

2001 Census Results Mixed for India's Women and Girls

by *O.P. Sharma*

At first glance, results from India's 2001 census seem encouraging. They show a decline in the population growth rate, an improvement in the ratio of men to women, and a remarkable increase in literacy, particularly for girls and women. Yet one important indicator—the sex ratio among children under the age of 7—shows signs of regression.

According to the provisional population total released by the Registrar General and Census Commissioner on March 26, India's population as of March 1, 2001, stood at 1.03 billion (1,027,015,247). That total is a bit higher than the projected 1,012,386,000. From 1991 to 2001, India's population increased by 181 million,

more than the population of Brazil (170 million).

Growth Rate

While in the last century the world's population increased more than threefold, India's grew more than fourfold. Still, its growth rate over the last 10 years (21 percent) was lower than for the previous 10-year period (24 percent), marking the biggest percentage drop since India became independent in 1947. The decline in the growth rate can be attributed to effective implementation of government-sponsored programs aimed at improving reproductive health services and bringing the fertility rate down to replacement level.

At the state level, growth rates varied widely. Three south-

Census of India, 2001

(Provisional Results)

Population		
Males	531,277,078	
Females	495,738,169	
Both Sexes	1,027,015,247	
Growth 1991-2001		21%
Sex Ratio		
(Males per 1,000 females)		1,072
Density		
(Population per sq. km)		324
Literate Population		
	Number	%
Males	339,969,048	75.85
Females	226,745,947	54.16
Both sexes	566,714,995	65.38

Source: Registrar General & Census Commissioner, India, *Census of India 2001—Provisional Totals*, March 2001.

ern states—Kerala, Tamil Nadu, and Andhra Pradesh (see map

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Migration to the South Brings U.S. Blacks Full Circle

by *William H. Frey*

Blacks ended the 20th century by returning to the region that they spent most of the century leaving. Their return reinforces the South's distinct racial profile as a mostly white-black region.

Census 2000 numbers show that the non-Hispanic black population of the South surged in the 1990s by 3,575,211 people—more than in the other three regions of the United States combined. This number represents 58 percent of the total increase in the country's black population. It is roughly double the number of blacks that the South gained in the 1980s (1.7 million) and well above the gain for the 1970s (1.9 million), when blacks began returning to the South.*

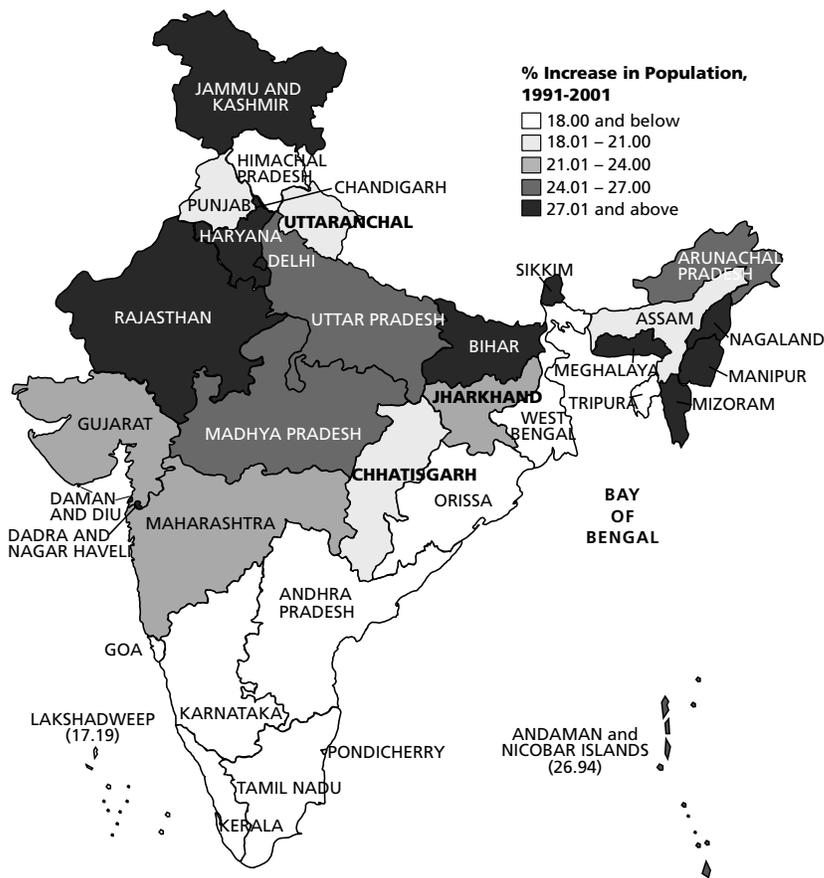
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Southern Indian States Lead Drop in Growth Rate *Continued from page 1*

Population Growth in India's States and Union Territories Between 1991 and 2001



Note: Boundaries are representational, not exact. Uttaranchal, Chhatisgarh, and Jharkhand are states that were created since 1991.

Source of data on population increase: Registrar General & Census Commissioner, India, *Census of India 2001—Provisional Population Totals*, March 2001.

above)—had the lowest rates, with Andhra Pradesh registering the most dramatic decline in its growth rate since the last census: down from 24 percent to 14 percent. Uttar Pradesh added the most people, 34 million.

Density

Crowding worsened. India's density on Census Day this year was 324 people per square kilometer, 57 points higher than in 1991. The highest population density, 9,294 people per square kilometer, was recorded by Delhi Union Territory, the seat of the federal government. Among states, West Bengal was the most crowded, with a density of 904.

Overall Sex Ratio

According to the 2001 census, the sex ratio for India's population is 1,072 males per 1,000 females. This ratio is significantly higher than

those of neighboring countries: Pakistan (1,066), China (1,059), and Bangladesh (1,049). For India, though, the 2001 ratio indicates a slight improvement from that observed in the 1991 census (1,079). This gain can be attributed to better health facilities for women and, to some extent, to improvement in the status of women. But any complacency over this development must be tempered by the fact that there are sharp differences across states. While Kerala has a sex ratio of 945, Haryana's ratio of 1,161 reflects considerable gender imbalance. It is unclear whether the cause for this imbalance is out-migration of the male labor force in Kerala and in-migration of male workers in Haryana or systematic use of sex-selective abortion. More data are needed to fill in the blanks.

Literacy

Literacy is among the most promising aspects of the latest census. India's literacy rate increased by 13 percentage points, from 52 percent in 1991 to 65 percent in 2001. Seventy-six percent of males and 54 percent of females are now literate, compared with levels of 64 percent and 39 percent, respectively, in 1991.

Several states are doing well in promoting literacy. Kerala, with a literacy rate of 91 percent, tops the list, followed by Mizoram and Lakshadweep (88 percent each). Meanwhile, even Bihar, which recorded the lowest literacy rate (48 percent), realized an increase of 10 percentage points from 1991.

The Under-7 Population

In India, the proportion of the total population in the under-7 age group declined from 18 percent in 1991 to 15 percent in 2001. This decline shows an increasing preference for small families. But more attractive incentives will have to be offered to the poverty-stricken and illiterate people, both rural and urban, who prefer to have as many children as they can because more hands mean more income for the family.

The sex ratio (males per 1,000 females) for the under-7 population has increased from 1,058 in 1991 to 1,078 in 2001. Sharp increases have been observed in prosperous states like Himachal Pradesh, Punjab, Gujarat, Uttaranchal, Maharashtra, and Chandigarh. Explanations for this 20-point difference are disturbing. Improvements in primary health care may have reached boys faster than girls, or worse, more girls may have been aborted or allowed to die after birth. These findings are consistent with those of the

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Reinventing USAID?

An Interview With Steven Sinding

Steven Sinding directed the USAID Mission to Kenya from 1986 to 1990. He also directed population programs at USAID from 1983 to 1986 and at the Rockefeller Foundation from 1991 to 1999. Now a professor of public health and international affairs at Columbia University, he is leading a project designed to rethink the delivery of American foreign assistance and has submitted a proposal to the Bush administration to overhaul USAID and revamp assistance to less developed countries.

Recently PT asked Sinding to elaborate on his ideas. Below are excerpts from that interview.

Q: Tell us about the project you're involved in, and how you propose to change foreign assistance.

A: The project is called New Perspectives on Foreign Aid, and it's funded by the Rockefeller Foundation, the William and Flora Hewlett Foundation, and the David and Lucile Packard Foundation. We have a very distinguished advisory

committee made up of people who have formerly been in charge of aid programs both in this country and elsewhere, former members of Congress, former ambassadors—people with a broad perspective on foreign aid who have guided the project at every stage. The proposal we submitted to the administration is sort of an interim report on the three-year project.

As for the proposal, what we are talking about is an entirely new way of thinking about aid: partnerships between U.S. and developing country institutions that harness the great capabilities of institutions in the United States to the resolution of global problems that threaten global peace and stability—the renewal and spread of communicable diseases, continued population growth, and the destruction of ecosystems, for example—through programs that build the capacity of developing countries to plan and sustain their own development efforts.

The first part of this proposal is a major shift from providing aid to specific countries to focusing on global issues, where the logic of addressing the

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Gender Imbalance Worsens *Continued from page 2*

second National Family Health Survey. It revealed that, for infants under 1 year old, male mortality exceeds female mortality by 5 percent but that, after the age of 1, sex differentials in mortality are reversed. According to the survey, the number of deaths of girls ages 1 to 4 is estimated to be 1.5 times higher than the number of deaths among boys of the same age because of relative nutritional and medical neglect of girls (by this age, breastfeeding ceases).

India could have done better at slowing growth had successive governments accorded population the attention it receives under the National Population Policy. This latest census should help focus attention on priorities: reducing the population growth rate in states such as Bihar and Uttar Pradesh, whose performance has lagged behind the rest of the country, and promoting health, literacy, and better status for girls and women.

The results described here are provisional (minor revisions will be made in the fall) and partial. Still to come are data on the contribution of women to household economies, the homeless population, and the disabled population. ■

China Releases Initial Census Results

On March 28, the Chinese government released the first batch of results from the country's November 2000 census. According to the new figures, mainland China's population stood at 1.266 billion last year. The result marked an increase of 132 million over the 1990 total, but met the government's official goal of staying below 1.3 billion for 2000. Approximately 36 percent of the population now lives in urban areas, an increase of nearly 10 percent from 1990 levels. Officials also reported that falling fertility levels during the 1990s have led to smaller family sizes: 3.44 people per household in 2000, as opposed to 3.96 in 1990. In addition, people ages 65 and older now make up 6.96 percent of the population, an increase of 1.39 percentage points from 1990.

Visit PRB's website (www.prb.org) for additional information on and analysis of China's 2000 census.

O.P. Sharma is former deputy director of census operations in India.

Blacks Outnumber Hispanics in the South *Continued from page 1*

The black populations of Florida and Georgia gained 674,000 and 632,000 people, respectively. Texas gained 454,000 blacks, and Maryland and North Carolina each gained over 300,000 blacks, reflecting the South's renewed 1990s allure.

Like whites, blacks were attracted by the South's booming economy, low density living, and warmer climate. Other pull factors included historic roots in the region, the existence of a growing middle-class black population, and an improved racial climate. Segregation studies

during the 1990s, and only 1.4 million Hispanics. In most of these states, the black population is substantially larger than the Hispanic population (see map). Even including Texas and Florida, the South's 2000 black population made up 19 percent of the total and whites 66 percent, whereas Hispanics accounted for only 12 percent.

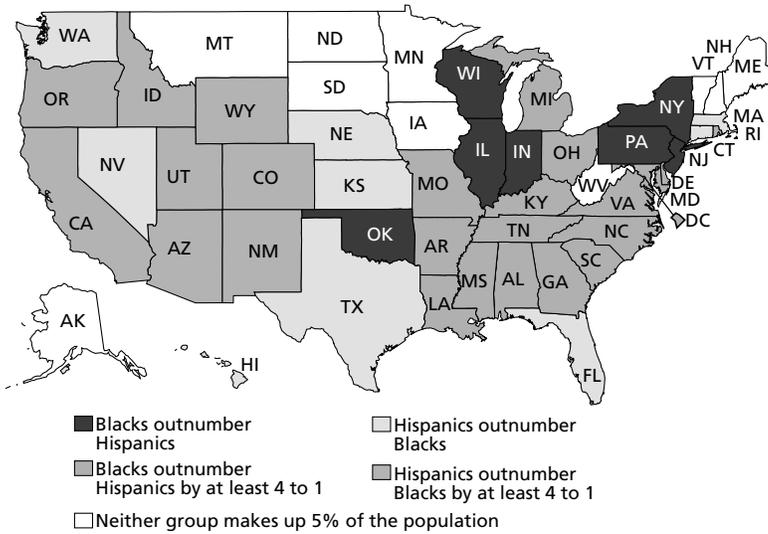
Black Identity Rooted in the South

The identification of blacks with their race is stronger in the South than in other parts of the country. The 2000 census question permitting respondents to describe themselves by selecting more than one race bore this out. (Throughout this article, "black" is used to designate non-Hispanic blacks who selected one or more races.)

In multiethnic states and in states with small black populations, the percentage of blacks selecting "black only" was high but not unanimous. In California, 92 percent of blacks chose this option, and in Oregon only 78 percent did.

In contrast, among both fast- and slow-gaining states of the South, an almost unanimous "black only" response was recorded. In eight southern states and in the District of Columbia, at least 98 percent of black respondents chose this option, a higher percentage than in other largely black-white states of the Northeast or Midwest. These responses reflect lower rates of interracial marriages, but also a greater tendency among southern blacks to identify with African American race.

Relative Sizes of States' Black and Hispanic Populations, 2000



Source: Author's analysis of 2000 census data.

show a decline in black-nonblack neighborhood segregation (using the index of dissimilarity) over the last 20 years for Atlanta (-13 points), Orlando (-24 points), Jacksonville (-15 points), Norfolk (-13 points), and Houston (-16 points).

Hispanic Influence

Much has been made of the fact that, nationally, the size of the Hispanic population now rivals that of blacks. Despite the high rate of growth for the Hispanic population in the South, recent African American gains reinforce the South's historic racial profile as primarily a white-black region. The lion's share of growth in the region's Hispanic population, 71 percent, occurred in two immigrant magnet states—Texas and Florida. The 15 other southern states gained 2.4 million blacks

Not Their Forebears' South

Migration patterns of the 1990s indicate a return to the South of huge numbers of blacks whose parents and grandparents had left the region in earlier decades. The region is now home to almost 55 percent of the country's blacks, compared with less than one-third of the U.S. Hispanic population and less than one-fifth of Asian Americans. The return to the South of blacks, along with the Sunbelt-directed migration of whites, is reinforcing the South's white-black profile, but in a booming new economy and with improved race relations. ■

** Note: Data from the 2000 census are not strictly comparable with those from earlier censuses because Census 2000 allowed identification of one or more races. Nationwide, 4.1 percent of non-Hispanic blacks (2.4 percent in the South) selected more than one race.*

William H. Frey is a demographer at the University of Michigan Population Studies Center and senior fellow at the Milken Institute in Santa Monica, Calif.

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Russia's Modest Migration Gains Unlikely to Stop Population Decline

by Timothy Heleniak

Over the past decade in Russia, the rising mortality rate among middle-age males and the plunging fertility rate have been cited as contributors to the decline in population. Between those two trend lines, migration has been obscured. But counting the incoming and the outgoing, as well as the transfers within the country, shows that migration, too, is having a considerable effect.

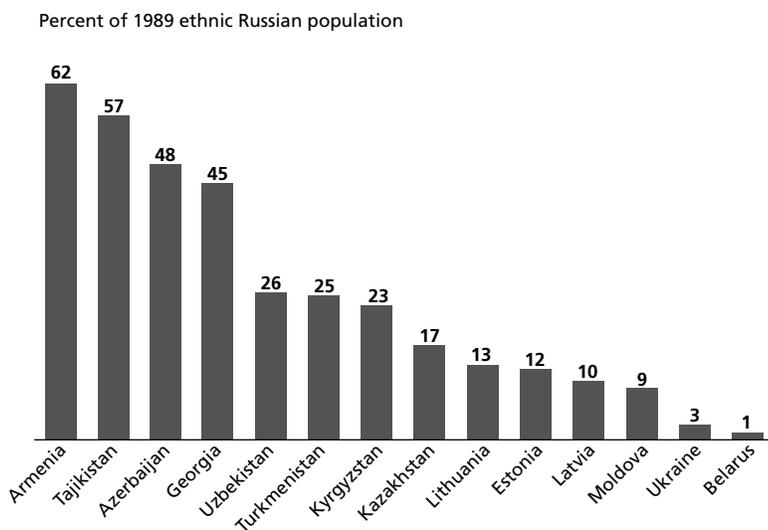
The breakup of the Soviet Union and the transition toward a market economy set off two migration streams in Russia. One stream was of Russians and Russian-speakers heading from the non-Russian states of the former Soviet Union (FSU) back to Russia; these people had become members of a diaspora minority

without moving an inch. The other stream, an internal one, was of people from the frozen north toward warmer, more hospitable climates.

Between 1992 and 2000, net migration to Russia from all countries was just over 3 million people (Figure 1). The excess of deaths over births for that period, however, was 5.9 million, causing the population to decline 2.8 million from its peak of 148.7 million in 1992 to 145.9 million in 2000.

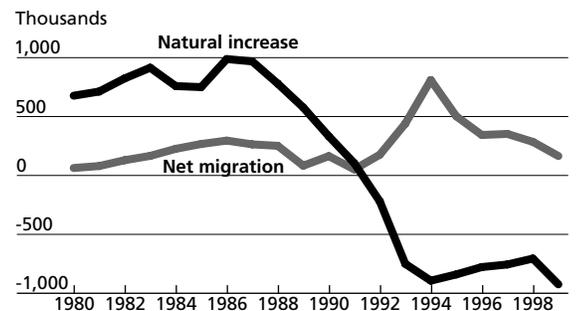
The exodus of 770,000 people from Russia to the West has not been as large as many had predicted. Because of the selective nature of migration, however, it constitutes something of a brain drain, with the most educated, skilled, and entrepreneurial people leaving in the largest numbers.

FIGURE 2
Migration of Ethnic Russians to Russia, 1989–1998



Source: Goskomstat.

FIGURE 1
Net Migration and Natural Increase in Russia, 1980-1999



Source: Goskomstat (State Committee on Statistics of the Russian Federation).

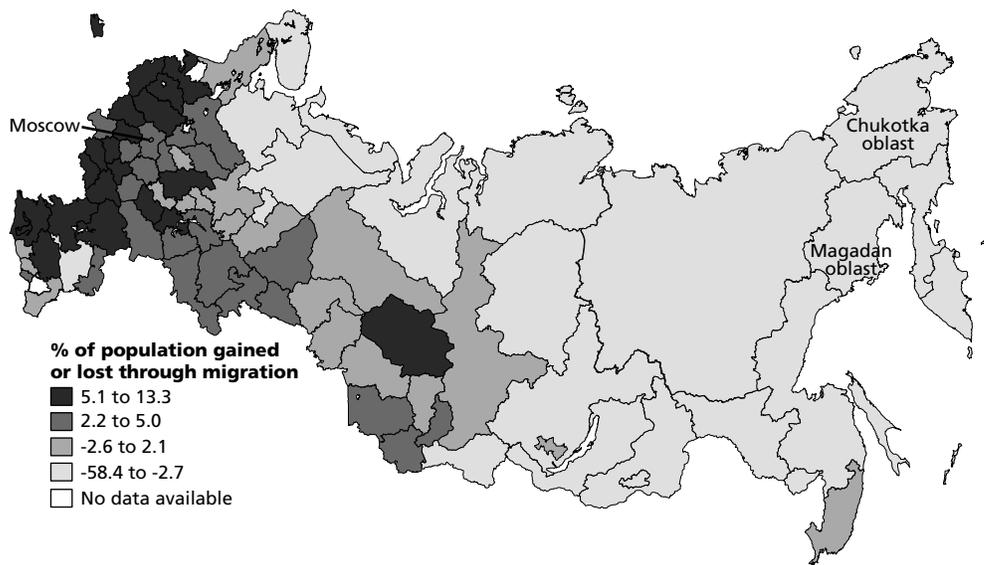
The migration exchange between Russia and the non-Russian FSU states from 1992 to 1999 consisted of 5.9 million people coming to Russia and 2 million leaving. Migration to Russia reached a peak in 1994, but much of the migration momentum has exhausted itself. By 1999, net migration to Russia was only one-fifth of its 1994 peak of 810,000.

Since the time of the last Soviet census in 1989, there has been a return migration of about 12 percent of the 25.2 million Russians who lived in the non-Russian states. But the percentages of returnees varied widely by state (Figure 2) and by region. Less than 3 percent of ethnic Russians in the other two Slavic states, Ukraine and Belarus, have migrated back to Russia, and just 9 percent have left Moldova. Despite laws in the Baltic states—Estonia, Latvia, and Lithuania—that excluded many Russians who

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Depopulation of Russia's Far North, Far East *Continued from page 5*

Migration in Russia, 1989–2000



Source: Goskomstat (State Committee on Statistics of the Russian Federation).

were born in the Baltics from being able to obtain citizenship, only about 11 percent of the Russians there have left, and most of these left in the early period of independence. About 17 percent of Russians have left Kazakhstan, which is bifurcated into a Russian-majority north and a Kazakh-majority south, and 25 percent have left three other Central Asian countries: Kyrgyzstan, Turkmenistan, and Uzbekistan. The largest exodus of Russians—45 percent or more—has been from Armenia, Azerbaijan, Georgia, and Tajikistan, countries where some of the worst episodes of post-Soviet ethnic violence have occurred. It is not just Russians and Russian-speakers who are migrating to Russia. Armenians, Azeris, Georgians, and Tajiks have been migrating to Russia in especially large numbers due to the collapse of their economies following ethnic clashes.

With the system of subsidies and regional wage differentials that existed in the Soviet Union, central planners could direct workers to priority sectors and regions. An area that received priority was the far north, which contained large portions of crucial resources such as gold, oil, gas, and diamonds. As a result, Russia's arctic periphery was much more densely populated than comparable northern regions elsewhere. Northern Russia is 2.5 times as densely populated as Alaska and 50 times as densely populated as northern Canada and Greenland. Of the 11 cities in the northern regions of the world with populations of 200,000 or more, 10 are located in northern Russia (the 11th is Anchorage, Alaska).

The response to the dismantling of subsidies and the liberalization of prices has been a rapid depopulation of Rus-

sia's northern and far eastern periphery (shown in the map above). All together, about 12 percent of the population in northern Russia has migrated to what is called the "mainland" in western Russia. Half of the regions classified as the extreme north have lost more than a quarter of their populations during the post-Soviet period. And the two regions in the far northeast corner of Russia—Magadan, across the Bering Sea from Alaska, and Chukotka—have respectively had 42 percent and 58 percent of their populations leave because of deteriorating economic and social conditions. While this massive out-migration might be viewed as a logical adjustment to new economic conditions, it has not been uniform across age or economic groups. The able-bodied and those with the means to do so have fled, leaving many elderly, disabled, and unemployed people without the money to migrate.

The effects of the post-Soviet migration in Russia will continue to be felt well into the future. Even following the mass exodus from the north during the 1990s, the region remains much more populated than other northern peripheries, and populated with many unemployed people. President Vladimir Putin has recently called for the return migration of the remaining Russian diaspora to compensate for Russia's demographic decline. However, with the considerable decline in return migration since its peak in the mid-1990s, it appears that all those who intend to return to Russia already have, and that Putin will have to explore other remedies to halt Russia's population decline. ■

Timothy Heleniak is a human development economist with the World Bank and an adjunct professor of demography at Georgetown University.

Excessive Consumption vs. Population Growth

The UN Commission on Population and Development concluded its 34th session in April without agreement on key issues. According to a UN press release, the one resolution that the commission passed called for more research on the ties among population, consumption and production, the environment and natural resources, and health. The commission failed, meanwhile, to pass resolutions on a 10-year review of the 1994 International Conference on Population and Development (ICPD) held in Cairo and on funding for implementation of the ICPD program of action.

Debate about the relationship between demographic factors and environmental degradation remained contentious, with division not only between less developed and more developed countries, but also among more developed countries.

The commission's chairman cited two factors behind the lack of consensus:

- less developed countries' view that excessive consumption by more developed countries is more harmful to the environment than population growth
- divergent attitudes among more developed countries toward the Kyoto Protocol, which contains binding targets for more developed countries to reduce their greenhouse gas emissions.

Following the event, the UN Population Division published a wall chart on population, environment, and development, available online at: www.un.org/esa/population/popenvdev.pdf.

Rating Women's Sexual and Reproductive Health

To help close the "gaping chasm" between rich and poor countries in access to health services and information, Washington, D.C.-based Population Action International (PAI) recently published a study ranking 133 countries in

terms of risks to the sexual and reproductive health of women. The findings spotlight that chasm but also revealed a surprise: The United States ranked 15th among low-risk countries, just above the Czech Republic and Lithuania.

Key findings include:

- Despite progress since the mid-1970s, one in every 65 women in less developed countries will die from reproductive health-related causes during her lifetime, a rate 33 times higher than the risk to women in developed countries.
- Roughly three-fourths of the countries in the Very High and High risk categories are in sub-Saharan Africa. Other countries in these categories include Afghanistan, Haiti, and Laos.

Italian women face the lowest risks to their sexual and reproductive health; Ethiopian women face the highest risks. The risks are measured according to births to teens and women, contraceptive use, male and female HIV/AIDS prevalence, access to skilled care in pregnancy and childbirth, deaths during pregnancy and childbirth, abortion policies, and anemia in pregnant women. The United States received a low ranking because it has more teenage mothers than any other industrialized country.

For more on *A World of Difference: Sexual and Reproductive Health & Risks*, visit PAI's website: www.populationaction.org.

Older People, Smarter Houses

With 13 percent of the U.S. population in the 65-and-older age group, and with the 76 million baby boomers approaching retirement, the need for home-based health care in the United States is rising. But shortages of nurses and the fact that 61 percent of adult women are in the labor force make it unlikely that a sufficient number of one-on-one caregivers will be available.

Enter smart homes. According to the *New York Times*, researchers are developing houses

that monitor the health of their occupants and offer memory aides. The houses will feature sensors that can analyze the pace at which someone walks up steps or walks between rooms, as well as the heaviness of the person's gait, and send out signals to distant relatives or friends if sudden changes are detected. The sensors will read information from badges occupants will wear that send and receive radio waves or infrared light. The houses will also have cameras that can document how far an occupant got on a task such as cooking, in case he or she is interrupted and cannot remember, and alarms that can be set to remind occupants when to take medicine or eat or exercise.

The developers hope that the houses will keep older people in their own homes longer, before or instead of going to nursing homes. The first smart home systems are expected to be on the market in three to five years at a cost of roughly \$1,000 per room plus \$400 for the computer set-up.

Teen Births Down in the United States

The National Center for Health Statistics (NCHS) reported recently that the birth rate for U.S. teenagers 15 to 19 years old declined 3 percent in 1999, continuing an eight-year downward trend and reaching a record low. The rate for 1999, the latest year for which data are available, was 49.6 births per 1,000 teenage women.

In contrast, the birth rate for unmarried women increased slightly, to 44.4 births per 1,000 unmarried women ages 15 to 44. This rate means that one-third of births in the United States were to unmarried women.

The NCHS report by Stephanie J. Ventura and others, "Births: Final Data for 1999," *National Vital Statistics Reports* 49 no.1 (April 2001), is available online at: www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_01.pdf. ■

Faith-Based Foreign Aid Challenged *Continued from page 3*

issue will determine the nature of assistance that would be provided in any particular country. With this shift, we would no longer take upon ourselves the task of trying to “develop” other countries. We would leave that to international institutions like the World Bank, which are better suited to the task of advising on macroeconomic policy and financing large-scale development projects.

The other parts have to do with fostering long-term partnerships for capacity building. If one accepts that we are going to focus on particular problems that are global in nature, then there is still the question of where the U.S. comparative advantage lies vis-a-vis other donors, both bilateral and multilateral, and in the overall hierarchy of needs, what the developing countries need most that we’re best able to provide. And part of my argument is that the technical and scientific cooperation that helps to build the capacity in those countries to design and sustain their own development efforts is where our help is likely to be most effective and most appreciated.

Q: Why present the proposal now? Is it an opportune time, or has foreign aid reached its nadir?

A: Well, in some ways both. It’s a time of a new administration and a change of government. And that’s often the best time to get new proposals heard and taken seriously. I have a long-standing interest in trying to bring about substantial changes in the way we administer the foreign aid program—a program that really has its origins in the Cold War. I believe that the United States has responded less explicitly and less imaginatively to the huge changes that the end of the Cold War brought about than almost

any other donor country and that, as a consequence of that, we have moved from the leadership position among the donor countries that we held for many years to one in which we’re intellectually behind the curve.

Q: Sen. Jesse Helms, R-N.C., has proposed abolishing USAID. What do your proposals have in common, and how are they different?

A: Helms seems to feel that the abolition of USAID and its incorporation in the State Department is a crucial action in its own right. I don’t feel that way. I think there are strong arguments for combining certain aspects of aid administration with the State Department, and equally strong arguments or perhaps even stronger arguments for retaining a certain degree of independence. I advocate a serious reorganization of the way in which foreign aid is administered. But I leave open the question of what sort of an agency ought to do it and what its relationship to the State Department ought to be.

The second point of disagreement is that Helms construes the new foreign assistance program that he’s advocating as basically being block grants to nongovernmental organizations, particularly faith-based organizations. I strongly disagree with that. Foreign aid has to be about more than simply making block grants to NGOs. There is a government-to-government aspect, and there is a strategic aspect to foreign aid that has to be taken into consideration.

I think that more extensive and imaginative use of NGOs is an important consideration, but it should not be the be-all and end-all of the foreign aid program—far from it. I think that kind of for-

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

Youth in Sub-Saharan Africa: A Chartbook on Sexual Experience and Reproductive Health

At the beginning of the 21st century, about one out of every four people in sub-Saharan Africa is 10 to 19 years old. This is the largest group of young people ever in the region. Helping African youth make a healthy transition to adulthood is critical to the continent’s development and the prosperity of its future population. This chartbook examines factors that

are important to a healthy transition, including education and exposure to information; sexual experience and marriage; HIV/AIDS; childbearing; contraception; and maternal health. The chartbook profiles adolescents in Côte d’Ivoire, Ghana, Kenya, Madagascar, Mali, Mozambique, Senegal, Tanzania, Uganda, Zambia, and Zimbabwe. (www.prb.org)

Using the New Racial Categories in the 2000 Census

In the 1990 census, half a million people disobeyed instructions to mark only one race and checked two or

more races instead. The 2000 census allowed multiple racial responses, and 7 million people took advantage of the change in racial reporting. This report by Sharon M. Lee addresses some of the issues that data users will face in using, interpreting, and presenting the new racial data. The report is part of a series on the 2000 census prepared for the nationwide network of KIDS COUNT projects. As future reports are published, they will be available on PRB’s website and on the Annie E. Casey Foundation’s KIDS COUNT website, www.kidscount.org. (www.prb.org)

mulation completely excludes from consideration scientific and academic institutions, the private sector (the for-profit private sector), and a lot of other institutions in American society that have a great deal to offer and a tremendous desire to be involved in international development work.

Q: Does the Bush administration's reinstatement of the Mexico City policy make it more or less likely that your proposal will be taken seriously?

A: I don't think that there is necessarily any relationship between Bush's decision to reimpose the Mexico City policy and the prospects for aid reform. I think that members of the administration are able to keep these issues quite separate in their own minds, and I don't think that a decision to reimpose the Mexico City policy implies anything about the broader attitudes of the administration toward development aid.

Q: But would it mean that one of the global issues the U.S. wouldn't tackle would be population?

A: Well, that's an interesting question. I found a silver lining in the way in which the Mexico City cloud was brought down on us again. And that is, in the explicit acknowledgment at the time the announcement was made that family planning is the best way to reduce abortions. George W. [Bush] is the first Republican head of state since [Gerald] Ford who has been willing to make a distinction between family planning and abortion. So I see that as an opening. This administration could substantially support family planning even as it opposes abortion.

Q: What are the selling points of your proposal?

A: I think an important selling point is that the American people, generally speaking, have strongly supported humanitarian assistance programs, programs that either directly relieve suffering or that give people the tools to improve their well-being. And what I am talking about falls squarely into that category. What public opinion has not supported are programs that are perceived to prop up regimes or otherwise to pursue foreign policy goals that are not themselves necessarily related to development. All the money that went to the Shah of Iran, or to the Marcos regime [in the Philippines], or to the Mobutu regime [in the former Zaire], where the purpose for providing the funds was relatively short-term foreign policy—Cold War foreign

policy—as opposed to development, has made a lot of Americans very cynical. But if you ask Americans, do they support programs of child immunization or family planning or helping families increase food production or relieve hunger, there's still widespread support for programs that are perceived to do that effectively.

I also think that the partnership idea, of engaging institutions to which Americans broadly relate—their state universities and Land Grant colleges, NGOs to which they may contribute—to talk about the role of government as shifting from directly delivering packages of assistance, as in the Cold War context, to fostering and facilitating partnerships between American institutions and institutions in the developing world and enabling them to flourish is something that I think public opinion would quite strongly support.

Q: What challenges does the proposal have to overcome?

A: The big challenge is in making the case that there is a compelling need to do this, that there is a clear and present danger associated with a failure to act. What I've tried to do is argue that these global issues represent the dangers that we ought to be responding to, whether it's communicable diseases or a deteriorating environment, or continuing poverty and desperation that gives rise to radical political movements or terrorism. These now become the rationales on which a foreign aid program should be based.

There's also the implementation challenge. Everyone can agree that there's something fundamentally wrong with foreign aid, and the conversation immediately goes to 'What do we do about USAID?' or 'What do we do about the State Department?' or 'What do we do about the proliferation of agencies involved in this thing?' And people get locked into turf protection, into positions that have to do with these existing agencies, and you never get to the core questions of why we should continue to provide aid and what it ought to be about.

For those within USAID, the issue on which the biggest reservations lie is the shifting from a country to a global issues focus. That has real implications for the distribution of power within the agency. The centers of power have always been the regional bureaus. My proposal would basically place the central authority in the hands of the people who develop the strategies to address these global issues, where geographic allocations would become secondary to the allocations by global issue. The regional bureaus would lose a great deal of their traditional power in that process. ■

Childhood Asthma a Growing Epidemic in the United States

by Joy E. Carlson and Carol Stroebel

Asthma afflicts a rapidly growing number of children in the United States. The total number of children suffering from this illness increased by 75 percent between 1980 and 1994. Overall, asthma affects 4.8 million U.S. children—one out of every 15 kids. It is the leading chronic illness for children in the United States.

Asthma is a disease of the lungs and airways that manifests in wheezing, coughing, and difficulty in breathing. The disease can be controlled with medicine, by avoiding certain asthma triggers, and sometimes by limiting specific activities. Nonetheless, every year 300 children die as a result of this disease. In 1997, asthmatic children accounted for almost 220,000 hospital admissions and almost 780,000 emergency room visits.

No one knows exactly what causes asthma. Scientists believe that genetic factors, immune and respiratory factors, infections, and environmental factors—dust mites, pet dander, pesticides, and air pollutants—all potentially contribute to the onset of the disease and certainly exacerbate it.

Who Has Asthma?

In 1997, 5.4 percent of all children in the United States had asthma. The highest rates of asthma, 8.3 percent, were found in non-Hispanic black

children living in families with incomes below the poverty level. The rate for Hispanic and White non-Hispanic children was approximately 5 percent. Public health officials are puzzled by the differing rates among racial groups and are particularly troubled by the high mortality due to asthma among African American children. For example, in 1993, among children under age 5, African American children were six times more likely to die from asthma than white children.

Poverty, not race, is seen by some to be the key factor in the higher prevalence rates. Overall, children living below the poverty level had higher rates of asthma than did those children living at or above the poverty level, with rates of 6.2 percent and 5.3 percent, respectively.

Why the Increase in Asthma?

What changes over the last several decades can account for the startling rise in asthma rates? It is unlikely that the dust mite and cockroach populations have changed significantly, nor can genetics explain this increase.

One dramatic change in recent decades is the variety of chemicals to which many children are exposed. Energy-efficient buildings often have ventilation systems that recycle air containing allergens and

pollutants. Consumer products such as furniture, particle-board, and synthetic rugs can emit irritants such as formaldehyde. Some detergents, cleaning products, and deodorizers can contain chemicals that irritate the respiratory system.

What Can Be Done?

For children in communities where rates of asthma are higher and health outcomes more severe, better access to health care, better housing, and better nutrition—as well as healthier environments—are key to minimizing the effects of the disease.

Currently there is no federal tracking system or registry for asthma in the United States similar to the system that exists for childhood cancer. An asthma tracking system could tell us the incidence and prevalence of the disease, as well as link these variables to environmental exposures.

Since air quality is linked to asthma, policies limiting exposure to indoor and outdoor air pollutants are needed as well. Currently no federal regulations for indoor air pollution exist.

Just as asthma has no single cause, we have no single solution to the asthma epidemic. Our efforts must address prevention as well as treatment. Only then will we see a decrease in the number of children ill and dying due to this modern epidemic. ■

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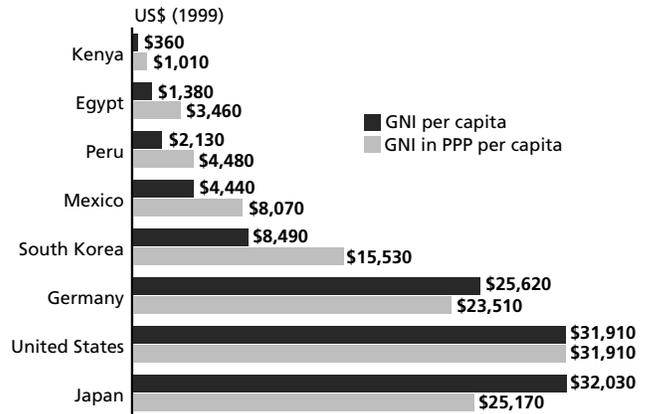
Numbers You Can Use

Latest data and estimates

Speaking Graphically

Gross National Income, Selected Countries

PRB's 2001 *World Population Data Sheet* features a new indicator of economic well-being: the World Bank's Gross National Income (GNI) per capita calculated in terms of Purchasing Power Parity (PPP). GNI is the total value of all goods and services produced by a country, whether domestically or abroad. PPP refers to income adjusted for variations in price levels among different countries and gives a clearer picture of actual buying power. Since



Source: World Bank, *World Bank Atlas 2001* (April 2001).

U.S. price levels are used as the standard, the GNI per capita of countries with an overall cost of living lower than that of the United States will be higher when calculated in PPP terms. Conversely, countries with a higher cost of living than the United States—Japan and Germany, for example—have a GNI per capita that falls when calculated in PPP terms.

World Population

Estimated
As of May 2001 6,123,000,000
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	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/nvsr48_19.pdf, accessed March 5, 2001).

Spotlight Statistic

The Five 'Oldest' Countries in 2050*

Country	Median Age
Spain	55.2
Slovenia	54.1
Italy	54.1
Austria	53.7
Armenia	53.0

*UN medium-variant projections.

Source: UN Population Division, *World Population Prospects: The 2000 Revision, Highlights* (February 2001).

WebSittings

Your Guide to Virtual Resources

DemoNetAsia

<http://DemoNetAsia.multimania.com/> DemoNetAsia is a collaborative network of eight population research institutes from China, India, Indonesia, Mongolia, Nepal, the Philippines, and Thailand. The site is linked to the websites of the network members and to many useful resources including databases, population software, institutions, individual demographers' pages, mailing lists, research publications, and employment opportunities. An electronic discussion group is offered as well.

Safe Passages to Adulthood

www.socstats.soton.ac.uk/cshr/SafePassages.htm

The Safe Passages to Adulthood website is part of a five-year program of research into young people's sexual health funded by the UK Department for International Development. The site provides reports and publications, research tools and instruments, information about forthcoming workshops and

conferences, online resources, links, and an e-mail discussion group.

Population-Environment Resources (Johns Hopkins Center for Communication Programs)

www.jhuccp.org/popenviro/

This new Web page features *Population Reports* issues on the environment, a POPLINE document search, links to organizations and e-mail discussion groups, ordering information for the *Population Reports* CD-ROM, and information on the center's projects in Ecuador and Indonesia.

Cairo Demographic Center

www.frcu.eun.eg/www/homepage/cdc/cdcen.htm

The Cairo Demographic Center is an educational and research institute serving Africa, Asia, Eastern Europe, and Latin America. The website provides information about ongoing research, publications and other resources, and population statistics.

POPLINE Update

Users of POPLINE at the Internet Grateful Med site of the National Library of Medicine (NLM) at <http://igm.nlm.nih.gov/> should note that the database has not been updated since the fall of 2000. Internet Grateful Med will be retired in phases in the coming months and will be replaced by the NLM Gateway, at <http://gateway.nlm.nih.gov/gw/Cmd>. (POPLINE is not yet available on the gateway but should be soon.) The gateway does simultaneous searching in multiple NLM databases.

To search the latest POPLINE records, use POPINFORM at <http://db.jhuccp.org/popinform/index.stm>. POPINFORM contains the latest records in the POPLINE database. The complete POPLINE database contains over 275,000 records on population, family planning, and related health issues. Only those records added to the POPLINE database since January 1999 are available here. ■

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