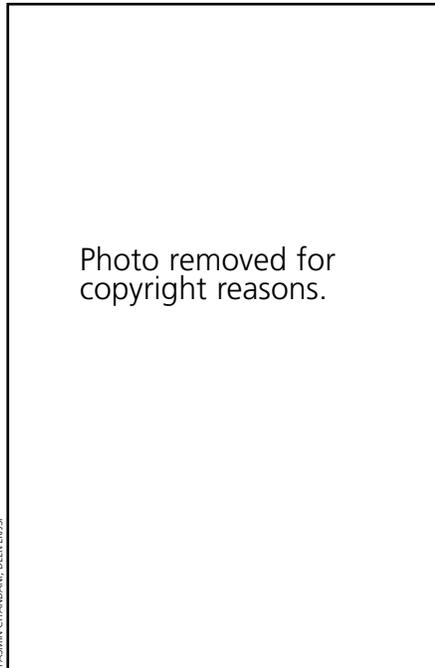


Contraceptive Shortages Loom in Less Developed Countries



YASMIN CHANDANI, DELIVER/ISI

The DELIVER project's country adviser for Lebanon detects a contraceptive stock outage in the National Medical Store in Beirut.

Peter Piot, executive director of the Joint UN Programme on HIV/AIDS, expressed the problem best when he said, "No one should die for want of a 3-cent condom."

The problem Piot spoke about, and the subject of an international meeting he addressed in May in Istanbul (see box on page 4), is a lack of "contraceptive security." Analogous to food security, contraceptive security denotes an adequate supply and choice of contraceptives and condoms for every person who needs them, whether for family planning or for disease prevention. The analogy is apt. To many people in less developed countries, where thousands of people per day become infected with HIV and where the lifetime risk of maternal mortality is as high as one in seven women, contraceptives are life-saving devices.

With more than 1 billion young people worldwide entering their childbearing years, with increasing interest among couples generally in limiting or spacing births, and with the rapid spread of HIV/AIDS, ensuring access to contraceptives represents a challenge of immense proportions. Some UN agencies and nongovernmental organizations (NGOs) are calling it a "crisis in the making."

By 2015, according to projections by the UN Population Fund (UNFPA), the number of women in their childbearing years is expected to increase by more than a fifth, to 1.6

Continued on page 4

Charter Schools Catching On

by Charles Derrvarics

As teachers look to improve student achievement and parents struggle with a choice between public and private education, more and more of them are turning to charter schools. But while the decade-old charter movement is making headway in its efforts to shake up public education, the implications for student progress remain unclear.

"Charter schools are a new kind of public school," says A *Study of Charter School Accountability*, one of several recent studies on the subject funded by the U.S. Department of Education. According to the department, charters are semi-independent schools that are open to all but operate free of some of the rules that govern traditional public schools. Thirty-six states, the District of Columbia, and Puerto Rico have enacted charter

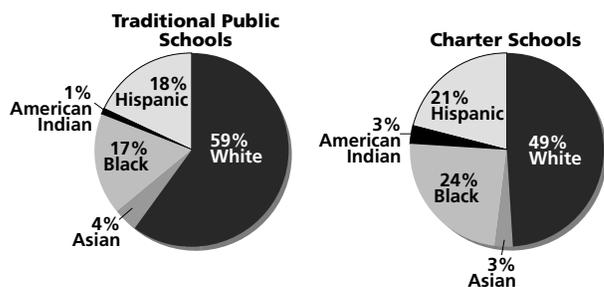
Continued on page 2

INSIDE THIS ISSUE

- Low Fertility Not Politically Sustainable** 3
- Around the Globe, Women Outlive Men** 6
- Emerging Trends in Disability** ... 9
- Speaking Graphically: Gender Difference in U.S. Life Expectancy** 11
- Spotlight Statistic: Unmarried Partnerships** 11

Greater Diversity Seen in Charter Schools *Continued from page 1*

Racial and Ethnic Composition of U.S. Public Schools



Sources: U.S. Department of Education, *The State of Charter Schools 2000* (www.ed.gov/PDFDocs/4yrrpt.pdf, July 16, 2001).

school laws, up from just two states in 1993.

Policy analyst Todd Ziebarth of the Education Commission of the States believes charters are catching on for two reasons: parents' demand for more choices, and political support for education reform.

Charter schools offer parents an alternative to private and traditional public schools. Because charter school founders, whom Ziebarth described as "people with good ideas and some business background," are entrepreneurs and not bureaucrats—they find their own facilities, design their own curriculum, and hire their own teachers—charter schools are known for being able to implement new teaching methods and adjust curricula quickly. And charters frequently offer innovations such as Montessori practices, language immersion programs, and small "academies" where students stay with the same teachers for years.

Schools must show progress to keep their charters, accountability that education reformers in Congress like. Beginning with a \$6 million investment in 1995, Congress has continued to fund grants for school start-

ups and other costs. The Public Charter Schools Program received \$190 million for 2001. Support for the program is bipartisan, without the rancor attached to vouchers.

Findings

While detailed analysis of student achievement is a few years away, some findings on the charter trend appear in the Department of Education's *The State of Charter Schools 2000*:

- **Charter schools are smaller than traditional schools.** In 1998–1999, charters had a median enrollment of 137 students, compared with 475 for all public schools.
- **Charter schools are organized differently.** About 10 percent of charters are a combined middle school/high school, while 16 percent span the elementary and middle grades. Another 8 percent operate as K-12 schools, enrolling children of any grade. Such practices are rare in traditional school districts.
- **Charter schools are more popular with parents.** In Arizona, a state with a strong charter movement, 66 percent of parents gave their child's charter school an A or A+ grade, says a recent Goldwater Institute survey. Only 37 percent of parents in traditional schools held such views.
- **Charter schools attract a more diverse student body than traditional schools.** (See figure above.) "This is a finding that has surprised people," Ziebarth said, since most experts believed charters would have most appeal to whites leery of their neighborhood public schools. One reason for

the diversity may be charters' popularity in major cities. Nearly 10 percent of Washington, D.C., students attend charter schools, said Frederick Hess, a University of Virginia professor and author of *School Choice in the Real World*. Parents in big cities are interested in safe, small learning environments, he said.

But do charter schools work? So far, results are inconclusive. In Arizona, the Goldwater Institute found that students who had spent two to three years at charters had larger reading gains than public school students. Yet in the same study, the institute found no clear advantage in math performance. A study in Michigan found little correlation between charter school attendance and academic achievement. Most states require charter school students to take the same new high-stakes exams required of other students, so direct comparisons between schools will be possible eventually.

Nonetheless, by offering new services and programs, charters do provide competition for traditional public schools, a factor that, by itself, may promote change. "Public schools tend to mimic the most popular [charter] services," Hess said. As a result, he thinks, both traditional education and charter schools may benefit. ■

For More Information:

U.S. Department of Education, *A Study of Charter School Accountability* (www.ed.gov/pubs/chartacct/chartacct_toc_summ.pdf, July 19, 2001).

U.S. Department of Education-sponsored website on charter schools: www.uscharterschools.org.

Education Commission of the States, "School Choice: State Actions," *ECS StateNote*, February 2001 (www.ecs.org/clearinghouse/13/75/1375.htm, July 19, 2001).

Charles Dervarics is a freelance writer based in Washington, D.C.

Low Fertility Not Politically Sustainable

by Peter McDonald

Concerns about high birth rates and their social, economic, and demographic effects have dominated the population field for the past 50 years. While for many countries these worries persist, for many other countries the problem now is very low rates of birth.

The aim of international efforts to reduce birth rates has been to bring them down to the replacement level of two births per woman. (At that rate, a population would continually renew itself without growing.) However, the birth rate has continued to fall in nearly all populations

that have reached the replacement level. The Population Reference Bureau's *2001 World Population Data Sheet* shows that 65 countries and territories now have fertility rates that are below the replacement level, including 40 of the 42 countries and territories in Europe. Over 20 countries had birth rates below an average of 1.5 births per woman (see table, page 8), and the vast majority of the governments of these countries consider their rates too low. Moreover, below-replacement fertility is now emerging in less predictable

Continued on page 8

PRB Undertakes Internet Initiative

PRB has greatly expanded the amount of information available on our websites and the ease of using them.

Coming Soon

Soon, when you visit any one of the websites, you will be able to easily access information across all sites. PRB publications, articles, data sheets, and links will be cross-referenced by topic, region, and type of information, so it will be easier to find what you're looking for.

You will have instant access—in one place—to information that previously appeared only on individual sites.

New Features

- New Web sections on HIV/AIDS, the environment, reproductive health, and population trends, with overview articles and in-depth data and reports.
- E-mail update service, "PRB E-Mail News," that will notify you of new postings.
- Expanded Educators site that includes lesson plans, resource guides, and PRB publications tailored for teachers. You will also be able to sign up for a special Educators newsletter.
- New French and Spanish sites.
- Online store where you can purchase PRB publications.
- Improved navigation and usability.
- New search engine that locates information on all sites by keyword and selected data types and topics. You will be able to search archived copies of *Population Today* and *Population Bulletin*.
- New Journalists site with information on experts to call with questions.

PRB's Family of Websites

- **www.prb.org.** Your first stop for information on population trends and their implications.
- **www.ameristat.org.** Data and analysis on 14 topics, including income and poverty, education, marriage, and fertility, for the U.S. population.
- **www.measurecommunication.org.** Part of the MEASURE *Communication* project; promotes the wider dissemination and increased use of information on population, health, and nutrition for planning and decisionmaking in less developed countries.
- **www.popnet.org.** A comprehensive directory of population-related websites, arranged by world region and by organization.

PRB's Internet Initiative, which includes providing training in Internet use to institutions in Africa, Asia, and Latin America, is supported by the Bill & Melinda Gates Foundation, the U.S. Agency for International Development, and the David and Lucile Packard Foundation.

"Meeting the Reproductive Health Challenge: Securing Contraceptives and Condoms for HIV/AIDS Prevention"

May 2-5, 2001

Istanbul, Turkey

The meeting, organized by the Interim Working Group on Reproductive Health Commodity Security (IWG), brought together more than 100 participants from multilateral, bilateral, and private foundation donors; NGOs; and government ministries. Ten less developed countries were represented: Bangladesh, Ethiopia, Indonesia, Kenya, Mexico, Nepal, Nigeria, Turkey, Vietnam, and Zambia.

Keynote speaker Thoraya Obaid, UNFPA executive director, stressed that the goals and objectives of the 1994 International Conference on Population and Development, including a secure supply and choice of high-quality reproductive health products, cannot be reached by any agency acting alone. She encouraged all those who attended to work together to secure reproductive health supplies and praised the Netherlands, the UK, and Canada for making recent contributions totaling roughly \$80 million to address the current shortfall.

billion. This increase, along with expected growth in the rate of contraceptive use, will boost total demand for contraceptive supplies by approximately 40 percent. As a result, the amount of money needed for contraceptives and for condoms to prevent sexually transmitted infections and HIV/AIDS will rise from about \$810 million in 2000 to \$1.8 billion in 2015. Yet donor support for reproductive health programs has stagnated.

The Interim Working Group on Reproductive Health Commodity Security (IWG)—made up of John Snow, Inc. (JSI); Population Action International (PAI); PATH (Program for Appropriate Technology in Health); and Wallace Global Fund—is helping to raise awareness of the problem. The shortfall, these groups emphasize, is not global but local. It does not stem from a shortage of materials with which to manufacture condoms or other contraceptives, or from a lack of production capacity, but concerns the distribution of these products to people who need them for disease prevention or for family planning. Likewise, the problem is not simply a lack of funds.

"It's partly money, but it's also very much capacity building and ... country-level commitment," said Jane Hutchings, senior program officer at PATH. Hutchings explained that, as donors emphasize greater self-reliance in countries receiving population assistance, training is needed to increase skills in forecasting, financing, and managing the delivery of contraceptives.

Limited Role for the Private Sector

Distribution is known to be the private sector's forte. Indeed, the virtually untapped contraceptive markets in countries with fast-growing populations might seem the perfect business opportunities. The reason they are not is that relatively few people can pay for contraceptives at market price. Less than 40 percent of current users of modern contraceptive methods in 87 donor-dependent countries studied by IWG get their contraceptives from the private sector; the majority of current users rely on their local and national governments, which all too often lack sufficient funds to guarantee regular access for all in need. In these countries, although donors continue to push to segment the market so that only those unable to pay receive free or subsidized reproductive health supplies, dependence on donors is still considerable. Many social marketing programs and nonprofit organizations, especially in sub-Saharan Africa, also rely on donors for their contraceptive supplies.

The Roots of Contraceptive Insecurity

According to the UNFPA, during the first half of the 1990s, the donor community steadily increased its support for contraceptive supplies, from \$79 million in 1990 to \$172 million in 1996. But between 1996 and 1999, funding for population assistance declined by \$41 million.

Since 1996, contraceptive shortages have been felt in numerous developing countries. Amy Coen, president of PAI, gave a chronology in her Istanbul address. First there were overall contraceptive shortages in Francophone Africa. Then came a lack of injectable supplies in Ethiopia and Tanzania and of intrauterine devices in Mexico. Then in December 1999, condom shortages occurred in Thailand, a country known for its successful family planning programs and for its AIDS prevention efforts.

Thailand's shortage, and Indonesia's announcement just last month that it has less than half a year's supply of contraceptives remaining, set off alarms within the reproductive health community. The accumulating evidence not only reveals weaknesses in forecasting and logistics but also highlights the power of the HIV/AIDS pandemic to compound contraceptive shortages.

UNFPA estimates that the number of condoms needed to prevent AIDS and other sexually transmitted diseases will more than double in the next 15 years. The cost of those condoms will rise from \$239 million to \$557 million annually. This

total does not include counseling or training or distribution costs. Meanwhile, the number of condoms supplied by donors including the U.S. Agency for International Development (USAID) has wavered since 1995 (see figure at right).

Duff Gillespie, deputy assistant administrator for Population, Health, and Nutrition in USAID's Global Bureau, acknowledged that AIDS is driving the crisis in contraceptive availability and said donors and others have to ask the right questions to understand the magnitude of the shortfalls. "You can look at whether donors are filling countries' requests for contraceptives. You can also look at whether countries are requesting enough supplies. ... And that's not the case."

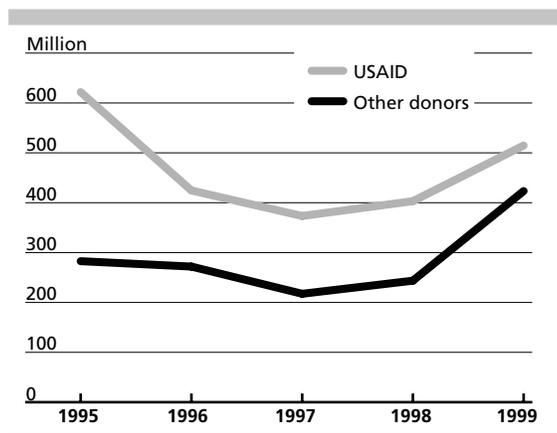
An Online Solution

A tangible outcome of the meeting in Istanbul was agreement on the importance of UNFPA's role in coordinating international assistance, and with that, endorsement of an online reproductive health exchange led by a consortium including UNFPA, USAID, and the International Planned Parenthood Federation.

Christian Saunders, UNFPA chief of procurement services, described the online system that he and his colleagues are developing and for which they are exploring funding. Because all the information about contraceptives and other reproductive health commodities that are being bought will be in one place, donors will have a much better idea what has gone to a particular country, what the requirements are, and what the shortfalls are going to be in a particular area, Saunders said. Eventually the system will link with in-country logistics management systems so that data will only have to be put in once and will update automatically. When stocks go down to a particular level, a flag will go up for automatic reordering.

To make the online system work, donors, ministries of health, foundations, and NGOs will have to cooperate. Host countries will have to agree to have their purchases and shortfalls made public. And donors will have to focus on the big picture and where they fit into it. Carolyn Hart, senior technical adviser on policy with JSI's logistics management for health project (DELIVER), said that meeting sessions in Istanbul laid the necessary groundwork by examining the entire contraceptive supply chain, from manufacturer to user. Along that chain, there are "many vulnerabilities for disruption," she said, and added that "Nobody pays attention to the whole thing." Although many of the weaknesses in procurement and delivery lie

Condoms Supplied by Donors to Sub-Saharan African Countries



Sources: USAID's NEWVERN database; UNFPA, 1999 *Annual Report on Donor Support for Contraceptives and Logistics* (www.unfpa.org/tpd/globalinitiative/pdf/donorsupport99.doc, July 18, 2001).

with host-country officials, Hart said, "We told donors, 'Your fiscal years and your procurement restrictions are part of the problem.'"

The agenda for action prepared in Istanbul was transmitted to New York for inclusion in the Declaration of Commitment on HIV/AIDS at the UN General Assembly Special Session at the end of June. Yet condoms were mentioned only twice in the 15-page declaration, once in the context of female condoms for women's empowerment.

USAID officials in the Population, Health, and Nutrition Center, who have made contraceptive security one of their top priorities, reacted to the declaration. "It's an uphill battle," said Duff Gillespie. His colleague, John Crowley, chief of the Contraceptive and Logistics Management Division within USAID's Office of Population, said it shows that "Supply is not a one-time, once-a-year commitment. It's a recurrent expenditure, and there is a continual need to address it."

Somewhat more upbeat, Jane Hutchings said, "I think the day of recognizing that supplies are really a critical underpinning of reproductive health programs is here." ■

—Allison Tarmann

For More Information:

For documents prepared by the UNFPA on reproductive health commodity security, visit the organization's website at: www.unfpa.org/tpd/globalinitiative/.

For more on the Istanbul meeting, or to download a series of reports entitled *Meeting the Challenge*, visit the IWG website: www.nostockouts.org or www.populationaction.org.

To learn about the DELIVER project, visit its website: www.fplm.jsi.com.

For information on the condom shortage in Africa, see "Condom Gap in Africa: Evidence From Donor Agencies and Key Informants," by James D. Shelton and Beverly Johnston in the *British Medical Journal*, Vol. 323 (21 July 2001).

Around the Globe, Women Outlive Men

by Jennifer Jones

People undeniably live longer today than they did in the past. But for behavioral, biological, and other reasons, not everyone benefits equally from the gains in life expectancy.

Women outlive men in almost every society. In more developed countries, the average life expectancy at birth is 79 years for women, 72 years for men. In less developed countries, where high maternal mortality reduces the difference in longevity, women can expect to live an average of 66 years, compared with 63 years for men.

The map below illustrates the gender gap in life expectancy worldwide. In only a few countries in Asia (Afghanistan, Nepal, and Papua-New Guinea) and Southern Africa (Namibia and Zimbabwe) do men outlive women. The female advantage is highest in Russia, 13 years, because of the increase in mortality rates for men during most of the last four decades (see *Population Today*, April 2000).

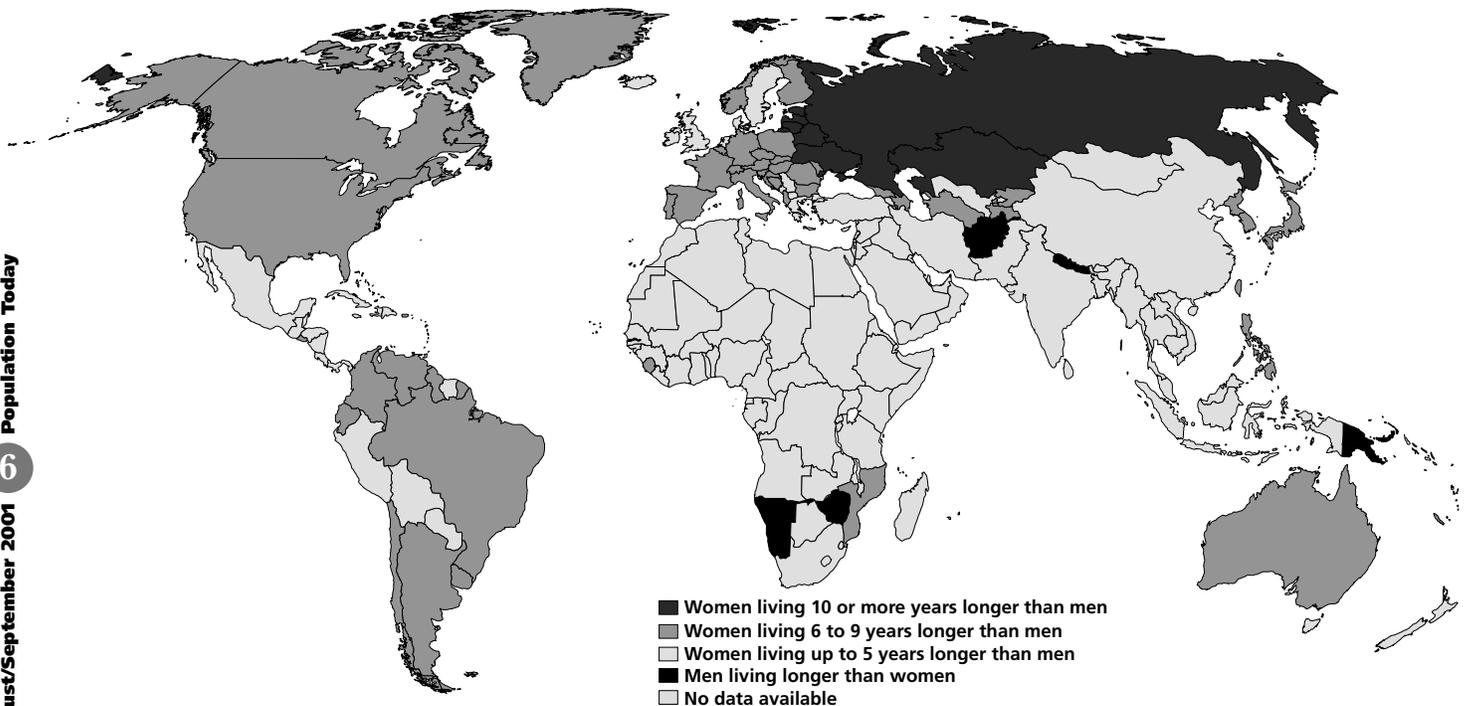
The interesting aspect of the life expectancy gap in more developed countries like the United States is that it rose throughout much of the last century (see “Speaking Graphically,” page 11).

What explains this persistent difference? Part of the answer is behavioral. Men are more likely to smoke than women and are also more likely to take risks, making them more susceptible to life-threatening injuries. Biological differences also help to explain women’s higher longevity. Scientists believe that estrogen in women combats conditions such as heart disease by helping reduce circulatory levels of harmful cholesterol. Women are also thought to have stronger immune systems than men.

Researchers have found that the gender gap in life expectancy is smallest for the wealthy and highly educated, suggesting that broadening access to quality health care, diet, and other advantages can help men achieve a level of longevity closer to that of women. ■

Jennifer Jones, now a research assistant for Westat, Inc., was Domestic Programs Fellow at PRB from 2000 to 2001.

Gender Differences in Life Expectancy



Source: PRB, 2001 World Population Data Sheet (www.prb.org/pubs/wpds2001).

Is Bottled Better?

The fastest growing beverage industry in the world is water—bottled water—and it generates \$22 billion annually. But a new study by the World Wide Fund for Nature (WWF) reports that the manufacture, transport, and disposal of the bottles used by the industry generate 1.5 million tons of plastic waste per year and raise the levels of toxic chemicals and carbon dioxide released into the environment.

WWF is urging people to drink tap water instead of bottled water, noting that “Some bottled waters only differ from tap water in that they are distributed in bottles rather than through pipes.” The organization acknowledged that bottled water is generally safer in areas where tap water is contaminated but noted that boiling or filtering water in these areas renders it safe and is affordable even for those with low incomes. Richard Holland, Director of WWF’s Living Waters Campaign, urged clean up and protection of rivers and streams at their sources to ensure that tap water remains “good quality drinking water for everyone at a fair price.”

The study is on the Web at: www.panda.org/livingwaters/pubs/bottled_water.pdf. For more information, contact Lisa Hadeed, Communications Manager for the Living Waters Campaign in London, phone: 41-22-364-9030; e-mail: lhadeed@wwfint.org.

Voter Disparities Widespread in U.S.

After the presidential election last November, Florida was singled out for criticism for undercounting ballots cast by low-income and minority voters. But a recent congressional study finds that Florida’s experience was not unique. “The disenfranchisement of low-income minority voters occurs nationwide,” said U.S. Representative Henry A. Waxman, who along with 18 other Democratic members of Congress released *Income and*

Racial Disparities in the Undercount in the 2000 Presidential Election.

The study finds that, on average, voters in low-income, high-minority congressional districts were over three times more likely to have their votes discarded than were voters in affluent, low-minority districts. In two districts—Illinois’ 1st and Florida’s 17th, both low-income and high-minority districts—voters had nearly a 1 in 12 chance of having their ballots discarded. The study also finds that better voting technology significantly narrowed the disparity between low-income, high-minority districts and affluent, low-minority districts.

The study is on the Web at: www.house.gov/reform/min/pdf/electionsnationalstudy.pdf.

Less Developed Countries Hunger for Technology

Technology, both biotech and information and communications technology, can play a huge role in reducing world poverty and should not be seen primarily as a luxury for people in rich countries, says the 11th edition of the UN Development Programme’s *Human Development Report*. Without the aid of new technology, most of the world has no chance of meeting the optimistic development goals that world leaders attending last year’s UN Millennium Summit pledged to achieve by 2015, the report says. Research and development now underway, however, is driven by the needs and investments of wealthy industrialized countries and may not meet the needs of less developed countries.

Genetically modified foods (GMFs), for example, hold the greatest promise for less developed countries. Yet research and development of GMFs have been delayed by the safety concerns of the lucrative markets in more developed countries. The report calls on industrialized countries to create incentives and new partnerships for research and development that will benefit poor countries. It also calls on poor

countries to develop their capacity to understand and adapt global technologies for local needs. “At the global level,” notes the report, “it is policy not charity, that will ultimately determine whether new technologies become a tool for human development everywhere.”

The 2001 edition includes a new analysis of countries’ progress toward meeting international development targets, including goals set at the Millennium Summit.

Some 74 countries supporting more than one-third of the world’s population are not on track to cut their poverty rates in half by 2015, the report says. And 93 countries with more than 60 percent of the world’s population will not be able by that date to reduce the mortality rates of children under 5 by two-thirds.

Canada Reverses Ban on Immigrants With HIV

Citizenship and Immigration Minister Elinor Caplan announced over the summer that Canada would not automatically bar immigrants who test positive for HIV from entering the country but would conduct mandatory HIV testing for all prospective immigrants to ensure that they get proper treatment. The *Toronto Star* reported that the announcement overturned one Caplan made in the fall of 2000 that indicated her department would, at the urging of the health ministry, begin testing all potential immigrants for HIV and ban those who tested positive, because they posed a public health risk.

The reversal came about when Health Canada, the Canadian health ministry, suddenly revised its advice in line with internal Canadian policy. According to the *Star*, Health Minister Allan Rock stated that “One of the objectives of our domestic HIV-AIDS strategy is to eliminate the stigma that too often attaches to those living with HIV.” ■

Countries and Territories With Total Fertility Rates Under 1.5

Country/Territory	TFR
Hong Kong	1.0
Armenia, Czech Republic, Ukraine	1.1
Andorra, Bulgaria, Georgia, Latvia, Macao, Russia, Slovenia, Spain	1.2
Austria, Belarus, Estonia, Germany, Greece, Hungary, Italy, Japan, Lithuania, Romania, San Marino, Slovakia	1.3
Canada, Croatia, Liechtenstein, Moldova, Poland	1.4

Note: The total fertility rate is the average number of children a woman would have, given prevailing birth rates.

Source: PRB, 2001 World Population Data Sheet (www.prb.org/pubs/wpds2001).

places: on the densely populated island of Java in Indonesia, in four provinces in Iran, and in the city of Addis Ababa in Ethiopia.

The Earth is already heavily populated. Its population will grow from the present 6 billion to at least 9 billion by 2050. Since low fertility is slowing the growth rate of the world's population, why should we be concerned? The answer is that the governments of the countries with very low fertility rates are evidently not celebrating the prospect that a somewhat lower global population would be achieved as a result of major population decline in their countries. That is, while some people like to think in terms of a common global humanity, most people and most governments care more about the future viability of their own families and countries.

The problem with low fertility is that it reduces population size not at all ages but only among the young. Low fertility produces an age structure that creates a momentum for future population decline, a situation that must be stopped at some point if the population is to be demographically sustainable. Also, populations with low fertility can fall in size at an extremely rapid rate. The longer low fertility is maintained, the harder it becomes to reverse population decline. Countries wishing to avoid this situation need to be aiming at attaining higher levels of fertility while their age structures still provide momentum for population growth.

At the same time that they strive to increase birth rates, governments will need to deal with more immediate impacts of low fertility, namely shrinking labor forces. If present demographic

trends continue, between 1999 and 2050 Japan's labor force will fall from 68 million to 46 million, Italy's from 23 million to 14 million, and Germany's from 41 million to 28 million.

Although increases in labor productivity in the next half century are likely to be sufficient to maintain the size of any one country's economy, in a global economy fixated on rates of economic growth, capital will flow to countries with relatively high fertility and immigration, such as the United States.

Can low fertility be reversed? To answer this, we need to know why fertility has fallen to such low levels. The reasons and the remedies vary across countries, but some general statements can be made. In Southern and Western Europe and in East Asia, very low fertility seems to be associated with the persistence of a male-dominated family structure combined with economies that provide major advantages to women so long as they do not have children. In this environment, children are costly to parents, especially to mothers. Economic hardship appears to be particularly important in Eastern Europe and in some less developed countries relative to people's aspirations and the costs of children. Finally, the market approach of the global economy promotes investment in self rather than in others.

Reversal of low fertility thus implies a new social contract in which those who have children are not severely disadvantaged in economic terms. The policy options available are:

- supporting parental leave at the birth of children
- encouraging the sharing of leave
- letting employees switch to part-time work, with the right to return to full-time work
- providing quality, affordable child care, including after-school care
- recognizing the costs of children in the tax system.

These measures would foster family-friendly workplaces that support rather than discriminate against workers who have children. ■

For More Information:

This article is excerpted from a paper presented by the author at a seminar on international perspectives on low fertility, sponsored by the International Union for the Scientific Study of Population earlier this year. For links to all the conference papers, visit the website of the Australian National University: <http://demography.anu.edu.au/VirtualLibrary/ConferencePapers/IUSSP2001/>.

Peter McDonald heads the demography program at Australian National University and chairs the International Union for the Scientific Study of Population's working group on low fertility.

Emerging Trends in Disability

by Glenn T. Fujiura

Disability is an ambiguous demographic, but one that is unambiguously increasing. Socioeconomic trends such as aging and other factors have contributed to the growth of the population categorized as disabled, making disability an important issue for policy-makers, even though its definition is often a point of contention.

Many sources of U.S. disability data are collected in conjunction with federal beneficiary programs such as Social Security or with state-administered programs in education, vocational rehabilitation, and health care.

The major sources of population data are the National Health Interview Survey (NHIS, conducted by the National Center for Health Statistics) and three data programs of the U.S. Census Bureau: the decennial census, the Current Population Survey (CPS), and the Survey of Income and Program Participation (SIPP). Because the NHIS and SIPP cover a wider range of topics than the decennial census and the CPS, they serve as the primary sources for population research in disability.

The SIPP gathers information on specific functional losses or limitations—for example, inability to lift or difficulty walking—as well as on selected impairments. Disability identification in the NHIS emphasizes limitation in the performance of a major social role, such as working, self-care, or attending school. Key to comparing data from the two surveys is understanding that only a fraction of people reporting functional limits have difficulty fulfilling socially defined roles and that not everybody with an activity limitation has a functional limitation that can be captured in a survey.

Ambiguity in definition notwithstanding, a significant number of Americans live with a disability. In 1997, the prevalence of disability as measured by the NHIS was 13 percent of the non-institutionalized U.S. population, or 35 million people. Under the broader, functional limits conception of the SIPP, the 1997 rate was close to 20 percent, or approximately 53 million people.

Factors Associated With Increased Disability

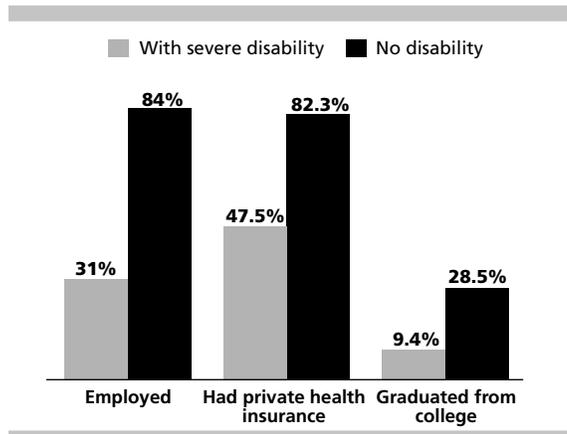
Several demographic, socioeconomic, and medical trends, and one major piece of legislation, have direct ties to rising rates of disability:

- **Ageing.** The impact of an aging population on disability prevalence is straightforward. (See the February/March 2001 issue of *Population Today*.) Nearly three out of four Americans over the age of 80 had a disability in the form of a limitation on a basic functional activity in 1997.
- **Poverty.** Estimates derived from NHIS data for 1983 to 1996 indicate a significant increase in the rate of childhood disability, from 5.8 percent to 6.8 percent of the noninstitutionalized population under age 21, with virtually all of the increased prevalence attributable to children living in poverty. As both a consequence and cause, poverty has long been linked to disability. In the 1997 SIPP, 28 percent of adults ages 25 to 64 with a severe disability lived in poverty, compared with 8.3 percent for the general population; poverty rates under the NHIS were 27 percent with an additional 19 percent of disabled Americans considered “near poor” (with incomes up to twice the official poverty cutoff). Americans with a disability are at a substantial disadvantage in employment, access to private health insurance, and levels of educational achievement (see figure, page 10).
- **Medical Advances.** Survival across a wide spectrum of diseases and traumas has improved due to medical advances. For example, survival rates for spinal cord and severe brain injury have dramatically increased in recent decades due to better trauma care. These two forms of injuries account for an estimated 80,000 new people with a disability each year, according to the National Institutes of Health. Similarly, survival rates for low birth-weight infants have increased 70-fold over the past 25 years, directly affecting the prevalence of developmental conditions and learning impairments.
- **Emerging Conditions.** “Emerging” conditions are syndromes around which there is

Glenn T. Fujiura is associate professor and director of graduate studies in the Department of Disability and Human Development at the University of Illinois at Chicago.

Continued on page 10

Disability Status and Economic Disadvantage



Source: U.S. Census Bureau, "Americans With Disabilities: 1997," by Jack McNeil, *Current Population Reports P70-73* (February 2001; www.census.gov/prod/2001pubs/p70-73.pdf, July 16, 2001).

recent recognition or consensus, such as multiple chemical sensitivity and chronic fatigue syndrome (CFS), or established conditions such as asthma, autism, mental illness, and learning disorders that appear to be growing in prevalence. A common point of dispute is whether reported increases represent growth in actual incidence, greater awareness, and better surveillance, or simply the reduction of stigma in reporting.

Among the recently recognized conditions, prevalence estimates tend to be relatively small and vary widely due to the absence of universal case definitions. For example, physician-based estimates for CFS ranged from 3.8 to 9.6 cases per 100,000 people in an analysis of urban areas done by the Centers for Disease Control and Prevention.

Among the established conditions with recent dramatic changes in prevalence, attention deficit hyperactivity disorder (ADHD) is

perhaps prototypical. The number of children identified with the disorder has exploded over the past decade and is now estimated to represent 3 percent to 5 percent of all school age children. It is widely suspected, however, that much of the growth is due to increased awareness and access to improved treatment options.

- **The Americans With Disabilities Act (ADA).** The ADA defines disability as a physical or mental impairment that substantially limits one or more major life activities or as being regarded as having such an impairment. This latter definition takes into account discriminatory decisions based on stereotypes rather than on actual limitations—for example, the presence of facial disfigurement or impairment that does not directly affect performance. In 2000, the U.S. Supreme Court significantly narrowed the interpretation of the definition, ruling that people do not have a disability if impairments can be corrected or do not substantially limit activities.

In 1993, sociologist Irving Zola described the futility of pinpointing the exact size of the population with disability, noting that disability represents "a set of characteristics everyone shares to varying degrees." There is dynamism in disability status both because of the transitory character of health and because the connection between a person's impairment and subsequent loss of function is often determined by barriers in his or her physical environment. The legal skirmishes over the definition of disability under the ADA underscore this dynamism, making disability less a concern of medicine and more the province of broadly based civil rights protections. ■

WebExtra!

For related graphics and for the author's references, go to the *Population Today* page on PRB's website at: www.prb.org/pt/.

Webwise

www.prb.org • www.ameristat.org • www.popnet.org • www.measurecommunication.org

The following were posted recently on the PRB network of websites:

Children's Environmental Health

An assortment of traditional and emerging environmental threats endanger children's health at the outset of the 21st century, a problem that is attracting increasing attention from activists and policymakers alike. Read this overview article on PRB's website.

First Glimpses From the 2000 U.S. Census

The latest census was full of surprises: The census counted nearly 7 million more people than the U.S. Census Bureau had estimated, and it still may have missed as many as 3 million. And for those minding the budget, the 2000 Census cost less than anticipated. Full text of the *Population Bulletin* on the census is available on PRB's website.

2001 World Population Data Sheet

The full text of PRB's *2001 World Population Data Sheet* is now available on the website. Data are also searchable through the website's "DataFinder" feature (look for the purple box in the upper right portion of the home page), which allows users to generate customized statistics by country and region.

Editor

Allison Tarmann

Associate Editor

Bingham Kennedy, Jr.

Demographic Editors

John Haaga and Mark Mather

Director of Communications

Ellen Carnevale

Design and Production

Theresa Kilcourse and Heather Lilley

Circulation Director

Jacki Majewski

Population Today is published 8 times a year by the Population Reference Bureau (PRB). PRB is the leader in providing timely, objective information on U.S. and international population trends and their implications. PRB informs policymakers, educators, the media, and concerned citizens working in the public interest around the world through a broad range of activities including publications, information services, seminars and workshops, and technical support. PRB is a nonprofit, nonadvocacy organization. The views and opinions of *Population Today's* contributors do not necessarily reflect those of PRB.

Contact Information

PRB, 1875 Connecticut Ave., NW,
Suite 520, Washington, DC 20009-5728
Phone: 202/483-1100
Fax: 202/328-3937

E-mail: poptoday@prb.org

Website: www.prb.org

- For address change, please send current PRB address label and new address; allow 8 weeks.

- For reprint permission, write to Permissions at PRB. Material may be reproduced free of charge for classroom or noncommercial use; credit *Population Today*, Population Reference Bureau.

©2001 by Population Reference Bureau
ISSN 0749-2448

PRB Membership

In addition to **Population Today**, PRB members receive annually four **Population Bulletins**, the **World Population Data Sheet**, and **PRB Reports on America**.

Individual	\$49
Educator*	\$39
Student/senior*	\$34
Library/nonprofit organizations	\$64
Other organizations	\$225

Note: Members with addresses outside the United States should add \$15 for international postage and handling.

* Educators, students, and seniors should send supporting documentation.



Printed on recycled paper

Numbers You Can Use

Latest data and estimates

Speaking Graphically

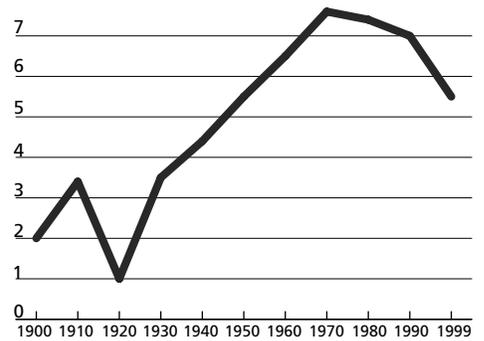
Gender Difference in Life Expectancy at Birth, United States, Selected Years, 1900-1999

The life expectancy gap between men and women in the United States rose throughout much of the last century, from two years in 1900 to over seven years in 1970. (For more on the life expectancy gap, see the story on page 6.) The dramatic dip in the figure at right was the result of a 1918 influenza epidemic.

Researchers have concluded that heart disease accounts for just under 40 percent of the difference in life expectancy, and heavier cigarette smoking by men accounts for at least 25 percent of the difference. Unsafe driving, drug use, use of weapons, and other "social pathologies" account for greater mortality among men, particularly young men.

The gap between the sexes has narrowed in recent years, scientists believe, because of increased smoking and labor force participation by women.

Difference in years



Sources: Data for 1900 to 1940 came from Douglas L. Anderson et al., *The Population of the United States: Historic Trends and Future Projections* (New York: The Free Press, 1997): Table 5-2. Data for 1950 to 1998 came from the National Center for Health Statistics, *Health, United States, 2000* (Hyattsville, Maryland: NCHS, July 2000). Data for 1999 come from the National Center for Health Statistics, "Deaths: Preliminary Data for 1999," *National Vital Statistics Reports* 49, no. 3 (www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_03.pdf, July 17, 2001).

World Population

As of Aug. 2001 6,144,000,000
Annual growth 83,000,000

Source: Extrapolated from the mid-2001 population on PRB's 2001 *World Population Data Sheet*.

Population of the United States

As of April 1, 2000 281,421,906

Source: U.S. Census Bureau, total resident population, Census 2000.

U.S. Vital Stats

January-December

	Number	Rate	1999	1998
Live births	3,965,000	3,943,000	14.5	14.6
Fertility rate	—	—	65.9	66.0
Deaths	2,396,000	2,331,000	8.8	8.6
Infant deaths	28,100	27,600	7.1	7.0
Natural increase	1,569,000	1,612,000	5.7	6.0
Marriages	2,358,000	2,256,000	8.6	8.4
Divorces	—	—	4.1	4.2

Note: Fertility rate is given per 1,000 women ages 15-44; infant deaths per 1,000 live births; other rates per 1,000 population. Number of divorces not available.

Source: National Center for Health Statistics, *National Vital Statistics Reports* 48, no. 19 (www.cdc.gov/nchs/data/nvsr/nvsr48/nvs48_19.pdf, accessed July 16, 2001).

Spotlight Statistic

Unmarried Partnerships

Census Bureau data show that unmarried male-female couples are more egalitarian in education, labor force status, and income than married male-female couples. The data also show that unmarried partners are less similar to one another in terms of race and age than are spouses.

Characteristic	% Unmarried Male-Female Couples	% Married Male-Female Couples
Woman has more education	28	21
Both are employed	65	54
Woman earns at least \$5,000 more	22	15
Same race	95	97
Same age	26	32

Source: U.S. Census Bureau, "America's Families and Living Arrangements, March 2000," *Current Population Report*, P20-537 (www.census.gov/prod/2001pubs/p20-537.pdf, accessed July 9, 2001).

Web Sitings

Your Guide to Virtual Resources

Here are links to annual publications on a range of population-related subjects. Updated editions may have appeared in print or may soon be released but were not available online as of mid-July.

Children

- *The State of the World's Children 2001* (UNICEF), www.unicef.org/sowc01/.

Demographic Trends

- *2001 World Population Data Sheet* (Population Reference Bureau), www.prb.org/pubs/wpds2001.
- *World Population Prospects: The 2000 Revision, Highlights* (UN Population Division), www.undp.org/popin/wdtrends/wdtrends.htm.

Environment

- *World Resources 2000-2001—People and Ecosystems: The Fraying Web of Life* (World Resources Institute), www.wri.org/wr2000/.

Health

- *World Health Report 2000* (World Health Organization), www.who.int/whr/.

- *Report on the Global HIV/AIDS Epidemic—June 2000* (UNAIDS), www.unaids.org/epidemic_update/report/index.html.

- *AIDS Epidemic Update—December 2000* (UNAIDS), www.unaids.org/epidemic_update/report_dec00/index_dec.html.

- *Health, United States, 2000 with Adolescent Health Chartbook* (National Center for Health Statistics), www.cdc.gov/nchs/products/pubs/pubd/hus/hus.htm.

- *Healthy People 2010: Tracking Healthy People 2010* (National Center for Health Statistics), www.cdc.gov/nchs/hphome.htm.

Labor Trends

- *World Employment Report 2001: Life at Work in the Information Economy* (International Labour Office), www.ilo.org/public/english/support/publ/wer/index2.htm.

Migration/Refugees

- *Trends in International Migration—SOPEMI 2000* (OECD), www.oecd.org/publications/e-book/8101011e.pdf.

- *The State of the World's Refugees 2000: 50 Years of Humanitarian Action* (UNHCR), www.unhcr.ch/sowr2000/toc2.htm.

- *Refugees and Others of Concern to UNHCR: 1999 Statistical Overview* (UNHCR), www.unhcr.ch/statist/99oview/toc.htm.

- *1998 Statistical Yearbook of the Immigration and Naturalization Service* (Immigration and Naturalization Service), www.ins.usdoj.gov/graphics/aboutins/statistics/ybpage.htm.

- *Worldwide Refugee Information* (U.S. Committee for Refugees), www.refugees.org/world/worldmain.htm.

Socioeconomic Trends

- *World Development Report 2000/2001: Attacking Poverty* (World Bank), www.worldbank.org/poverty/wdrpoverty/report/index.htm.
- *Statistical Abstract of the United States 2000* (U.S. Census Bureau), www.census.gov/statab/www/.

— Prepared by Zuali H. Malsawma,
PRB's librarian

Population Reference Bureau

1875 Connecticut Ave., NW, Suite 520
Washington, DC 20009-5728

Nonprofit
US Postage
PAID
Wash., DC
Permit 6137