 5 (Grover, 2014). With regards to the family, these patterns suggest that in developing countries where fertility rates are still high, where economic development and incomes are very low, and where much of the population earns a living from agriculture (Gaddis & Klasen, 2011), the traditional 'male-breadwinner-female caregiver' division of labour model – where men are responsible for economic provision while women are responsible for home management and domestic and care tasks (Nadim, 2016) – is prevalent. That is while most women in these regions participate in the labour force, they mostly work on family farms or in household enterprises, which allows them to combine economic activity with child-rearing and other domestic duties.

According to Gaddis and Klasen, as a society develops further and the economy moves from being agrarian, the structure of the economy shifts towards industrial production, and a formal sector-based economy emerges. This often occurs during Stage 3 of the DTM. Due to low levels of female education, the incompatibility of wage work with childcare, as well as sociocultural restrictions on female employment outside of the home (Gaddis & Klasen, 2011:4), there is overall low labour force participation of women in this stage. Those who work often do so in the informal sector which is notorious for low pay, poor productivity, limited or no social security and high levels of work-family conflict (Mokomane, 2021). The improved economic condition in Stage 3 also sees increase in migration which, as shall be discussed later, typically reduces household sizes, weakens the traditional family and intergenerational caregiving roles, and also increases the care responsibilities of women, especially if they are also active in the labour market.

In Stages 4 and 5, the mortality and fertility trends are largely driven by a cultural shift toward postmodern, individuality, and self-actualization attitudes and norms (Zaidi & Morgan, 2017). These stages reflect, in a way, what is often referred to as the second demographic transition where there is "sustained sub-replacement fertility, a multitude of living arrangements other

than marriage, the disconnection between marriage and procreation, and no stationary population” Zaidi & Morgan, 2017:473).

Against the foregoing, the following subsections illustrate the demographic trends in the different world regions and discuss their potential impact on contemporary families and family members.

### Fertility

The best standardised indicator of fertility levels, or how many children women are currently having, is the total fertility rate (TFR) and it is defined as the average number of children that would be born to a woman by the time she ended childbearing if she were to pass through all her childbearing years conforming to the age-specific fertility rates of a given year (Population Reference Bureau, 2011:10). Table 1 shows that in 1990, the global TFR was 3.3 children per woman and this has notably decreased over the past three decades, reaching 2.3 children per woman in 2021. Although TRFs in developing countries have also decreased over the last three decades, they have been consistently higher than the global average. Sub-Saharan Africa exhibited the highest fertility rates in the global South which, throughout the review period, were almost twice the world average. In the two global North regions of Australia/New Zealand and Europe/North America fertility rates have consistently been much lower than the global average.

**Table 1: Total Fertility by major world region, 1990,2021, and 2050**

Region	Average number of births per woman		
	1990	2021	2050
<b>World</b>	<b>3.3</b>	<b>2.3</b>	<b>2.1</b>
Sub-Saharan Africa	6.3	4.6	3.0
Northern Africa and Western Asia	4.4	2.8	2.2
Central and Southern Asia	4.3	2.3	1.9
Eastern and South-Eastern Asia	2.6	1.5	1.6
Latin America and the Caribbean	3.3	1.9	1.7
Australia/New Zealand	1.9	1.6	1.7
Oceania*	4.7	3.1	2.4
Europe and Northern America	1.8	1.5	1.6

Source: United Nations (2022)

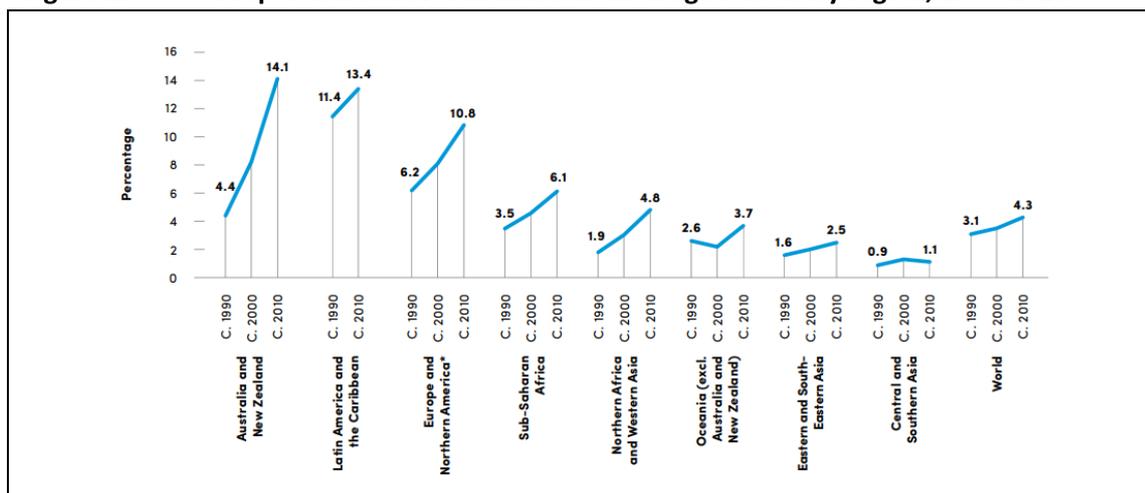
Another noteworthy point from Table 1 is that the overall global decline in fertility is expected to continue and by 2050, women in the world will be having, on average, 2.1 children. A TRF with this value level is known as replacement level fertility, and it is the level of fertility at which a population exactly replaces itself from one generation to the next, with no migration (Population Reference Bureau, 2011). If sustained, replacement level fertility leads to each new generation being less populous than the older, previous one in a given area. This is an important point given that the number of world regions with replacement level fertility is also on the increase: two in 1990, four in 2021, and expected to be five by 2050.

At the structural level, there is a widespread presumption that declining fertility rates can have negative consequences for economic growth, national savings, and government budgets and

hence call for pro-fertility policies such as more generous maternity leave policies, child care subsidies, and family assistance packages via the tax and transfer system, and publicly funded reproductive health and social care (see for example, Guest & Swift, 2008:598; Nargund, 2009). It is against this background that Venis (2022) uses a number of recent examples from across the world to caution that low fertility rates have the potential to undermine labour forces and social structures as governments pursue labour reforms, immigration expansion, and pronatalist policies that have a negative impact on human rights and gender equality. These include selective policies or State Propaganda that promote ‘traditional’ family norms, which are punitive to those who do not comply, and are somehow indifferent or even contradictory to women’s rights and interests. Examples include the emphasising the ‘patriotic’ duty of women to have more children while stigmatising childlessness; family support targeted at women to stay at home and raise children (e.g. expanded maternity leave provisions) with no parallel provisions for men or fathers or no national legislation for paternity leave; state pressure to increase the size of their families through various social and economic ‘incentives’. In addition to having the potential to push women out of the workforce, such policies also have increased potential for human rights abuses, as control over women’s bodies becomes entwined with state goals (Venis, 2022). Such practices can therefore hamper the achievements of relevant targets under SDG 3 (decent work and economic growth), SDG 5 (gender equality), and SDG 16 (ending violence).

Another family implication of decreasing fertility relates to changes in household and family structures as a result of changing nuptiality patterns. With union status being a proximate determinant of fertility (Bongaarts, 1987), the decline in fertility can be partly attributed to prevailing transformations in nuptiality patterns across the world. For example, while marriage remains the prevailing norm in many developing regions of Africa and Asia, the overall proportion of people who are getting married is going down in many countries across the world. This is affirmed by Figure 2 below which shows a general increase in the proportions of never-married women in the decade between 1990 and 2010.

**Figure 2: Proportion of never-married women aged 45-49 by region, 1990-2010**

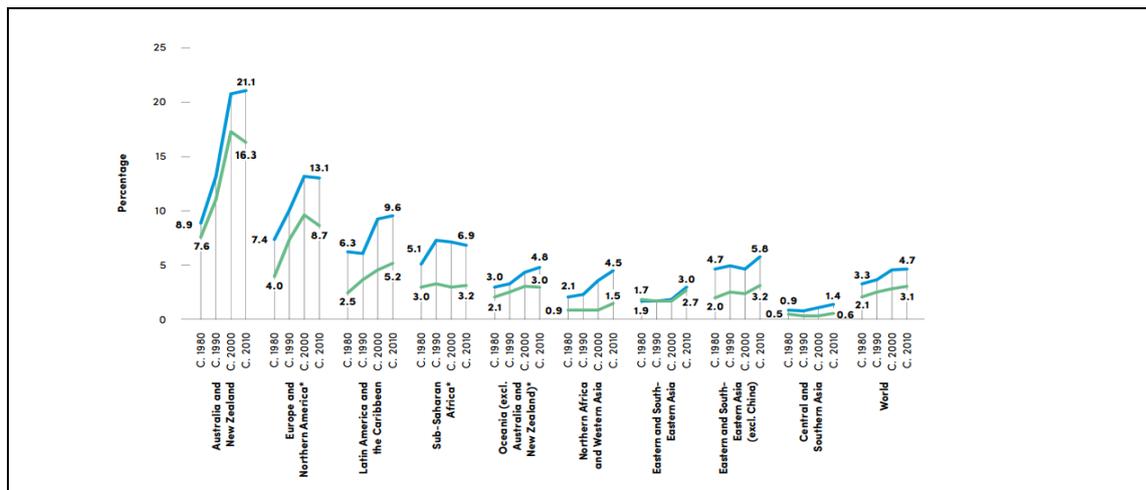


Source: United Nations (2022)

Another pertinent nuptiality trend in contemporary society is union dissolution through divorce and separation, a pattern shown in Figure 3 and succinctly summarised by the United Nations (2019: 56) as follows:

Based on data circa 2010, divorce and separation among women in their late forties were more common in high-income contexts, such as Australia and New Zealand (21.1 percent) and Europe and Northern America (13.1 percent). High-income regions are followed by Latin America and the Caribbean (9.6 percent), where the share of women in their late forties who are divorced or separated is double the global average. Rates in Sub-Saharan Africa fall in the middle of the global distribution (6.9 percent). In contrast, divorce and separation remain rare in Eastern and South-Eastern Asia (3.0 percent), including China, and Central and Southern Asia (1.4 percent).

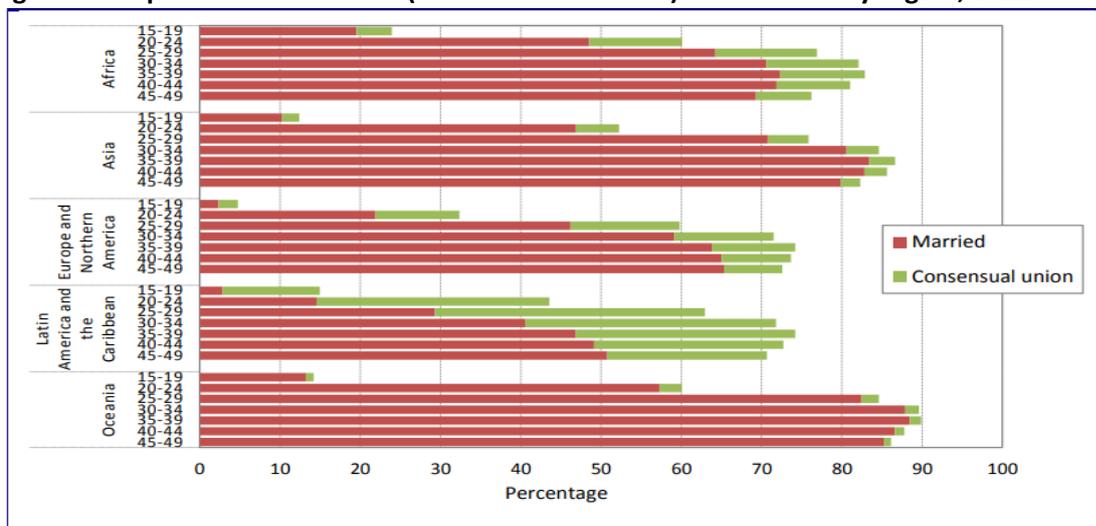
**Figure 3: Proportion of divorced or separated persons aged 45-49 by sex and region, 1980-2010**



Source: United Nations (2022)

In many countries of the global North, as well as in Latin America and the Caribbean, and increasingly in some Southern African countries (Mokomane, 2004; Posel & Rudwick, 2013; Castro-Martín & Domínguez-Rodríguez, 2016; Deere & León, 2022), the foregoing nuptiality trends have been partially offset by an increase in cohabitation as shown in Figure 4 below.

**Figure 4: Proportion cohabitation (in consensual unions) and married by region, 2021**



Source: United Nations (2022)

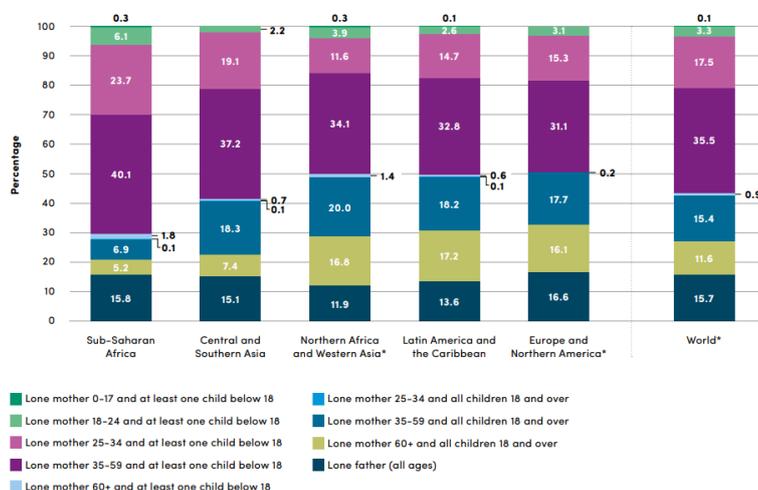
In line with the proportions of the second demographic transition theory, the levels of cohabitation in the global North can be attributed to the Second Demographic Transition (SDT) which is marked by shifts in values related to family life and children and reflected in low fertility levels that are accompanied by increasing family diversity (Lesthaeghe, 2010, 2011). The SDT essentially posits that as countries become more developed (for example through increased levels of education and increased employment opportunities for women), secularisation – characterised by the reduced influence of traditional ethical and religious values – tends to become more prevalent and non-traditional types of unions such as cohabitation become more acceptable forms of partnership, both as an alternative to marriage and as a prelude to marriage (Lesthaeghe, 2010, 2011; Posel & Rudwick, 2013).

In both Latin America and the Caribbean and Southern Africa, economic constraints have been shown to delay or inhibit marriage (Mokomane, 2004; Posel & Rudwick, 2013; Castro-Martín & Domínguez-Rodríguez, 2016; Deere & León, 2022). In sub-Saharan Africa for example, the traditionally “noble custom” of bridewealth (Meekers, 1996) which involves marriage payments from the family of a prospective husband to that of the bride and was traditionally seen as an exchange expressing a commitment to future reciprocal relationships between the families. In more recent years, however, it has become increasingly commercialised and a great hurdle to marriage and one of the major factors underlying the increased prevalence of cohabitation in the region (Mokomane, 2004; Posel & Rudwick, 2013). It is noteworthy however that despite their increasing prevalence, cohabitants in many countries, especially developing, do not have the same socio-cultural and legal protections as their married counterparts. As a result, cohabitants and their family members often have a number of challenges that affect family functioning and stability and lead to deficits of psychosocial wellbeing especially among the children involved (Mokomane, 2004; Posel & Rudwick, 2013; Manning, 2016; Dew, 2021).

Of relevance to this background paper is that the foregoing nuptiality patterns (along with migration discussed later) have led to changes in family living arrangements that are reflected in, *inter alia*, a general decrease in household sizes in all regions as well as diversity in people’s living arrangements (United Nations, 2019). According to the United Nations, for example, a pertinent trend that can be associated with the prevailing nuptiality patterns is the increased proportion of one-parent households. As Figure 5 shows, households where one parent living with at least one child of any age account for 7.5 per cent of all households and are mostly composed of mothers living with their young children. Due to trend discussed elsewhere in this paper such as adolescent fertility, delayed and no marriage, male migration, and social norms or laws that make it difficult for women to re-marry or enter a new union, lone mothers comprise the overwhelming majority (84.3 percent) of one-parent households globally, with the patterns being the same across all regions. This is noteworthy against available evidence showing that while households headed by women have positive outcomes such as positive self-concept, self-efficacy and social maturity, they are among the most vulnerable groups of society that confront many problems and challenges (Lebni et al, 2018:1). Consistent with previous studies and observations in the literature, Lebni and colleagues group these challenges into three broad categories: (i) individual problems (e.g. work-family conflict, role overload, role conflict; fewer job opportunities); (ii) intra-family problems (e.g. intra-family tensions, poverty reproduction), and (iii) social problems such as stigma and, as discussed earlier, social insecurity, isolation and exclusion. Together these challenges lead to lower

quality of life, poorer subjective wellbeing and lower family satisfaction in many female-headed households.

**Figure 5: Lone parent households age and sex of parent, age of child and region, latest available year**



Source: United Nations (2019)

Furthermore, and as discussed in Section 2.1, continued decline in fertility leads to the emergence of an age structure that has significant social and economic consequences for the population – population ageing. Overall,

... as fertility levels continue to decline, dependency ratios eventually increase because of the proportion of working age starts declining and the proportion of older persons continues to increase. As populations grow older, increases in old-age dependency ratios are indicators of the added pressures that social security and public health systems have to withstand<sup>5</sup>.

In line with the global fertility decline over the last three decades, Table 2 shows that there has been the rapid increase in ageing as reflected in the proportion of the population aged 65 years and over, across all world regions. According to the World Population Ageing notes (United Nations, 2020) the pace of increase in the number of older persons has particularly peaked in Eastern and South-Eastern Asia (from 6 percent in 1990 to 11 percent in 2019) as well as in Latin America and the Caribbean where it increased from 5 percent to 9 percent in the same period. Table 2 suggests that this upward trend is expected to increase over the next three decades across all world regions as the current proportion of older persons (9.7 percent) increases to 11.7 percent and 16.4 percent by 2030 and 2050 respectively.

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[https://www.un.org/esa/sustdev/natlinfo/indicators/methodology\\_sheets/demographics/dependency\\_ratio.pdf](https://www.un.org/esa/sustdev/natlinfo/indicators/methodology_sheets/demographics/dependency_ratio.pdf)

**Table 2: Percentage of population aged 65 years and over by world region 2022, 2030 and 2050**

Region	2022	2030	2050
<b>World</b>	<b>9.7</b>	<b>11.7</b>	<b>16.4</b>
Sub-Saharan Africa	3.0	3.3	4.7
Northern Africa and Western Asia	5.5	7.0	12.5
Central and Southern Asia	6.4	8.1	13.4
Eastern and South-Eastern Asia	12.7	16.3	25.7
Latin America and the Caribbean	9.1	11.5	18.8
Australia/New Zealand	16.6	19.4	23.7
Oceania*	3.9	5.1	8.2
Europe and Northern America	18.7	22.0	26.9
Least developed countries	3.6	4.1	6.1
Landlocked developing countries (LLDC)	3.6	4.1	5.8
Small island developing States (SIDS)	8.9	11.3	16.0

\*excluding Australia and New Zealand

Source: United Nations (2022)

A notable increase in the number of older persons is, in many ways, a positive trend as it suggests that people are healthier and hence live longer than ever before (Mokomane, 2013). However, a wide body of research evidence has constantly shown that as people live longer, they become more at risk of non-communicable diseases which along with diminished physical capacity and increased frailty hamper their performance of daily activities, and lead to an increased range of care needs beyond the health and basic needs for daily living. These include, among others, social care, companionship, love, and respect (Kar, 2015; Baison, 2021). This is particularly the case in contexts where there are inadequate or no social security or social welfare programmes and/or facilities to cater to the care and socio-economic needs of older people. For example, writing with reference to sub-Saharan Africa, a region where only 27.1 percent of older people are covered by at least one social protection benefit, typically an old age pension (ILO, 2021), the African Union and HelpAge International (2003: 5) stated that:

In addition to the usual physical, mental, and physiological changes associated with ageing [older] people in Africa are particularly disadvantaged due to a lack of social security for their everyday social and economic needs. The care and support by the family and community that were taken for granted in the past are no more because of changes in society associated with urbanisation and “development” in general.

The latter part of the statement highlights the fact that while residence in multigenerational households traditionally played a major role in meeting the care needs of older people, this living arrangement has now been severely impacted by decreasing fertility rates as discussed above, and increased migration as shall be discussed later.

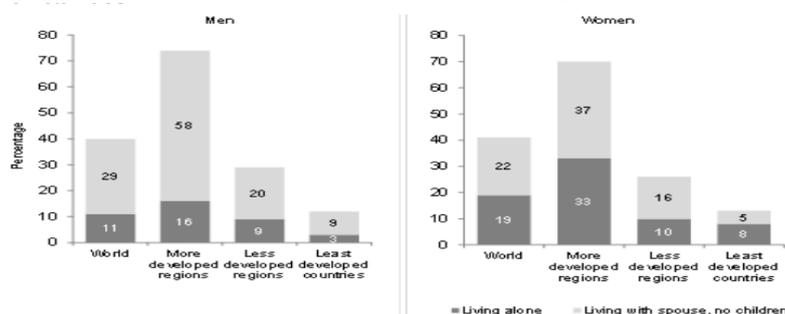
Although the International Labour Organisation (ILO, 2021) shows that the social protection coverage for older people is much higher in more developed regions such as in Europe and Central Asia (96.7 percent); followed by the Americas (88.1 percent), older people in these regions also have care and support needs Abdi et al (2019) succinctly categorised into three (i) social activities and relationships; (ii) psychological health; and (iii) activities related to mobility, self-care, and domestic life. As in developing countries, many older people in developed countries also receive care services within their own homes either from unpaid family members or from paid informal care. Some purchase or receive government-subsidised or free

health and/or social services at home or had earlier purchased private insurance on the open market. A smaller number receive care in residential institutions or retirement communities (United Nations, 2016:1).

All in all, the United Nations (2016) suggests that due to declining fertility levels, the availability of formal long-term care services for older people is low across the world and reports that 48 percent of older persons are not covered by any type of formal provision of services; 46 percent are excluded from any coverage that does exist by some form of means testing; and only 5.6 percent of older persons worldwide are covered by legislation that provides coverage for all (United Nations, 2016:2). Among the negative impact of this situation is elder abuse which includes physical, financial, psychological, verbal and sexual abuse, and neglect as well as age discrimination in access to long-term services (United Nations, 2016; HelpAge, 2021). Thus, as the United Nations (2016: 2) asserts the provision of long-term care for older persons “concerns not only the well-being of older persons themselves, but also the well-being of informal caregivers and families, and ultimately the sustainability of Government health care and social service systems”.

The importance of LTC is also important given the increasing prevalence of independent living (that is, living alone or with a spouse only) among older people is becoming more common. Globally, about 40 percent of the world’s population aged 60 or over lived independently between 2000 and 2010 (Figure 6). Among these, women aged 60 and over (15.8 percent) are more likely than men (7.7 percent) to live by themselves. This is partly explained by gender differentials in longevity and women’s propensity to marry or cohabit with men who are older than they are. By around 2010, the proportion of women aged 80 years and over living alone was 32 percent globally, whereas the proportion of men living alone was 15 percent. Europe, where progress in the promotion of healthy, active, and independent living among older persons is notable, has the highest proportion of women aged 80 years and over living alone (55.7 percent). The reverse pattern is however observed in Asian countries. In China, for instance, the number of women living independently decreases with age, such that by the age of 80, only 17 percent of women live alone, compared to 32 percent of those aged 60-79 years. Strong family norms that assign the care of older relatives to daughters-in-law likely explain this trend (United Nations, 2017).

**Figure 6: Percentage of population aged 60 years and over living independently (alone or with a spouse only) by sex, world and development region, 2005**



Note: Estimates are for 101 countries, from 2000 to 2010 (modal year is 2005), based on microdata from censuses and surveys. Details are given on pp. 38 and 39 of *World Population Ageing 2013*.

Source: United Nations (2017)

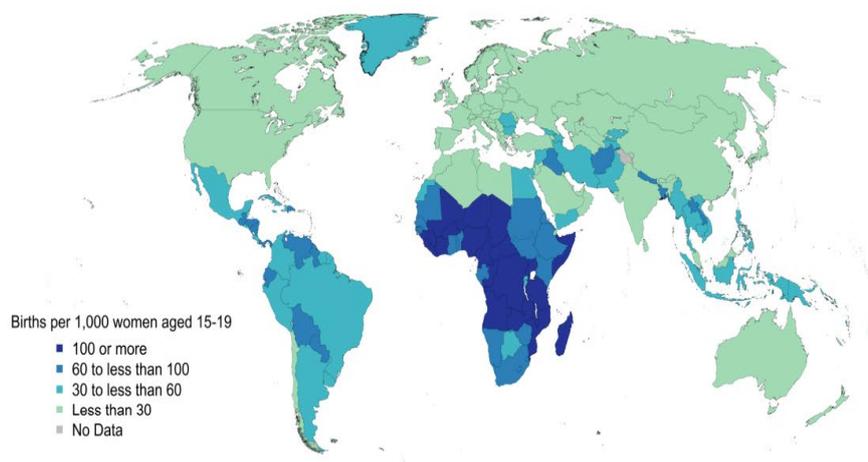
The pattern of population ageing, and the associated care challenges brings to fore SDG target 1.3, which calls for the implementation of nationally appropriate social protection systems and

measures for all, including floors, and to achieve substantial coverage of the poor and the vulnerable by 2030. In this regard, old age pensions are important for ensuring income security for people in their old age. Beyond this, there is evidence that these pensions also have important benefits for the well-being of the family through, for example, mitigating some of the factors contributing to intergenerational poverty. For example, where sources of alternative income for younger generations are scarce, cash transfers can incentivize younger family members to live with their elders, thus creating new possibilities for intergenerational reciprocity. Furthermore, in a context of extreme poverty and household vulnerability, where it may prove difficult to reconcile cultural norms of reverence and support for elders, the pension can strengthen a household's capacity to properly care for older persons (Barrientos & Lloyd-Sherlock, 2002).

### ***Adolescent fertility***

Despite the overall global decline in fertility, about 10 percent of the global number of births in 2021 were born to adolescent mothers under the age of 20 years. Although the global level of adolescent fertility has decreased from 64.5 births per 1000 women in 2000 to 42.5 births per 1000 women in 2021, adolescent fertility is still high in many parts of the developing world (WHO, 2022). As Figure 7 below shows, in 2021 the overwhelming majority of these births occurred in sub-Saharan Africa, where women aged between 15 and 19 years gave more than 100 births per 1,000. The second highest level of adolescent fertility was observed in another global South region, Latin America and the Caribbean where 53 births per 1,000 women were given by young women aged 15 to 19 years. Conversely, adolescent fertility rates in the global North are almost negligible at less than 53 births per 1,000 women aged 15 to 19 (United Nations, 2022).

**Figure 7: Global adolescent birth rate, 2021**



*Source: United Nations (2022).*

The foregoing pattern of adolescent fertility is a cause for concern particularly in the context of SDG 3, as it has adverse health and social consequences both for young mothers and for the children they bear. The latter has been consistently shown to be more likely to be born pre-term, have lower birth weight, and higher neonatal mortality (Wall-Wieler et al, 2016:1). The young mothers, on the other hand, are less likely to complete high school, are more likely to

live in poverty, and have children who frequently experience health and developmental problems. That approximately 50 percent of the births that occur to adolescent girls are unintended suggests high levels of child sexual abuse among this population group. Indeed, according to the WHO (2022), it is estimated that in 2020 at least 1 in 8 of the world's children had been sexually abused before reaching the age of 18, and 1 in 20 girls aged 15–19 years had experienced forced sex during their lifetime. While this abuse is deeply rooted in gender inequality (thus relevant for SDG 5) it also has implications for the achievement of SDG 16 (ending violence)

In many developing countries another major factor underlying adolescent fertility is early or child marriage – defined as a marriage in which at least one of the parties is or was aged less than 18 years at the time of the marriage – which is a standalone indicator within Goal 5 and is considered critical to achieving the SDG (United Nations 2019). Although seen as a “human rights violation ... that disproportionately affects women and girls globally, preventing them from living their lives free from all forms of violence”, (OHCHR, 2022), child marriage is prevalent in many parts of the developing world, with available data showing that “worldwide, more than 650 million women alive today were married as children ... [and] every year, at least 12 million girls are married before they reach the age of 18” (UNICEF 2021 cited in OHCHR, 2022). According to the OHCHR, among the many factors that place children at risk of early marriage are poverty, the perception that marriage will provide ‘protection’, family honour, social norms, and customary or religious laws that condone the practice. On the other hand, child marriage and its association with increased risk of pregnancy not only elevates young girls’ risks of maternal mortality but it also has, potential health, social and economic disadvantages for the young brides and mothers (United Nations, 2019). Overall, it impedes young girls – who typically have limited autonomy to influence decision-making about delaying child-bearing and contraceptive use – from fully developing their human capital potential, constrains their abilities to compete in the labour market, and increases their probability of working in poorly remunerated jobs in the informal sector (Malta et al, 2019). It also affects young women’s agency including decision-making in the homes and families in relation to care for their children (Wodon et al, 2017). Thus, the overall portrait of adolescent fertility is also relevant for SDG 1 (poverty eradication), SDG 4 (quality education), as well as SDG 8 (decent work and economic growth).

### **Mortality**

Global mortality levels have also changed rapidly over the past three decades and this is reflected, among others, in overall increases in life expectancy at birth. The latter is an estimate of the average number of additional years a person could expect to live if the age-specific death rates for a given year prevailed for the rest of his or her life (Population Reference Bureau, 2011). It summarizes the mortality pattern that prevails across all age groups to give the overall mortality level of a population (WHO, 2023). Table 3 shows that life expectancy at birth has consistently increased in the period under review: from 64 years in 1990 to 71 years in 2021 and it is expected to further increase, reaching 77.2 years in 2050. This improvement is seen across all regions. Indeed, Table 3 suggests that while the gap in life expectancy at birth between developing and developed regions remains wide, it is gradually closing. For example, in 1990, life expectancy at birth in the least developed countries lagged 14.0 years behind the global average. The corresponding figure in 2021 was 7.0 years and it is expected to be 6.0 years in 2050. This overall improvement can be attributed to investments such as improved access to health care, sanitation, education as well as efforts to reduce

poverty and improve and nutrition across the world (United Nations, 2017; World Economic Forum, 2023). Further improvement in these factors will therefore be of direct relevance to the achievement of SDG 1 (poverty eradication), SDG 3 (good health and well-being), and SDG 10 (reduced inequality).

**Table 3: Life expectancy at birth, major world regions, 1990, 2021 and 2050**

Region	Life expectancy at birth (years)								
	1990			2021			2050		
	Males	Females	Both sexes	Males	Females	Both sexes	Males	Females	Both sexes
<b>World</b>	<b>61.5</b>	<b>66.5</b>	<b>64.0</b>	<b>68.4</b>	<b>73.8</b>	<b>71.0</b>	<b>74.8</b>	<b>79.8</b>	<b>77.2</b>
Sub-Saharan Africa	47.3	51.2	49.2	57.8	61.6	59.7	64.3	69.1	66.7
Northern Africa and Western Asia	61.7	67.0	64.3	69.7	74.8	72.1	76.0	80.8	78.3
Central and Southern Asia	58.1	59.9	58.9	65.9	69.6	67.7	74.9	79.4	77.1
Eastern and South-Eastern Asia	65.6	70.7	68.1	73.6	79.6	76.5	79.4	84.1	81.7
Latin America and the Caribbean	64.6	70.9	67.7	68.8	75.8	72.2	78.1	83.1	80.6
Australia/New Zealand	73.7	79.8	76.8	82.7	85.6	84.2	85.4	88.6	87.0
Oceania*	60.3	65.5	62.5	64.6	70.1	67.1	68.4	74.9	71.6
Europe and Northern America	69.7	77.4	73.6	73.9	80.4	77.2	81.6	86.1	83.8
Least developed countries	48.7	51.6	50.1	61.7	66.5	64.1	67.8	73.5	70.6
Landlocked developing Countries	49.0	53.5	51.2	61.0	66.5	63.7	67.4	73.4	70.3
Small island developing States	63.4	67.9	65.6	68.0	73.9	70.8	74.1	80.0	77.0

\*excluding Australia and New Zealand

Source: United Nations (2022)

Despite the foregoing, the World Health Organisation (WHO) highlights that at the global level, declining mortality is not being matched by improvements in morbidity (WHO, 2022:23). In a 2020 report, the WHO showed that deaths in developed countries are more likely to be from non-communicable diseases with ischaemic heart disease, Alzheimer’s disease, and other dementias, and stroke being the top three killers (WHO, 2020). Conversely, people living in developing countries are far more likely to die of communicable diseases, especially malaria, tuberculosis, as well as HIV and AIDS. Although the widespread availability of antiretroviral treatments have seen a dramatic decrease in HIV infections and AIDS-related mortality across the world, the latter continues to be a global public health concern (UNAIDS, 2020).

For the purpose of this paper, the difference in the main causes of death and morbidity (the state of having an illness or medical condition) in developed and developing countries have important implications for family well-being as well as for the care and support of those affected by the diseases as well as those family members who care for them. For example, the impact of HIV and AIDS on the family are well-documented and range from social isolation and limited social support due to stigma and discrimination; financial burden on families due to direct costs of care and treatment and the disruption caused by loss of productivity; changes in family structure at different stages of illness or points of crisis; changes in the roles of family members including grandparents becoming the primary caregivers of children orphaned by AIDS; increased child-headed and grandparent-headed households; as well as compromised psychological and physical health of those infected, affected and bereaved by HIV and AIDS (Bor et al, 1993; WHO, 2005). In the conclusion of his comprehensive analysis of HIV and AIDS on the family, Belsey (2005:125) also found that the morbidity and mortality can divert time and resources away from family priorities such as economic production and education to the provision of personal and health care for the sick family member. Another impact on the family, especially if the disease or health condition is stigmatised is discrimination, isolation

and/or rejection by the extended family and the community. Belsey further found that depending on the economic and caring role of the sick or deceased family member, resources and caring functions may be reduced during sickness or death and this can threaten the viability of the family and in some instances lead to its dissolution. At the same time, arguing that “it is the family, rather than the individual, that is affected by HIV and AIDS in profound and tragic ways” (Iwelunmor et al, 2006:1) emphasised that “strong families remain the first and best line of defence for caring for infected family members who are weakened or dying from HIV and AIDS”.

Frag (2023) highlighted the family impact of other communicable diseases as follows: malaria (absenteeism from work, inability to meet basic needs such as food, shelter, and healthcare, and financial burden due to cost of treatment); tuberculosis (stigma and discrimination, breakdown of family relationships, caregiver-child separation); neglected tropical diseases (reduced wage-earning capacities in already impoverished families, reduced school attendance and performance, social stigma, maternal morbidity); and viral hepatitis (increased financial needs related to testing and treating illness, loss of employment, minimized social participation).

There is also wide evidence that illness has an impact on the well-being of carers within families. As Ho et al (2021:1) point out, while they are often ‘invisible’ informal caregivers play a major role in the well-being and recovery of sick family members by undertaking multiple caring roles for the sick including helping access health care, making treatment decisions, ensuring adherence to treatment, providing informational and emotional support, and providing basic needs such as daily care and nutrition.

The impact of mortality and morbidity on the family and vice versa can also be gleaned from Covid-19, the other major pandemic experienced during the period under review. Before the outbreak of the pandemic, in 2019 women aged 65 years could expect to live an additional 18.8 years and 65-year-old men an additional 15.9 years. However, in some parts of the world such as Southern Africa, COVID-19 pandemic contributed to removing the gains in life expectancy recorded over the past decades with life expectancy at birth declining to 61.8 years in 2021. It is noteworthy, however, that despite the estimated 14.9 million direct and indirect deaths that occurred due to COVID-19 in 2020 and 2021, the WHO projects that global mortality rates will keep declining in the coming years as communicable diseases, the major cause of morbidity and mortality in developing countries, continue to be addressed through improved access to improved water supply and sanitation, better health services and creases incomes through social protection systems (Taylor, 2022).

Although literature on the impact of COVID-19 on the family is still emerging, preliminary indications suggest that, among other things, the pandemic disrupted family routines, restricted important family events and rituals, changed relationships and roles, led to a lack of socialization, loss of connections, family conflicts, domestic violence, financial constraints, and altered usual child care activities (Vanderhout et al, 2020; October et al, 2021). It also led to psychological impacts including high levels of anxiety and depressive symptoms and heightened parental stress within families which affected parenting strategies and outcomes Kutsar & Kurvet-Käosaar, 2021:1).

At the same time, others have pointed to the fact that there is a positive side of COVID-19 in terms of family relationships particularly increased family time and communication (October et al, 2021). According to Chigeza (2020) for example, while the pandemic created new needs and challenges it also brought coping strategies grounded in how families relate and interact. This included the rebuilding of relationships with estranged family members, increased parental involvement in children's education through monitoring or supervision of online classes; virtual reconnection of families; more regular receipt of emotional and affective support from family members.

The discussion on the impact of mortality on the family in Section 2.2 highlighted the negative long term that the death of mothers often brings onto families, especially the children left behind. To this end the current level of maternal mortality ratio - the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live (Population Reference Bureau) – is noteworthy. According to the United Nations (2020), although the worldwide maternal mortality ratio fell from 342 maternal deaths per 100,000 live births in 2000 to 211 per 100,000 in 2017, the level of remains unacceptably high with about 287 000 women having died during and following pregnancy and childbirth in 2020. Addressing maternal mortality is particularly important as the complications that lead to it are often preventable and treatable. For the most part they reflect inequalities in access to quality health services and highlights the gap between rich and poor between and within countries; almost 95 percent of all maternal deaths occurred in low and lower middle-income countries in 2020 (United Nations, 2020)

Another impact of mortality on the family is often seen the gross social and economic injustices and harmful practices that many widows across the world have to endure. On the whole, these are directly and indirectly linked to SDG 2 (food insecurity), SDG 3 (poor health), SDG 5 (child marriage and child widowhood), SDG 11 (shelter), and SDG 16 (no access to justice). Given this range of challenges and implications, the overall increase in the proportion of widows across all world regions (Table 4) is noteworthy in all efforts aimed at enhancing family well-being. This is particularly important given that globally, older women are more likely to be widowed and less likely to remarry than older men, affecting their access to economic assets such as cultivable land and other property. Furthermore, the high levels of poverty, preventable disease, and conflict that are the prime causes of premature male deaths in developing countries create the greatest number of widows who are at least able to cope with the material consequences of widowhood. In developed countries where most widows are at retirement age or older, the main cause of widowhood is the differing life expectancy between men and women, and the major issues in this context are the costs associated with health and care provision (Loomba Foundation, 2015).

**Table 4: Regional and global estimates of widows**

*Changes between 2010 (adjusted) and 2015*

Region	2010 totals	2015 totals	Increase	% change
Sub-Saharan Africa	20,562,647	22,153,905	1,591,258	7.7%
East Asia and Pacific	72,927,868	82,298,356	9,370,488	12.8%
Middle East and North Africa	12,045,467	14,969,643	2,924,176	24.3%
Central Asia	3,518,319	3,614,152	95,833	2.7%
South Asia	54,562,110	57,844,083	3,281,973	6.0%
North America	14,209,960	14,280,312	70,352	0.5%
Caribbean	865,404	988,860	123,456	14.3%
Central America	3,624,832	4,159,216	534,384	14.7%
South America	11,309,297	12,774,265	1,464,968	13.0%
Europe and Russia	43,487,856	45,398,264	1,910,408	4.4%
Total	237,113,760	258,481,056	21,367,296	9.0%

Source: Loomba Foundation (2015).

## Migration

As with fertility and mortality, the last three decades have seen notable transformations in the levels and trends of migration across the world. As Table 5, shows, for the period under review, the number of international migrants increased from 2.8 percent in 1995 to 3.6 percent in 2020. The International Organization for Migration (IOM, 2022) argues that the global travel restrictions and the unprecedented immobility that characterised the international response to the COVID-19 pandemic in 2020 and 2021 certainly did halt this upward migration trend. However, indications are that as travel restrictions have increasingly been relaxed, the trend is likely to continue. Despite this increasing trend, Table 5 suggest that 96.5 percent of people in the world are living in their own countries, and proportional to the global population, migration has stayed relatively constant (IOM, 2022). However, actual migration numbers have grown exponentially over the last 30 years as the number of individuals migrating increased by close to 60 percent.

**Table 5: International migrant: 1970-2020**

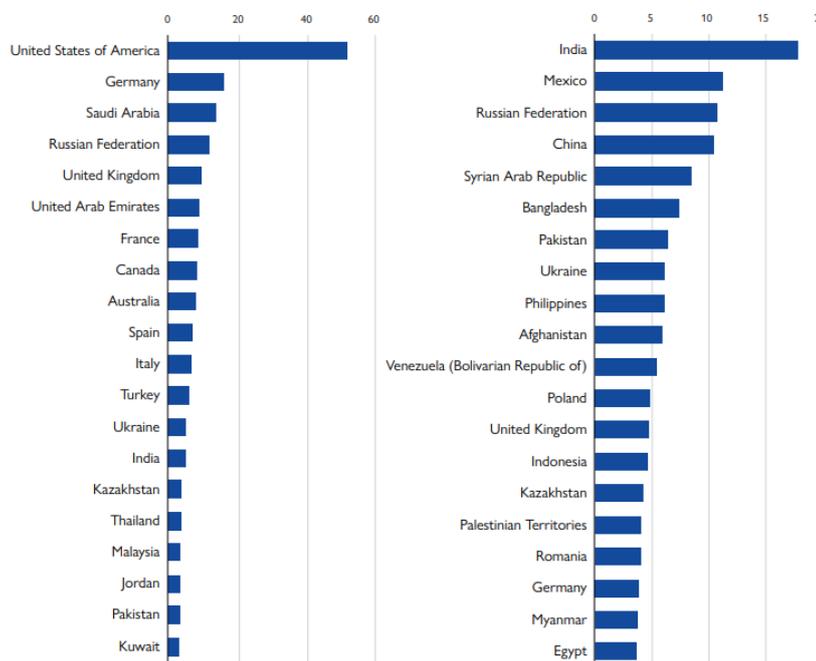
Year	Number of international migrants	Migrants as a % of the world's population
1970	84 460 125	2.3
1975	90 368 010	2.2
1980	101 983 149	2.3
1985	113 206 691	2.3
1990	152 986 157	2.9
1995	161 289 976	2.8
2000	173 230 585	2.8
2005	191 446 828	2.9
2010	220 983 187	3.2
2015	247 958 644	3.4
2020	280 598 105	3.6

Source: International Organization for Migration (2022).

In the past, the majority of migrants moved internally or within the same region. Over the past few decades, the pattern of international migration illustrates economic disparities between different regions as well as rising inequalities between societies (Kaczmarek & Ono, 2022) with migrants from the global South more likely to move to the global North in search of better

economic and socio-political opportunities. According to the United Nations (2021), for example, Europe is currently the largest destination for international migrants, hosting 30.9 percent of international migrants. This is followed by Asia which hosts 30.5 percent of international migrants while North America and Africa host 20.9 percent and 9 percent respectively. It has also been reported that the number of international migrants in Latin America and the Caribbean has more than doubled from around 7 million to 15 million over the last 15 years, making it the region with the highest growth rate of international migrants and the destination for 5.3 percent of all international migrants. About 3.3 percent of all international migrants live in Oceania. The country-level picture provided by Figure 8 below reaffirms this predominantly South-North migration stream in international migration.

**Figure 8: Top 20 destinations (left) and origins (right) of international migrants in 2020 (millions)**



Source: (IOM, 2022).

Recent reports such as IOM (2022) and Trask (2022) discuss these trends and well as the characteristics of migrants in more detail. For the purpose of this paper, the following points from these two are noteworthy.

- *Transnational migration.* The foregoing regional patterns suggest that current migration is largely transnational. From a family lens perspective, the importance of this type of migration lies largely in the processes by which migrants adapt to their receiving societies while maintaining strong ties with their families and family members who remain behind such as spouses, children, parents, and other extended family members.
- *Family migration.* Much of contemporary migration is characterized by family migration (involving all to all family members from new-borns to older persons) rather than just the labour migration of a single individual within specific age groups and with particular skill sets as was traditionally the case in many societies.
- *Feminization of migration.* While migration was historically male dominated, there is now a notable shift towards the sole migration of women. Currently, a little under half

of all migrants are female: 48.0 percent in 2022 slightly lower than 49.4 percent in 2000 (IOM, 2022). According to EIGE (2022), among the three main reasons for this are: the demand for labour, especially in more developed countries, is becoming increasingly gender-selective in favour of jobs typically filled by women such as in services, health, and social care, and entertainment; (ii) changing gender relations in some countries of origin giving women more independence to work and migrate in greater numbers and individually; and (iii) a growth in the migration of women for domestic work, as well as in organised migration for marriage and the trafficking of women into the sex industry.

- *Transnational motherhood.* In line with the foregoing, there is an emerging phenomenon of transnational motherhood where the mothers who migrate face a number of socio-cultural challenges in their efforts to balance traditional conceptualizations of a “good” mother with their new breadwinner roles as well as the physical distances from their children.
- *Technological management of family relationships.* Technological advances in the last three decades have not only seen the world becoming increasingly interconnected. Although these have been linked with criminal activities such as trafficking in persons, from the family well-being perspective these advances have enabled the increasing number of transnational migrants and transnational mothers to stay in touch with family and ‘care from afar’.
- *Child Migrants.* Defined as young people aged 18 years and below who leave home to pursue life opportunities in other places, the satiation of these children is often addressed or framed by researchers and policymakers as the problem one of “child labour” or “street children”. Much of the literature on the subject has highlighted that difficult family circumstances such as domestic violence, child neglect, and poverty often underlie this phenomenon.
- *Disability and migration.* This is another virtually invisible topic in the migration and scholarship on migration despite current estimates that approximately 3.5 to 5 million migrants may have a disability. Some studies indicate that the numbers may be higher, however. This is however worthy of attention given that the migration process has the potential to bring on disability as migrants, for example, flee from violence, war, or other types of disasters. From the family well-being perspective, this issue is impotent as families can leave individuals with disabilities behind as they attempt to escape from their circumstances, thus jeopardizing the individuals with disabilities even as their support structures would be dismantled.

In addition to the foregoing, it is noteworthy that although migrants generally enjoy basic human rights and long-term security, many of the top migration destination countries in the global North and the Middle East and Asia have in place restrictive migration policies that leave migrants with many obstacles to most socioeconomic opportunities and dimensions of integration (Kaczmarek & Ono, 2022). For example:

... many Western European countries restrict eligibility to nuclear families and require transnational family members to have high incomes and pass language or cultural tests. High-skilled family members are favoured while the most vulnerable such as those in need of social protection are ignored. Moreover, in the current political climate, transnational families face an uncertain future, and

family reunification is regarded as a controversial issue with increased restrictions on reunification put in place in several countries (Kaczmarska & Ono, 2022:4).

Taken together, the foregoing contemporary migration patterns have implications for a number of SDG targets. Drawing from the literature on the impact of migration on the family (Section 2.3) we can conclude that these would specifically Target 8.8 of SDG 8 which underscores the importance of protecting labour rights and promoting safe and secure working environments for all workers, including migrant workers, particularly women; and Target 10.7 which aims to ensure the safe and orderly migration and mobility of individuals. Other SDGs that are perhaps indirectly related to migration include SDG 1 (poverty eradication), and SDG 16 (ending violence) with the latter relevant against xenophobic attacks and restrictive policies that migrants often have to endure.

### ***Urbanisation***

Migration is almost always associated with the desire to access better occupational, educational, and social opportunities in cities and urban areas both in their countries and elsewhere. Most of the current global migration is, thus, associated with the rapid expansion of urbanization as individuals leave rural areas for cities which are perceived as providing increased economic and educational chances (Trask, 2022). According to Trask, 3.5 billion people live in urban areas today and predictions are that urban populations are expected to increase by 1.5 billion over the next 20 years, while the number of “megacities” will double. Furthermore, 95 percent of this urban expansion will take place in developing countries. In many developing countries, the arrival of migrants often expands the pool of urban job seekers and reduces the pressure on employers to offer competitive incomes and work standards to their workers. In consequence, many urban migrants and their families face a future of low-wage employment, unemployment, underemployment, and poverty (Min-Harris, 2010). Rapid urbanization also has implications for family health as it puts pressure on freshwater supplies, sewage, the living environment, and overall public health (Trask, 2022). From a family perspective, Trask’s extended discussion between urbanisation and migration highlights the issue of housing, arguing that the “lack of housing stock and sky-rocketing prices “that is currently affecting many middle-class, working-class, and low-income families in many urban areas around the world can lead to family in various ways, For example:

.....if housing is dilapidated or otherwise inadequate or if families are living in homeless shelters, it is difficult if not impossible, for family life to function smoothly. If family life is not working, any possibility of a household being able to take advantage of opportunities and become economically or socially more secure would be greatly compromised (Trask, 2022:60).

Affordable housing for families has also been linked to a better quality of life, including better physical and mental health, feelings of belonging, reduced stress, and improved educational and employment opportunities (Hilbrecht, & Keating, 2022). Hilbrecht and Keating’s paper on migration and urbanization trends and family wellbeing in Canada also highlighted the extent to which long commute times in large cities may have an impact on family wellbeing by compromising family-work balance and how bylaws in large cities can determine the extent to which multigenerational families who wish to reside in the same location to do so, hence having an impact on family structure.

Against the foregoing, and in line with SDG 11 which seeks to “make cities and human settlements inclusive, safe, resilient and sustainable”, there are increasing calls for the inclusion of an intergenerational perspective in designing family-friendly cities. These include the provision of secure urban environments where children and youth can go to school safely and access safe playgrounds and recreation opportunities, including sports facilities; and ensuring that all generations, including older persons and young people, as well as persons with disabilities and families with children, can have access to requisite means of transportation and mobility (Bas, 2022).

## Recommendations

Based on the key points of the discussions, the following recommendations are made and are presented in no order of priority:

1. *Develop or strengthen social security and pension systems.* The current and projected decline in fertility systems suggests that the need for long-term care will increasingly become a major issue that needs both policy and pragmatic attention. Countries therefore need to prioritize the development and/or effective implementation of social security and social pension systems to cater to the care and support of older people as traditional family support and its pool of unpaid family caregivers gradually decreases with the decline in fertility.

The *Accountability and Fulfilment for Older People to Raise their Dignity* (AFFORD) is an example of how such systems can be strengthened for the benefit of older people.

AFFORD was a five-year (2017-2021) social protection project implemented by HelpAge International in five countries: Ethiopia, Malawi, Mozambique, Tanzania, and Ireland (HelpAge International, 2020). The aim of the project was to ensure that: (i) Governments put systems in place that protect sustainable incomes for older people; (ii) National social and health policies are responsive to older people’s rights and needs; (iii) Attitudes to older people - from individuals, communities, and society - are more positive; and (iv) Civil Societies organisations promote the voices of older people and support them to get their entitlements. A mid-evaluation of the project in 2019 found that project had contributed to long-term positive change in the social protection of older persons in all its target countries and that the progress was projected to increase by the close of project in 2021. The change was reflected in secure and resilient lives through the following specific outcome objectives of the project:

- *Access:* Older people in the targeted countries had benefitted from increased access to nationally appropriate, inclusive, and effective social protection systems.
- *Accountability:* National social and health protection policies, public governance systems, and structure at all levels were more responsive and accountable to older people’s rights and needs.
- *Voice:* Civil societies and their networks, communities in African target countries demonstrated more supportive attitudes and actions to promote the voice of older men and women in attainment of their rights and entitlements.

– *Public engagement:* In Ireland societies, communities, and individuals demonstrated more supportive attitudes towards older persons.

2. *Protect the rights of non-traditional family structures and unions as well as their members.* Given that union status is one of the proximate determinants of fertility, the prevailing global fertility decline can be partly attributed to changing nuptiality patterns, particularly the decreasing prevalence of marriage as well as the increase in other union types such as cohabitation, divorce, and separation. This paper showed that on the whole, these nuptiality patterns are giving rise to various types of non-traditional family's structures that face a number of sociocultural and economic challenges. These include cohabitation, blended or stepfamilies, and female-headed households. There is, therefore, a need for multisectoral responses (for example cooperation between government and civil society organisations) aimed at improving the well-being and protection of the rights of these types of families without undermining the right and choice of the family members to be in such unions. The *Re a Nyalana* (We are getting Married) Society, a community-based organisation in Botswana is one good practice in this regard.

Recognising the adverse socio-cultural challenges and violation of the rights of cohabiting partners (especially women) and their children, the Re A Nyalana Society was formed in 2011 with the aim of assisting willing cohabiting couples to formalize their informal cohabitation relationships. With some funding from relevant government departments, the Society implements its mandate by conducting sensitization/educational workshops on the Marriage Act, counselling couples, marriage enrichment workshops, and conducting community mass weddings. As of 2022, the Society had facilitated the formalization of 5026 marriages. About 132 women whose marriages were formalised through the Society were further guided through workshops enroll in some of the government's economic empowerment programs (Morwaagole-Mafa, 2023).

3. *Enhance the wellbeing of adolescent mothers and their children.* Despite the global fertility decline, there is evidence that several countries in the developing regions of sub-Saharan Africa and in Latin America and the Caribbean are experiencing high levels of adolescent fertility, with adverse consequences for the health, socioeconomic well-being, and social capital acquisition of both the young mothers and their children. There is therefore needed to put in place interventions to reduce the prevalence of pregnancies among young women. Where it has taken place social assistance programmes to enhance mother and child wellbeing are crucial as has been the case with the South African Child Support Grant.

The Child Support Grant (CSG) is a means-tested unconditional cash transfer programme aimed at assisting parents from lower-income households with the costs of the basic needs of their children aged 18 years and below. Rather than a replacement of other means of income, the grant is intended to bridge the gap in the cost of living. Although the CSG is not specifically targeted at adolescent mothers, there is wide evidence these mothers are using the grant to attain positive outcomes in their children's well-being. For example, an evaluation of a Family and Community Strengthening Programme for beneficiaries of the Child Support Grant project (Patel

et al, 2019) found that young mothers used the grant to increase expenditure on food and improved child nutrition. Improvements in school with positive effects on grade progression and learning outcomes were also noted. Grant receipt is also associated with having protective effects in adolescence, in reducing risk behaviour and enabling young caregivers to seek employment, by for example contributing travel and childcare costs associated with job seeking.

4. *Expand social health insurance coverage.* Although improvement in health care, sanitation, and overall social development has seen a decrease in mortality across the world, there still exist wide gaps in life expectancy at birth between certain groups of countries. One way of addressing this and partly achieving the ideals of SFG 10 (Reduce inequality within and among countries) and SDG 3 (Health and well-being) is the development and/or effective implementation of social health insurance systems, as well as universal health care and long-term care systems.
5. *Concentred efforts to reduce maternal mortality levels.* Although the death of any adult breadwinner in a family can have adverse effects on the household due to a reduction in financial, material, and other resources, the effect tends to be higher when the death is that of a mother. To this end, while there is need to reduce the levels of all types of mortality, from the family wellbeing perspective, the pattern of maternal mortality, particularly in developing regions, needs special attention. As per target 3.1 of SDG 3 (Health and well-being) countries should aim to attain levels of maternal mortality ratio below the level of 70 per 100,000 births.
6. *Protect the rights of widows.* Another impact of mortality of the family often plays out when husbands die, and widows and their children often face the gross social and economic injustices, discrimination, and other harmful practices. There is therefore need for countries across the world to put in place policies, legislation, and programmes to protect and uphold the rights of widows and hence their socio-economic wellbeing. As the Loomba Foundation (2015) assert these could include programmes aimed at raising awareness of rights and entitlements, social and economic programmes to improve livelihoods of widows and their family members, and programmes to gender-based violence advice, enhance food security, income security etc.
7. *Support migrants' establishment and maintenance of social networks.* From a family well-being perspective, one of the major impacts of migration is the loss or reduction in long-term social networks, relationships, and cultural beliefs and practices that not only span generations but are critical for family functioning including child socialisation, and care and support across the life course. With the prevailing increase in transnational migration, attention should be given to the support of fictive kins or relationships in both areas of origin and destination. Defined as relationships that are based not on blood or marriage but rather on religious rituals or close friendship ties, fictive relationships that replicate many of the rights and obligations usually associated with family (Ebaugh & Curry, 2000) can thus fill the spatial gap that migration brings to family relationships. The effectiveness of these relationships in this regard can be gleaned from the following observation made by Spruill et al (2014) as

part of their Family Health History (FHH) programme for disease pre and health promotion in the United States:

*Many ...Africans replaced their absent extended family with "fictive kin," from the same ethnic or national community to perform the role of absent family members. In fact, kinship obligations were extended beyond customary adult-child relationships to encompass both unrelated adults and unrelated children within slave communities. In some instances, family systems consisted entirely of non-blood members, with shared points of view and belief systems, and others a combination that influenced lifestyle risk behaviours of the blood members. These fictive kin relationships functioned to integrate adults into informal supportive networks that surpassed formal kin obligations conventionally prescribed by blood or marriage. Moreover, the practice of informal adoption of enslaved children speaks to the salience of fictive kinship relations.*

8. *Support the increased use of technology to support migrant wellbeing.* Although there are some doubts about the effectiveness of digital platforms and social media in closing the emotional spaces created by migration, there is a somehow positive consensus and increasing recognition that technology can, in fact, enhance the management of family relationships. However, connectivity issues and /or restrictive ICT laws and policies hamper the ability of many migrants, particularly the less privileged in developing regions, to harness the benefits of technology for family wellbeing, including transnational parenting. In line with the ideals of SDG 10 (reduced inequality) and SDG 3 (improved health and wellbeing), improving the use of technology for this purpose is impotent.
9. *Review migration and relevant national policies and regulations to promoting family reunification and integration.* The paper discussed how regulations and policies in many developed regions often create deep inequalities in relation to family life of migrants from developing regions, this is often reflected in restrictive integration conditions, minimum income, housing requirements etc. Among the implications of these are delays in family reunification and psychosocial challenges for migrants and their family members. There is therefore needed to use a family lens (focusing only family units and not only its members) in all migration and national policies as a way of promoting family reunification and integration for the benefit of all as envisioned by a number of targets in SDG 10 (reduced inequality) and SDG 3 (improved health and wellbeing).
10. *Support the wellbeing and livelihood migrants in urban areas.* The decision to migrate is often propelled by the desire to access better employment, occupational, educational, and social opportunities in cities and urban areas. It is for this reason that migration is often associated with the rapid expansion of urbanization. Contrary to expectations however, many migrants particularly in developing countries find that socioeconomic and environmental barriers are characteristic of many urban area's workers. As a result, many urban migrants end up in situations of low-wage employment, unemployment, underemployment, poverty, poor housing and/or homelessness. From the family point of view, SDG 11 which seeks to "make cities and human settlements inclusive, safe, resilient and sustainable" is particularly relevant.

The Pathways out of Homelessness project in Pretoria South Africa is a good practice example of addressing one of the main family issues related to urbanisation. Somewhat similar projects have also been implemented in countries such as Canada (Sedky et al, 2011) and Australia (Brisbane City Council, 2023).

Working with partners from different sectors (government, community volunteers, law enforcement agencies, local and international non-governmental organisations, academic and research institutions, faith-based organisations and the private sector) the South African *Pathways out of Homelessness* programme renders a range of services the homeless population in Pretoria. The benefits include older people, minors, refugees, and asylum seekers as well as homeless students from tertiary institutions in the city. The services rendered range from attending to basic and personal needs, skills training poverty alleviation programs and psychosocial services that focus on the socio-emotional needs of the beneficiaries (de Beer, 2023). Although the programme has not yet been evaluated, one of its benefits is its approach of providing scope for integration and collective thinking which creates a space for diverse sources and forms of knowledge to work towards a common goal (de Beer & Vally, 2017:395).

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