

Hague Forum on ICPD Noted Gains, Outlined Obstacles

What has been done worldwide to implement the Programme of Action that emerged from the 1994 International Conference on Population and Development? Delegates from 177 governments and from UN specialized agencies, nongovernmental organizations (NGOs), and the media met in The Hague in February to begin to answer that question.

The Hague Forum was the first in a series of UN-sponsored sessions to assess progress on the Programme of Action, a 20-year plan for stabilizing world



UNFPA/E/PHREM CRUIZ

Hillary Rodham Clinton addressed both the NGO Forum and The Hague Forum.

population growth and advancing sustainable development. The Hague Forum immediately followed three other international gatherings on ICPD held in the same location: the Parliamentarians' Forum, the NGO Forum, and the Youth Forum. The objective of The Hague Forum was to analyze the achievements and challenges experienced in implementing the Programme of Action at the country level.

Was The Hague Forum successful? Yes, according to Alene Gelbard, director of international programs at PRB and a member of the U.S. delegation. It was a success, said Gelbard, in that 177 countries sent delegates to summarize progress and obstacles, not to revisit the language of the Cairo consensus. "We looked at what's happened, good and bad, rather than talking about changing the original language. That's progress in the UN world."

Instead of spending time worrying "did we get it right five years ago," Gelbard reiterated, delegates looked at progress and obstacles and at the steps that should be taken to reach these goals for 2015:

- Universal access to high-quality and affordable reproductive health services;
- Reductions in infant, child, and maternal mortality;
- Universal access to primary education; and
- Closure of the "gender gap" in higher education.

Continued on page 2

DHS Changes Focus on Men

PAGE 3

Soccer Plays to Growing Hispanic Market

PAGE 5

U.S. Public Schools With Access to the Internet, 1994, 1997, and 1998

PAGE 6

Reproductive Health in Policy and Practice

PAGE 7

Hague Forum on ICPD

Continued from page 1

Format

The Forum met in plenary sessions, attended by all delegates, and in main committee sessions. In the formal plenary sessions, dignitaries including Hillary Rodham Clinton spoke, and heads of delegations presented prepared remarks on their experience implementing the Programme of Action.

The large group meetings and full agendas for committee sessions did not allow for as much discussion as delegates had hoped. Lori Ashford, senior policy analyst at PRB and a conferee at the NGO Forum, found that the sheer number of speakers and the limited time available precluded dialogue on important obstacles and technical issues.

And, as Ashford and co-author Carolyn Makinson make clear in a synthesis of case studies on *Reproductive Health in Policy & Practice*, recently published by PRB (see article on page 7), technical issues are the crux of the implementation challenge. Each country has had to assign priority to the many elements of the Programme of Action, tackling those where improvements seem most feasible. So for countries that have pursued similar strategies, small group discussions on techniques and lessons learned would have been valuable.

Development Linkages

According to the summary report of The Hague Forum, prepared by the UN Population Fund (UNFPA) Secretariat, several countries have articulated and are implementing broad-based population policies, grounded in a human rights framework, that link population trends and socioeconomic development. But funding for implementation of population policies has been siphoned off by economic crises, falling commodity prices, natural disasters, instability and armed conflict, and AIDS.

Noticeably absent from the talk about global development issues was the environment. Rhonda Schlangen, senior population policy associate with the Population and Habitat Campaign of the National Audubon Society, conceded that the scope of the forum was narrow, but felt that the 1994 consensus to integrate the environment “into the whole Cairo nexus wasn’t reflected in the papers or the discussion at The Hague.”

Reproductive Health

The UN’s summary report indicates that many countries have adjusted their policies and institutional structures to advance reproductive health and rights. These policy changes “demonstrate a clear commitment to a ... reproductive health approach,” the report maintains.

Asked whether semantics interfered with discussion of progress on reproductive health, Gelbard said no, but she acknowledged that reproductive health is a broad concept, encompassing the better-understood family planning services as well as measures to ensure healthy pregnancies and births, prevent and treat sexually transmitted diseases, and prevent and treat cancer. The term can cause confusion, she said, and can even be frustrating when agencies that once delivered family planning services are asked to do more within existing service infrastructures.

Partnership

Iran, said Gelbard, is a good example of a government that is making partners of influential stakeholder groups. She said, coining a term, that the government is “turning players into partners.” Iranian officials are working at the community level to devise culturally acceptable programs to provide sexual and reproductive health programs for adolescents. The government has worked with religious leaders to develop a strategy and is implementing efforts in a few pilot communities involving the parents of young people.

Gelbard added that it is important for governments to make partnerships easier to flourish. It was

evident at the forum that “the notion of partnerships is still very new in many countries,” she said.

Resources

Conferees discussed resources extensively. Developing countries have fulfilled 70 percent of their commitment to provide two-thirds of the \$17 billion needed by 2000 to carry out the Programme of Action; developed countries have provided only about 35 percent of the one-third share to which they committed.

The U.S. delegation reaffirmed its commitment to reinstating the U.S. contribution to the UNFPA. In addition, according to Sally Ethelston, director of media relations for Population Action International, delegates from many countries discussed innovative ways—ranging from debt forgiveness to taxing international financial transactions—to mobilize resources for implementation. And the NGO Forum called on for-profits to “exercise a measure of social responsibility” by helping provide resources, Ethelston noted.

Singing to the Choir?

The Hague Forum was not characterized by contention. But, said Gelbard, “In my view, no news is good news.” The absence of controversy was, she felt, an indication of the focus on progress, rather than on the language agreed to in Cairo.

Although the Cairo consensus was reaffirmed in The Hague, it remained to be seen whether the consensus would hold at the Commission on Population and Development (CPD), scheduled for late March in New York.

The May issue of *Population Today* will provide coverage of the CPD. ■

DHS Changes Focus on Men

Changes underway in the Demographic and Health Surveys (DHS) of developing countries will shed more light on men's involvement in family planning and child rearing and on their attitudes toward women.

Shea Rutstein, of Macro International Inc., which implements the DHS program as part of the Monitoring and Evaluation to Assess and Use Results (MEASURE) Project, said that many questions are being added because they are being included on the women's questionnaire, too. Others, however, should zero in on male behavior that is still not well understood. Questions will include:

- **Contraception and avoidance of sexually transmitted diseases (STDs).** Which contraceptive method do you use? If you're not using one, why not? If you use a condom, why? Do you discuss condom use with your partner(s) ahead of time? If you have ever paid for sex, did you use a condom? If you have had an STD, did you inform your partners? Did you do anything to avoid infecting your partners?
- **Marriage and sexual activity.** Is your sexual partner regular, or occasional? How old were you when you had your first sexual encounter?

- **Fertility preference.** Before you had any children, what did you think was an ideal number of children? Have the births of your children been well timed, in your view? Does your wife approve of family planning?
- **Pre- and postnatal care.** Did you accompany the mother of your youngest child to a health facility for prenatal care or for checkups after birth?
- **Attitudes toward women.** When is a man justified in beating his wife? Under what circumstances is a wife justified in refusing sex?

Although the revised men's questionnaire will fill in some gaps in information on men, some contend that there are still gaps in data collected on adolescent girls.

Barbara S. Mensch, Judith Bruce, and Margaret E. Greene drew on DHS data in their recent study, *The Uncharted Passage: Girls' Adolescence in the Developing World*, published by the Population Council. But they feel that the DHS data are inadequate: "Conventional fertility surveys are of limited value in this context because of their focus on reproductive and health behavior and because they include girls in such a broad age span."

Rutstein responded that the DHS do include adolescent girls (surveys are administered to women ages 15 to 49). He added that the Centers for

Disease Control and Prevention conducts a survey about adolescent girls specifically, but neither the DHS nor the CDC survey delves deeply into the social pressures that govern adolescent sexual initiation and fertility.

In most cases, a single survey cannot meet the information needs of the entire population and health community. Questionnaires must be short, Rutstein explained, or people will be less willing to participate in the surveys. "We were trying to reduce the number of questions this time around," he noted. "Instead, we've added a few."

The revised questionnaire is not yet final. Field-testing will take place in the coming months.

The MEASURE project is funded by the U.S. Agency for International Development and implemented by Macro International, the Population Reference Bureau, the U.S. Census Bureau, the Carolina Population Center at the University of North Carolina, and the Centers for Disease Control and Prevention's Division of Reproductive Health. For more information on MEASURE, visit the Web site: <http://www.measureprogram.org>. ■

Webwise

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Informing the World of Child 6 Billion

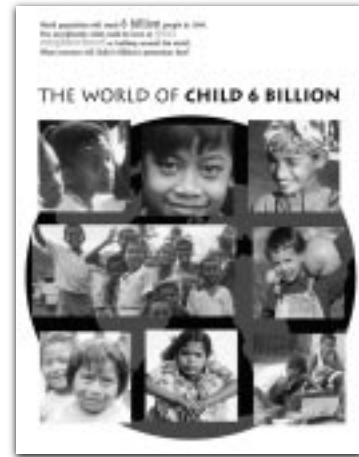
Child 6 Billion, the child who will bring world population to 6 billion, will be born later this year—on Oct. 12, according to the United Nations. This population milestone brings into focus concerns about the worldwide and local-level sharing of resources. To help educators and others explain these concerns, PRB and the National Peace Corps Association (NPCA) have just produced a six-page discussion guide.

Although Child 6 Billion is 49 times more likely to be born in an economically developing country than in an economically developed

one, the discussion guide tackles issues that will confront the child wherever he or she is born. Beyond hunger and pollution, these issues include access to health services, education, housing, and good nutrition.

A four-page teacher's guide with lessons and additional resources was published in the March-April issue of NPCA's newsletter for teachers—*Global TeachNet*. These lessons were developed for high school students, but future issues of *Global TeachNet* will include lesson plans and resources for younger students as well.

A presentation guide for other discussion leaders is also being devel-



oped. To learn more about these resources or to order copies, contact Diana Cornelius, director of the *World of Child 6 Billion* project, at PRB, phone: 202/939-5431; e-mail: dcornelius@prb.org. More details about these resources will soon be posted on PRB's Web site: <http://www.prb.org>. ■

Module on Aging Aims at the Young

The elderly are projected to make up 25 percent of the U.S. population by 2025. Yet the young people that these older Americans are counting on for care and support are, for the most part, unaware of the impact that this burgeoning elderly population will have on them.

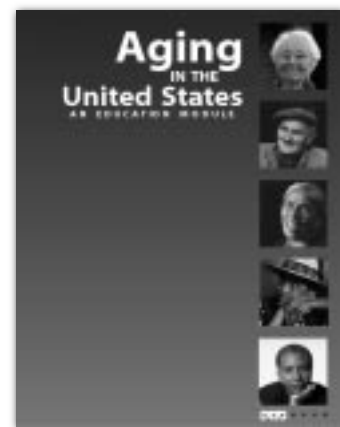
Few students learn about aging and other demographic topics in the classroom. Although closely linked to high school subjects such as geography and social studies, demography is often considered too narrow and too technical for secondary-school students.

To educate young people about aging and to spark their interest in demography, the National Institute on Aging commissioned the develop-

ment of teaching materials. The U.S. Census Bureau created a wallchart, "Aging in the United States," and PRB has developed a companion teaching module.

The module is directed at college freshmen and high school seniors. K-12 social studies teachers in Mississippi served as a focus group for the design and content. The teaching materials were also reviewed by professors of demography and geography and by specialists on aging.

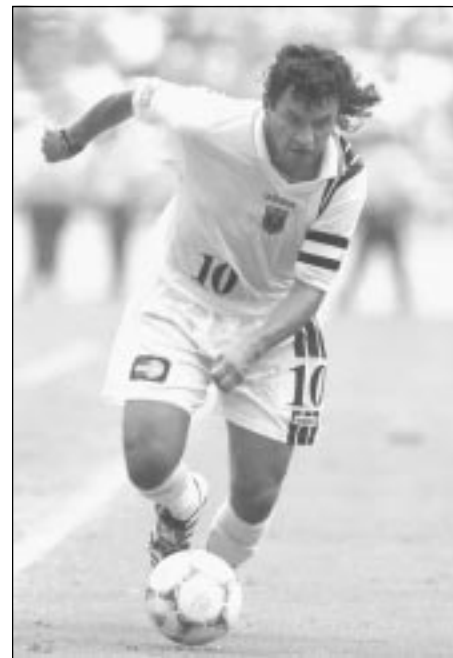
Through four hands-on activities that are clear, easy to understand, and interesting, the module will equip students to answer these important questions: What is the economic status of the elderly population? What proportion of the elderly population is female, and why does that matter? Which geographic regions have the highest percentages of older people



in their populations, and what are the implications for those regions?

The module will be available in April. PRB will distribute single copies to our members, primarily college and high school educators. In addition to the teaching materials, the module includes the Census Bureau's wallchart, a recent *Population Bulletin* on aging, and a state-level data sheet. Orders for additional copies of the module, \$10 each, may be placed through the PRB Customer Service Department, phone: 800/877-9881; e-mail: popref@prb.org. ■

Soccer Plays to Growing Hispanic Market



TONY QUINN/D.C. UNITED

D.C. United captain Marco Etcheverry, a native of Bolivia.

The rapid growth of the Hispanic population in the United States is beginning to capture the attention of corporate America, and with good reason. According to the U.S. Hispanic Chamber of Commerce, the Hispanic community's buying power—the amount of after-tax income available for spending on goods and services—approaches \$340 billion annually.

Recognizing Hispanics' buying power, enterprises are increasingly targeting the Hispanic population's preferences and spending habits.

A case in point is Major League Soccer (MLS), which had its inaugural season in 1996. Of the 12 teams in the league, 10 were located in metropolitan areas with at least 100,000 Hispanics. Houston, where 25 percent of the population is Hispanic, is a likely candidate for an expansion team in the next two years, said commissioner Doug Logan.

MLS games draw nearly 3 million fans annually, 25 percent or more of whom are Hispanic, according to a 1997 MLS survey. The share of Hispanic fans ranged from 80 percent in heavily Latino Los Angeles to 5 percent in Columbus, Ohio, which has a smaller Spanish-speaking community.

In Washington, D.C., Hispanics make up about 50 percent of the fans attending D.C. United home games, according to press officer Michael Kammerman. Kammerman noted that the decision by the *Washington Post* to print a page of its sports section in Spanish each day during the 1998 World Cup soccer finals demonstrates the importance of Hispanic fans.

MLS teams include a number of foreign players—at least half of them from Latin America. The distribution of these players among the teams reflects a marketing decision by the MLS organization based on the demographics of U.S. Hispanics. Unlike other professional athletes, Major

League Soccer players sign a contract with the league, which then assigns players to each franchise. Carrie Goldberg, MLS communications coordinator, said the ethnic background of the players is “definitely a factor” in their assignment. She noted that the Chicago Fire team includes three Polish-born players to appeal to Chicago's large Polish American population. Goldberg said that two Ecuadorean players were assigned to the original D.C. United team because of the Washington, D.C., area's large Ecuadorean population.

MLS games are regularly broadcast on Univision, the nation's largest Spanish-language television company.

In 1998, an estimated 1.8 million U.S. homes tuned in to Univision programs, and Univision's WLTV was the top-ranked station in Miami. Univision estimated that 23 percent of Hispanic households watched its programs in 1998. The company reported impressive gains in advertising revenue for the past two years—further evidence that American businesses are paying more attention to Hispanic customers.

Hispanic business executives point out that most U.S. businesses do not yet cater to the Latino population. Less than one cent out of every advertising dollar is directed specifically toward Hispanic markets, according to the Hispanic Association on Corporate Responsibility. Most business executives, the association says, continue to think that the Hispanic population is too poor to afford much in the way of consumer goods. But the sheer increase in their numbers is likely to make more businesses reach out to Hispanic customers. ■

Snapshot of U.S. Hispanics

	Year	Hispanics	Total U.S. Population
Population	1998	30,769,000	270,933,000
Projected population	2050	96,508,000	393,931,000
Median household income	1972	\$27,751	\$35,053
	1997	\$26,628	\$37,005
Average age in years	1998	26.6	35.3

Source: U.S. Census Bureau.

For more information:

Jorge del Pinal and Audrey Singer, “Generations of Diversity: Latinos in the United States,” *Population Bulletin* 52, no. 3 (Washington, DC: Population Reference Bureau, 1997).

U.S. Bureau of the Census, “Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050,” *Current Population Reports P25-1130*.

U.S. Bureau of the Census, “Money Income in the United States: 1997,” *Current Population Reports P60-200*.

U.S. Bureau of the Census, Statistical Abstract of the United States 1998 (Washington, DC: U.S. Government Printing Office, 1998).

POPULATION UPDATE

Estimated United States Population:

At press time, the update for January 1999 was unavailable. See February 1999 Population Today for estimates for Nov. 1, 1998, and Nov. 1, 1997.

Estimated World Population:

As of March 1999 5,982,000,000
Annual growth 84,000,000

Extrapolated from the mid-1998 population on PRB's 1998 World Population Data Sheet.

Latest Provisional Statistics for the U.S.: October 1998

	12 months ending with October			
	Number		Rate	
	1998	1997	1998	1997
Live births	3,940,000	3,868,000	14.6	14.5
Fertility rate	—	—	65.9	64.8
Deaths	2,340,000	2,304,000	8.7	8.6
Infant deaths	27,300	27,300	6.9	7.1
Natural increase	1,600,000	1,564,000	5.9	5.9
Marriages	2,192,000	2,423,000	8.1	9.1
Divorces	983,000	1,160,000	3.6	4.3

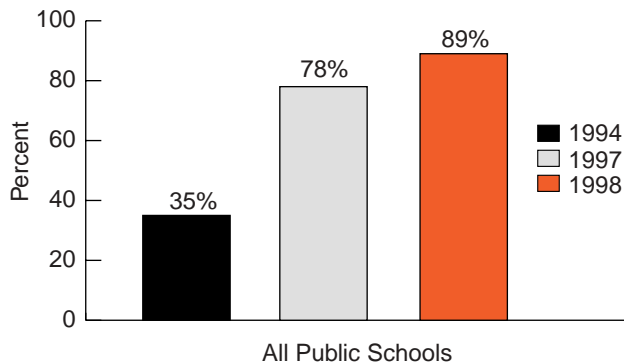
Note: Fertility rate is given per 1,000 women ages 15-44; infant deaths per 1,000 live births; other rates per 1,000 population.

Source: National Center for Health Statistics, *National Vital Statistics Reports*, vol. 47, no. 16 (1999).

Correction: The February 1999 issue of Population Today incorrectly reported the "Latest Provisional Statistics for the U.S.: August 1998." The numbers shown were for January through August 1998, instead of for the 12-month period ending in August 1998. For correct numbers, please consult National Vital Statistics Reports, vol. 47, no. 14, available online at: http://www.cdc.gov/nchswww/data/nvs47_14.pdf. A corrected chart is on PRB's Web site, in the February 1999 electronic issue of Population Today (www.prb.org).

SPEAKING GRAPHICALLY

U.S. Public Schools With Access to the Internet, 1994, 1997, and 1998



Source: U.S. Department of Education.

The percentage of public schools connected to the Internet increased from 78 percent to 89 percent between 1997 and 1998. In 1997, schools with large numbers of low-income students, schools with high minority enrollments, and smaller schools were less likely to have Internet access. These differences had almost disappeared by 1998, however—low-income and smaller schools were just as likely as high-income and bigger schools to have Internet access.

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Editor: Allison Tarmann

Demographic Editors:

Carl Haub and Kelvin Pollard

Assistant Editor: Rebecca Silvis

Director of Communications:

Ellen Carnevale

Graphic Designer: Heather Lilley

Circulation Director: Jacki Majewski

Editorial and Circulation Offices:

Population Reference Bureau

1875 Connecticut Ave., NW, Suite 520

Washington, DC 20009-5728

Phone: (202) 483-1100; Fax: (202) 328-3937

E-mail: poptoday@prb.org

Web site: www.prb.org

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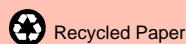
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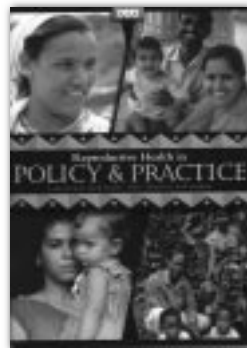
Note: Members with addresses outside the United States should add \$15 for international postage and handling.

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



Reproductive Health in Policy and Practice

Case Studies From Brazil, India, Morocco, and Uganda



The fifth anniversary of the UN International Conference on Population and Development (ICPD) gives governments and non-governmental organizations (NGOs) an opportunity to review progress toward the conference's 20-year goals. The ICPD enlarged the scope of earlier population policies and called on governments to take action in many areas to promote individual and social well-being.

To assess how the Cairo program is being implemented in diverse settings, senior researchers in Brazil, India, Morocco, and Uganda conducted case studies that document changes in reproductive health policies and services, as well as in the political and social environment in which initiatives are carried out.

Has Cairo made a difference? In all four countries, the ICPD reaffirmed efforts that were already underway to provide family planning as part of a broader health approach. Not surprisingly, progress on reproductive health and women's status is uneven across and within countries, and none of the countries has addressed all of the Cairo goals.

In the countries studied, there is greater openness in political decisionmaking, growth in NGO activity, and increasing visibility and influence of the women's rights movement.

Changes have also taken place at the service level. Attempts have been made to improve the quality of services (for example, by offering a wider array of contraceptive methods), increase the integration of family planning and other health services, and expand services to underserved groups. Still, much remains to be done. In spite of some encouraging beginnings, more progress is needed

in addressing the needs of adolescents, expanding access to treatment for the consequences of unsafe abortion, and providing services that address reproductive cancers, infertility, and AIDS.

Brazil

A large number of service improvements have taken place. Basic interventions such as prenatal and maternity care have improved: Between 1995 and 1997, prenatal consultations increased by 51 percent nationally. Legal abortion services are now available in 12 sites, and the quality of post-abortion care is improving.

On the other hand, progress in Brazil has been uneven because of a combination of issues. At the national policy level, economic stabilization programs have lowered the priority placed on social services, and opposition from conservatives has stalled efforts to make legal abortion services more widely available.

India

Just a few years after the ICPD, a major national policy shift occurred: The "Target-Free Approach" announced in 1996 eliminated national targets for contraceptive acceptance. Instead, a new approach called for planning at the community level, where grassroots workers would set targets for themselves after assessing the needs of individual clients.

Annual service statistics show that in the year following the introduction of the target-free approach (1996-1997), the number of family planning users declined in the country as a whole—possibly because the pressure to distort the statistics has disappeared. However, during 1997-1998, use of all methods increased, thereby allaying the fears of many skeptics

that contraceptive use would decline in a target-free environment.

Morocco

Following the ICPD, the government has focused on making improvements in three core services that fall under the rubric of reproductive health: family planning, maternal health, and sexually transmitted infections (STIs). The health ministry has strengthened the maternal health program by adding nutritional supplements of iron and iodine. A new, separately managed program has also been set up to address the growing incidence of STIs and AIDS.

The issue of abortion is difficult to address because of cultural and traditional beliefs. Abortion is prohibited (except to save the mother's life) and surrounded by silence—although an estimated 130,000 abortions are performed each year.

Uganda

An estimated 1.5 million to 2 million Ugandans are infected with HIV/AIDS. Since the ICPD, family planning programs have begun to provide more comprehensive services, including care for STIs, prenatal care, and childhood immunizations, as opposed to contraceptive services alone. This has increased service use, especially for underserved client groups such as men and adolescents.

Uganda has adopted a multisectoral strategy to fight the high prevalence of HIV and STIs. The open government policy on the HIV problem has enabled national and international efforts to innovate and organize to address the problem at all levels of society. ■

Excerpted from: Lori Ashford and Carolyn Makinson, Reproductive Health in Policy & Practice: Case Studies From Brazil, India, Morocco, and Uganda (Washington, DC: Population Reference Bureau, 1999). Also available in French, Spanish, and Portuguese. To order, contact PRB's Customer Service Department at 1875 Connecticut Ave., NW, Suite 520, Washington, DC 20009-5728; phone: 800/877-9881; fax: 202/328-3937; e-mail: popref@prb.org. Copies are \$5 each, plus shipping and handling. Copies of the individual case studies from Brazil, India, Morocco, and Uganda are also available for \$5 each (English only).

Rate of unplanned pregnancies high

Of the estimated 210 million pregnancies that occur throughout the world each year, about 38 percent are unplanned, according to *Sharing Responsibility: Women, Society, and Abortion Worldwide*, a recently released report from The Alan Guttmacher Institute (AGI). And 22 percent of unplanned pregnancies end in abortion, the report indicates.

Worldwide, 26 million women have legal abortions each year, and 20 million have illegal abortions, the report says. Among its other findings:

- Twenty-five percent of women live in places where abortion is permitted only to save a woman's life, or is prohibited altogether.
- Of the estimated 600,000 pregnancy-related deaths each year, about 13 percent are related to complications of unsafe abortions.

For a copy of the report, contact Christiane Kirchgaessner, AGI, phone: 212/248-1111, x2203; fax: 212/248-1952; e-mail: ckirchgaessner@agi-usa.org.

Reducing mother-to-child HIV transmission

A study conducted in Africa by The Joint United Nations Programme on HIV/AIDS (UNAIDS) shows that rates of mother-to-child HIV infections can be reduced by up to 37 percent if the HIV-positive mothers and their newborns begin an antiretroviral treatment at the time of delivery and continue the treatment for one week.

The regimen that the study describes is the shortest one proven effective for combating the spread of HIV from mother to child. Previous treatments that were proven to be effective began three to four weeks before delivery.

An estimated 600,000 newborns are infected with HIV each year. Most of the infected babies are from sub-Saharan Africa, where women have limited access to health care and may not go to a hospital or clinic until late in pregnancy.

For more information, contact Anne Winter, UNAIDS, Geneva, phone: (+41 22) 791-4577; or access the UNAIDS Web site at <http://www.unaids.org>.

Caregiving common among older women

Despite the perception that people ages 60 and

Upcoming PRB Policy Seminar

PRB hosts monthly noontime seminars on demographic trends and policy issues at our Washington, D.C., office.

On Wednesday, April 21, Margo J. Anderson, a historian at the University of Wisconsin-Milwaukee and a 1998-99 visiting scholar at the Woodrow Wilson International Center for Scholars, will discuss the history of the U.S. decennial census. She is the author of several books and other publications, including *The American Census: A Social History*.

The PRB policy seminars are free and open to the public. To receive regular notices of upcoming seminars, contact PRB at 202/483-1100; fax: 202/328-3937; e-mail: popref@prb.org. Or visit PRB's Web site at <http://www.prb.org>.

older are usually the recipients of care, they often serve as caregivers to spouses, children, and grandchildren.

Many older people throughout the world have a spouse as their primary caregiver. In Spain, for example, 74 percent of older men needing assistance with one or more activities of daily living had their wife as a primary caregiver, according to a 1996 report. But only 33 percent of older women in Spain relied on their husband as a caregiver.

Gender and Aging: Caregiving, a just-released report by the Census Bureau, examines caregiving in an increasingly aging world where women often outlive their male partners.

The report also indicates that institutionalization of

the elderly ranges from 1 percent to 10 percent in developed nations, but is less than 1 percent in most developing nations.

For more information, contact Victoria Velkoff, Census Bureau, phone: 301/457-1371. To access the report online, go to <http://www.census.gov/Press-Release/www/1999/cb9934.html>.

New Books

State of the World 1999. Lester R. Brown et al., eds. New York: W.W. Norton and Co. 259 pages. 1999. \$9.95.

Transformations of Middle Eastern Natural Environments: Legacies and Lessons. Magnus T. Bernhardsson and Roger Kenna, eds. New Haven, CT: Yale F&ES Bulletin Series. 498 pages. 1998. \$35.

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