EDITORIAL
Baby Booms, Guidebooks, The New Yorker, and Other Periphery

Many demographers believe that improved healthcare accounts for almost all of twentieth century (and particularly the post-World War II) population explosion. Some experts also grant a role to culture change, meaning that behavior patterns which depress fertility were discarded as a side-effect of modernization. But the possibility that desired family size increased nearly worldwide is anathema to most academic demographers.

Nevertheless, an insight which modifies this accepted wisdom is that people generally have close to their desired number of children (Malthus, 1803; Ohlin, 1961; Demeny, 1988; Westoff, 1988; Pritchett, 1994). For a variety of reasons, this idea has been contentious throughout modern history and into the present. But suffice it to say that, even under concerted attack, the view that family size largely reflects the exercise of free will has not been laid to rest. To the contrary, ample documentation and the increasing sophistication and variety of analysis make it ever more persuasive.

The idea that family size is volitional suggests new explanations of the post-World War II and other population explosions in human history. Not only improved health status resulting in lower mortality, but also, perhaps, wanted increases in fertility drive periods of extraordinary population growth. The baby boom factor may be potent.

Demographic histories tend to note baby booms in passing or as unrelated to much else in a society. Almost no effort has been made to analyze baby booms, perhaps because their very existence challenges the popular demographic transition model (Notestein, 1945) to which such luminaries as Yale historian Paul Kennedy (1994) and Vice-President Albert Gore (1992) still subscribe.

With scant documentation of baby booms, and still less interest in viewing them as phenomena worthy of study, it is small wonder that grad-
uate students do not plan dissertations around discovering how and why they happen. Enter guidebooks and writers for the New Yorker.

Lest one scoff too soon, note that a few academically unimpeachable confirmations of baby booms and analyses of their causes exist. Two studies are undisputed in their conclusion that perception of expanding economic opportunity triggered higher fertility (Easterlin, 1962; Díaz-Briquets and Perez, 1981).

Examining the baby-boom which occurred in Cuba after 1959, when Fidel Castro replaced Fulgencio Batista, Díaz-Briquets and Perez write that the explanation is "straightforward . . . The main factor was the real income rise among the most disadvantaged groups brought about by the redistribution measures of the revolutionary government. The fertility rises in almost every age group suggest that couples viewed the future as more promising and felt they could now afford more children" (1981, p. 15).

Similarly, economist Richard Easterlin (1962) explains the 1947-1961 baby boom in the United States as an effect of rising expectations and the excellent entry-level job opportunity which accompanied a tight labor market within an expanding economy. Recall that the immediate post-World War II period in the United States was characterized by a small, stable population (135 million people), almost no immigration, and temporary diversion of many young men out of the labor force by educational opportunities offered in the G.I. Bill.

K.H. Connell (1968) draws analogous conclusions for eighteenth century Ireland, postulating that introduction and widespread cultivation of the potato increased the productivity of land and the likelihood of inheriting land, and thus changed land-holding patterns. The wider distribution of land ownership raised both the probability of marrying and the total fertility rate, so that a baby boom was a principal driver of the population increase which occurred between 1750 and 1845.

Ever in search of baby booms I may have found one in Costa Rica and another in Chiapas, Mexico. In Costa Rica, according to a guidebook (Haber, 1994), the population doubled between 1950 and 1970. By computation,* this yields an astonishing 3.5% annual increase, and some sources say more. Can declining mortality account for all this growth, particularly in light of the difficulty of extending healthcare and a public health infrastructure when transportation systems are uneven, as they are still today in Costa Rica?

\*70 = 3.5%