

## POPULATION

## TODAY

*News, numbers, and analysis*

## 'New Sun Belt' Metros and Suburbs Are Magnets for Retirees

*By* WILLIAM H. FREY

**W**hen it comes to deciding where to retire, today's older Americans are breaking with convention. A new analysis of census data shows that the elderly are rejecting traditional retirement communities in favor of smaller metropolitan areas and suburbs of the "New Sun Belt"—the fastest growing parts of the South and West. These trends, among the parents of the baby boomers, provide the first inkling of where the huge numbers of baby boomers will retire in the early part of the next century.

The new retirement magnets offer ample amenities and warm weather. Five of the top seven, and 19 of the top 30, are located in Sun Belt states other than Florida and Arizona (see Table 1). Las Vegas, whose older population increased by 65 percent between 1990 and 1998, tops the list.

Most of the new magnets—such as Myrtle Beach, S.C.; Las Cruces, N.M.; and Wilmington, N.C.—are smaller metropolitan areas with populations well under 350,000. But metros with total populations that exceed 1 million—Las Vegas, and Houston and Austin, Texas—have also shown high growth of older people during the 1990s. These areas, along with the well-known retirement spots of Phoenix and Orlando, have seen their over-65 populations rise by at least 25 percent. Close behind are Atlanta; Raleigh-Durham, N.C.; and Denver.

### Hot Spots in a Slow Decade

Nationally, the 1990s represent a decade of relatively slow growth of the older population. Because the new entrants into the older population were born in the late 1920s and early 1930s, when the birth rates in the United States were lower because of the Depression, the growth rate of the country's 65-and-over population is only 10 percent for 1990 to 1998, compared with 28 percent and 22 percent for the 1970s and 1980s, respectively. But growth rates across metro areas in the 1990s vary greatly: one-fifth of the nation's 271 metros grew by more than twice the national rate.

While the vast majority of areas with fast-growing elderly populations lie in the South and West, college towns in the Northeast and Midwest—places such as

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## Retirees

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State College, Pa.; Madison, Wis.; Burlington, Vt.; Bloomington, Ind.; and Lansing-East Lansing, Mich.—have cultural activities and facilities that appeal to older people. And two large northern metro areas that have had above-average growth of elderly residents—Minneapolis-St. Paul, Minn.; and Columbus, Ohio—are also home to major universities.

### New Sun Belt Dominates

The dominance of the Sun Belt is reflected in the fact that 76 percent of the nation's total gain of older residents during this decade has taken place in the South and the West. Growth has been especially accelerated in "New West" or Rocky Mountain states. The seven states that have experienced the fastest growth rates among older residents are Nevada (55 percent), Alaska (49 percent), Arizona (28 percent), Hawaii (27 percent), Utah (22 percent), Colorado (21 percent), and New Mexico (21 percent). While California's older population grew faster than the national average (by 15 percent), many of its retirees have moved to other western states. In fact, older residents who moved out of California accounted for 45 percent of older people who moved to the rest of the West during the first half of the 1990s.

Growth in the South is not quite as fast as in the West. The South still holds the greatest share of the nation's elderly population (35 percent) and accounts for the greatest share (43 percent) of the growth of the older population. But Florida, the traditional magnet for retirees, now has only the 15th-fastest growth rate among older Americans. Within the South, Delaware, South Carolina, North Carolina, Texas, and Georgia show faster gains, and Virginia and Maryland are close behind. The dominant sources of elderly migrants to the South are the Northeast and Midwest. New York and New Jersey dominate the flows to southern states along the Atlantic coast.

No states experienced actual losses in their elderly populations from 1990 to 1998, but 13 small metropolitan areas showed declines. Led

by Pine Bluff, Ark. (-9 percent), these areas span the nation's midsection (Grand Forks, N.D.; Terre Haute, Ind.; Duluth, Minn.; Sioux City, Iowa; and St. Joseph, Mo.) and declining industrial areas to the east (Wheeling, W.Va.; Cumberland, Md.; Scranton, Pa.; Lewiston, Maine; and Utica, Elmira, and Jamestown, N.Y.). These areas are losing younger, healthier elderly residents while retaining a disproportionate share of the very old (80 and over), who require special medical and social services.

### Suburbs Are Graying

The Depression cohorts, who began the massive postwar suburban movement of the 1950s, are leading the growth of older Americans in the 1990s. More than earlier generations of older Americans, those born during the Depression tended to reside in the suburbs during their working lives and to raise their children there. These children, the baby boomers, can be thought of as the first truly suburban generation.

About 63 percent of older people living in metropolitan areas of the United States now reside in the suburbs, compared with 56 percent in 1980. The trend toward further suburban growth is shown in the list of the 30 counties that have the fastest growth rate of elderly people in the 1990s (see Table 2). Twenty-one of these counties are considered suburban, and several are located within some of the Sun Belt's largest and most expansive metropolitan areas—Atlanta, Houston, Dallas, Denver, and Washington, D.C. Most of this trend represents "aging in place," where residents of the suburban communities simply stay put and grow old together. This pattern will become much more common as the baby boomers reach retirement age. By then, their lifelong reliance on the automobile may lead to "senior gridlock" in the suburbs.

### When Boomers Retire

The aging-in-place phenomenon will be a much more dominant force during the first quarter of the next century. This will be a period when almost all communities will increase their older populations due to the aging of the huge baby-boom cohorts. From 2000 to 2025, the nation's old-

Table 1  
Metro Areas With Fastest  
Growth of Elderly Residents,  
1990-1998

Rank	Metropolitan Area*	Growth Rate**
1	Las Vegas, NV	65.0
2	Anchorage, AK	56.9
3	Fort Walton Beach, FL	48.1
4	Naples, FL	46.9
5	Myrtle Beach, SC	45.7
6	Las Cruces, NM	40.3
7	Jacksonville, FL	40.2
8	Ocala, FL	39.5
9	Wilmington, NC	38.3
10	Melbourne, FL	38.0
11	Yuma, AZ	35.6
12	El Paso, TX	35.5
13	Laredo, TX	35.0
14	Colorado Springs, CO	33.6
15	Fayetteville, NC	33.5
16	Charleston, SC	33.2
17	Huntsville, AL	32.9
18	Santa Fe, NM	30.7
19	Pensacola, FL	29.7
20	McAllen, TX	29.4
21	Phoenix, AZ	28.6
22	Houston, TX	28.3
23	Panama City, FL	28.1
24	Orlando, FL	28.0
25	Austin, TX	27.6
26	Provo-Orem, UT	27.4
27	Honolulu, HI	27.2
28	Fort Pierce, FL	26.9
29	Flagstaff, AZ	26.8
30	Reno, NV	26.7

\*Metropolitan areas refer to Metropolitan Statistical Areas (MSAs), Consolidated MSAs, and (in New England) New England County Metropolitan Areas, defined by the Office of Management and Budget, June 1995. Names are abbreviated.

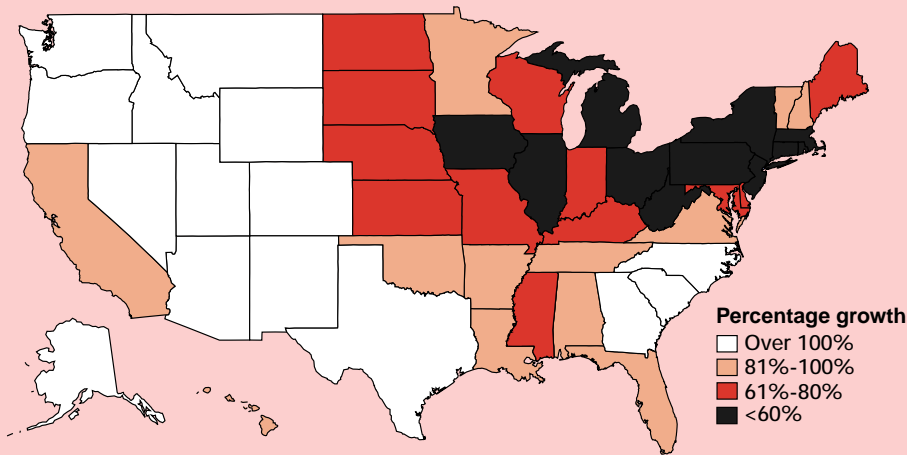
\*\*Rate equals change in an area's age 65+ population between July 1, 1990, and July 1, 1998, per 100 of its age 65+ population on July 1, 1990.

Source: Author's analysis of unpublished data from the U.S. Census Bureau.

erly population is projected to grow by 78 percent. Yet many areas will grow at an even faster pace. For most, this faster growth will take place because broad regions of the country—growing parts of the Sun Belt and the suburbs of most metro areas—already have attracted large numbers of working-age baby boomers. These areas will have more baby boomers aging in place than will those parts of the country that lost these residents during their working years.

This variation across the country can be seen in the accompanying map, which shows states where the older population is projected to double during the next quarter-century along with those where growth

## Explosive Growth of the Elderly Population, 2000–2025



Source: Author's analysis of unpublished data from the U.S. Census Bureau.

will be less rapid. Utah's elderly population is projected to grow by 144 percent, and Utah is likely to lead a swath of western states—states that have begun to attract many baby boomers from other parts of the country—in this rapid growth of the elderly population. Some of these states, especially Arizona and Nevada, will gain from residents aging in place and from elderly residents moving there from other parts of the country. The projections suggest that this will also be the case with Texas, Georgia, and North and South Carolina.

The second tier of states with fast growing older populations includes most of the rest of the South, plus California, Hawaii, Minnesota, Vermont, and New Hampshire.

At the other extreme are the old industrial states, from Massachusetts westward through Michigan and Illinois, that have lost large numbers of their baby boomers to other regions of the country. Yet even these states are expected to increase their elderly populations by between 38 percent (New York) and 60 percent (West Virginia) during the next 25 years because of the huge baby-boom wave that will hit all parts of the country.

The parts of the country that will see the fastest growth in their elderly populations over the next quarter-century will face new challenges in providing transportation, health services, and infrastructure because the populations of these regions have typically been dominated by young, not aging, populations. ■

For more information:

For additional data by state and metro area, see annex tables for this article on PRB's Web site: <http://www.prb.org/poptoday/ptappend.htm>.

For a copy of the author's October 1999 policy brief, "America's Demography in the New Century: Aging Boomers and New Immigrants as Major Players," contact the Milken Institute, Santa Monica, Calif., phone: 310/998-2600; e-mail: [publications@milken-inst.org](mailto:publications@milken-inst.org).

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Table 2  
Counties With Fastest Growth of Elderly Residents, 1990–1998\*

Rank	County	Metro Area**	Growth Rate***
1	Nye County, NV	Las Vegas	185.6
2	Flagler County, FL	Daytona Beach	97.8
3	Columbia County, GA	Augusta	92.0
4	Douglas County, CO	Denver	89.1
5	Fort Bend County, TX	Houston	87.8
6	Douglas County, WA	nonmetro	78.0
7	Gwinnett County, GA	Atlanta	77.2
8	Anoka County, MN	Minneapolis-St. Paul	75.8
9	Sarpy County, NE	Omaha	74.6
10	Fayette County, GA	Atlanta	69.9
11	Prince William County, VA	Washington, DC	68.6
12	Central Clark County, NV	Las Vegas	66.7
13	Washington County, UT	nonmetro	65.8
14	Douglas County, NV	nonmetro	65.1
15	Forsyth County, GA	Atlanta	64.8
16	Kenai Peninsula Borough, AK	nonmetro	63.6
17	Polk County, TX	nonmetro	63.2
18	Loudoun County, VA	Washington, DC	62.6
19	Beaufort County, SC	nonmetro	62.2
20	Henry County, GA	Atlanta	60.8
21	Santa Rosa County, FL	Pensacola	60.6
22	Collin County, TX	Dallas	59.7
23	York County, VA	Norfolk	59.6
24	James City County, VA	Norfolk	58.1
25	Anchorage Borough, AK	Anchorage	56.9
26	Nassau County, FL	Jacksonville	56.0
27	De Soto County, MS	Memphis	54.9
28	Brunswick County, NC	Wilmington	54.7
29	St. Charles County, MO	St. Louis	54.3
30	Union County, GA	nonmetro	54.0

\*Counties where the age 65+ population exceeded 2,000 on July 1, 1990.

\*\*Metropolitan areas refer to Metropolitan Statistical Areas (MSAs), Consolidated MSAs, and (in New England) New England County Metropolitan Areas, defined by the Office of Management and Budget, June 1995. Names are abbreviated.

\*\*\*Rate equals change in an area's age 65+ population between July 1, 1990, and July 1, 1998, per 100 of its age 65+ population on July 1, 1990.

Source: Author's analysis of unpublished data from the U.S. Census Bureau.

# U.S. Citizenship Applications at All-Time High

By AUDREY SINGER

Applications for U.S. citizenship have been higher in the 1990s than in any preceding decade. Welfare reform and other measures intended to restrict benefits to legal permanent residents ironically have driven many to seek citizenship, while government programs that explicitly encourage naturalization have enjoyed unanticipated success. These policies, and the characteristics of today's immigrants, have produced a surge in applications that has overwhelmed the capacity of the Immigration and Naturalization Service (INS).

In 1997, naturalization applications peaked at nearly 1.6 million, nearly five times the number of applications filed in 1992. In that year, approximately 342,000 immigrants applied to become citizens—then the highest number of petitions recorded in a single year since 1945. The 1980s saw an average of approximately 238,000 applications per year, up from an average of 156,000 in the 1970s. In the 1991-1998 period alone, more than 6 million applications have been filed, representing more than one-third (36.1 percent) of naturalization applications filed in the entire century (see Figures 1 and 2).

## Increasing Flow

The surge in applications for U.S. citizenship came on the heels of three laws enacted in 1996: the "Welfare Act," the "Immigration Act," and the "Antiterrorism Act" (see box). The combined effect of these measures—in particular the Welfare Act, which initially required U.S. citizenship before an immigrant could receive certain social welfare benefits—mobilized many individuals to consider naturalization.

An unfriendly national climate toward immigrants is only partially responsible for the current surge in naturalization, however. Several re-

cent U.S. government programs have encouraged immigrants to naturalize—including the Immigration Reform and Control Act, the 1992 Green Card Replacement Program, and the 1995 federal initiative "Citizenship USA" (see box).

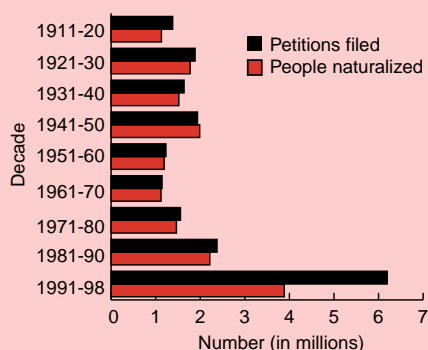
The INS has been following the naturalization experience of two groups of immigrants to estimate their naturalization rates and to evaluate the characteristics associated with becoming citizens. Drawing on administrative records, this analysis follows immigrants who entered the United States as permanent residents in either 1977 or 1982 to the year 1995 to derive naturalization rates. Of the 1977 and 1982 groups, 45.9 percent and 41.5 percent, respectively, naturalized.

The accompanying table shows the naturalization rates of the top 20 source countries of immigrants for 1977. The rates vary widely by country of origin, by geographical proximity, and by entry status—refugee or legal permanent resident. Some researchers have argued that factors such as the "irreversibility" of migration have an impact, especially in the case of refugees but also among immigrants from long distances, who are more likely to naturalize since they are less likely to return to their home country. Proximity has been proposed as a way of explaining low rates of naturalization among Canadians and Mexicans and even Caribbean immigrants.

The 1977 group ranged from the high naturalization rates of 65.5 percent for people from China and 65.4 percent for people from the former Soviet Union to the low rates of 16.8 percent for German immigrants and 18.1 percent for Canadian immigrants. The first eight countries listed in the table, all of which have naturalization rates higher than the

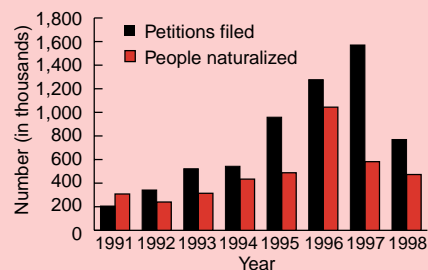
average for all origin countries combined, are 43 percent of all immigrants admitted in 1977. Half of these immigrants are from countries that have generated refugees—China, the Soviet Union, and Cuba. The remain-

Figure 1  
Petitions Filed for Naturalization and People Naturalized, by Decade and Selected Years, 1911-1998



Sources: 1996 Statistical Yearbook of the Immigration and Naturalization Service and unpublished 1997 and 1998 INS data.

Figure 2  
Petitions Filed for Naturalization and People Naturalized, 1991-1998



Sources: 1996 Statistical Yearbook of the Immigration and Naturalization Service and unpublished 1997 and 1998 INS data.

## Laws, Programs, and Initiatives Affecting the Rate of Naturalization

**The Personal Responsibility and Work Opportunity Reconciliation Act** (“The Welfare Act”) of 1996 made sweeping changes to the structure and access of public benefits for all residents of the United States. However, changes affecting the immigrant population were, at the outset, the most restrictive. The Welfare Act established restrictions on the eligibility of legal immigrants for means-tested public assistance, broadened restrictions on public benefits for undocumented immigrants, and required the INS to verify immigration status in order for immigrants to receive most benefits. The act also made the long-required affidavit of support legally binding, thus increasing the fiscal responsibility of immigrant sponsors.

**The Illegal Immigration Reform and Immigrant Responsibility Act** (“The Immigration Act”) of 1996 included provisions to bolster control of U.S. borders and established measures to remove criminal and other deportable aliens. It provides increased protection for legal workers through work site enforcement.

**The Antiterrorism and Effective Death Penalty Act** (“The Antiterrorism Act”) of 1996 expedited procedures for the removal of “alien terrorists” and provided for changes in criminal alien procedures such as authorizing state and local law enforcement officials to arrest and detain certain illegal aliens and providing access to confidential immigration and naturalization files through court order.

**The Immigration Reform and Control Act (IRCA)** of 1986 contained amnesty provisions under which 2.7 million unauthorized foreign residents were granted legal immigrant status. The first of these legalized immigrants became eligible in 1994 to apply for citizenship and are expected to increase naturalization numbers in the years to come.

**The Citizenship USA Initiative** of 1995 streamlined procedures and encouraged immigrants to become citizens, drawing a record number of participants.

**The Green Card Replacement Program** of 1992 allowed legal permanent residents to choose naturalization for a slightly higher fee over replacing their green cards.

Naturalization Rates Through Fiscal Year 1995 of Immigrants Admitted in Fiscal Year 1977, by Selected Country of Birth

Country of birth	Immigrants in 1977*		
	Number admitted	Naturalizations through 1995	Rate**
<b>All countries</b>	<b>352,070</b>	<b>161,438</b>	<b>45.9</b>
China	14,421	9,444	65.5
Soviet Union	4,535	2,965	65.4
Philippines	31,686	20,094	63.4
Guyana	4,115	2,439	59.3
Korea	19,824	11,745	59.2
India	15,033	8,877	59.1
Colombia	6,138	3,126	50.9
Cuba	57,023	26,668	46.8
Jamaica	7,896	3,587	45.4
Haiti	4,268	1,841	43.1
Trinidad & Tobago	4,516	1,722	38.1
Greece	6,577	2,208	33.6
Ecuador	4,063	1,319	32.5
Portugal	6,964	2,051	29.5
Dominican Republic	8,955	2,561	28.6
United Kingdom	8,982	2,032	22.6
Mexico	30,967	6,869	22.2
Italy	5,843	1,131	19.4
Canada	9,000	1,626	18.1
Germany	4,899	824	16.8
Other	96,365	48,309	50.1

\* Ages 16 and over.

\*\* Naturalizations through 1995 divided by the number of immigrants admitted.

Source: 1996 Statistical Yearbook of the Immigration and Naturalization Service.

der were primarily “long distance” immigrants from Asian countries including the Philippines, Korea, and India. Immigrants with lower rates of naturalization tend to be from the Western Hemisphere and Europe, suggesting that both geographic and cultural proximity are important determinants of naturalization.

### Bottleneck

The rise in naturalization applications has clogged the caseloads at the INS, where the average processing time for applications was 27 months in September 1998 and the backlog of unprocessed applications peaked at 2 million in March 1999. The agency recently changed the naturalization process in an effort to reduce the backlog, which it has lowered to 1.5 million. The INS has also shortened processing time to 15 months.

The changed process, however, has not benefited everyone awaiting citizenship. Denials grew by 251 percent in the first six months of fiscal year 1998, compared with the same period for the previous year. In cities with large numbers of immigrants, such as Los Angeles, Miami, and Chicago,

the rate has been even higher than the national average.

Though it is unintended, slow government response, especially accompanied by the recent increase in denials, indicates to applicants that the government does not take their citizenship aspirations seriously. Sensing this, many legal residents may become discouraged from applying for citizenship—or at least question its value and meaning. ■

For more information:

Greta A. Gilbertson and Audrey Singer, “Naturalization under Changing Conditions of Membership: Dominican Immigrants in New York City,” in *Transformations: Immigration and Immigration Research in the United States*, Nancy Foner, Rubén Rumbaut, and Steven Gold, eds. (New York: Russell Sage Foundation, forthcoming).

Additional publications on immigration policy are available on the Web site of the Carnegie Endowment for International Peace: <http://www.ceip.org/programs/migrat/migpubs.htm>.

*Audrey Singer is an associate with the International Migration Policy Program of the Carnegie Endowment for International Peace.*

# POPULATION UPDATE

## Estimated U.S. Population:

As of July 1, 1999	273,131,000
As of July 1, 1998	270,561,000

Latest data available from the U.S. Census Bureau, total monthly population estimates. Totals include armed forces overseas.

## Estimated World Population:

As of Oct. 1999	6,003,000,000
Annual growth	84,000,000

Extrapolated from the mid-1999 population on PRB's 1999 World Population Data Sheet.

## Latest Provisional Statistics for the United States: December 1998

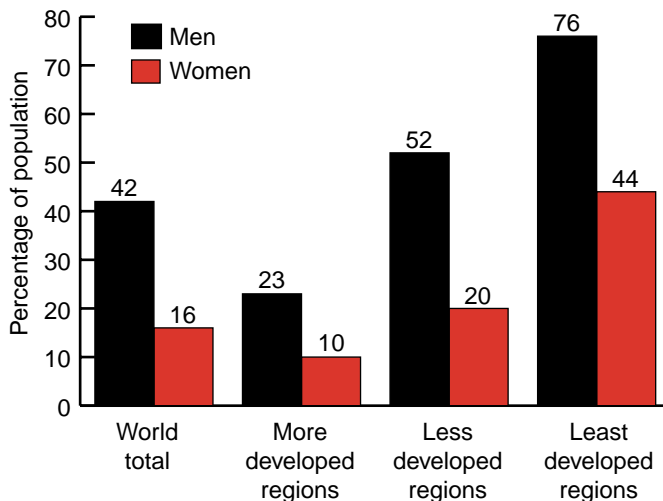
	12 months ending with December			
	Number		Rate	
	1998	1997	1998	1997
Live births .....	3,946,000	3,882,000	14.6	14.5
Fertility rate .....	—	—	66.0	65.0
Deaths .....	2,331,000	2,294,000	8.6	8.6
Infant deaths .....	27,600	27,000	7.0	7.0
Natural increase .....	1,615,000	1,588,000	6.0	5.9
Marriages .....	2,244,000	2,384,000	8.3	8.9
Divorces .....	1,135,000	1,163,000	4.2	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. 21 (1999).

# SPEAKING GRAPHICALLY

## Older People in the Labor Force, 1995



Source: UN Population Division, Department of Economic and Social Affairs, *Population Ageing 1999* (New York: UN, 1999). This new wallchart is available on the UN Web site: <http://www.undp.org/popin/wdtrends/a99/a99.htm>.

*Today, people ages 60 and older account for one-tenth of world population; by 2050, their share will increase to one-fifth. The majority of older people (53 percent) live in Asia, followed by Europe (25 percent). In low-income countries, with limited or no retirement plans and low per capita incomes, older people are more likely to be in the labor force than their counterparts in more developed countries.*

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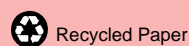
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\* Educators, students, and seniors should send supporting documentation.



# Vietnam's Campaign to Reduce Population Growth

By CARL HAUB

Red banners flew above the broad boulevards of Hanoi this past July, proclaiming World Population Day, an event also marked by a ceremony at the Ho Chi Minh Museum and by extensive television coverage. Such widespread public attention to population issues is not surprising, given the country's sharp reduction in fertility and widespread citizen support for smaller families.

Vietnam's policy to reduce the rate of population growth is not new. Initiated in 1961, the policy was a reaction to the results of the 1960 Census of the Democratic Republic of Vietnam (North Vietnam) and reflected long-standing concerns over food shortages as well as a desire to improve women's health and welfare. After reunification in 1975, the policy was extended to the entire country.

In 1988, Vietnam adopted a policy encouraging a family norm of one to two children. The following year, a national health law emphasized the principle of free choice, outlawing any form of coercion. In 1993, the Communist Party Central Committee identified population growth as a factor in a wide array of social, economic, and ecological ills. Today, that position appears to have gained acceptance nationwide.

The country's April 1999 census, made public in July, places the total population at 76.3 million, not including an estimated undercount of 1.23 percent. That count indicates that Vietnam's growth rate between 1989 and 1999 declined to about 1.7 percent per year, down from

2.1 percent recorded for the previous 10-year period.

Vietnam's *Demographic and Health Survey 1997*, also recently released, indicates that the total fertility rate in Vietnam has dropped to an average of about 2.7 births per woman during her lifetime. This rate is down from 4 births per woman in 1987 (see figure). The lowest rates were in the Red River Delta (2.3), which includes

Hanoi, and in the Southeast (1.9), which includes Ho Chi Minh City (Saigon). The highest rate was in the Central Highlands (4.3), an area with a high concentration of ethnic minorities.

The survey recorded a contraceptive prevalence rate for currently married women of just over 75 percent, 10 percentage points higher than the previous survey in 1994. The IUD, a method not requiring continuous supply, pre-

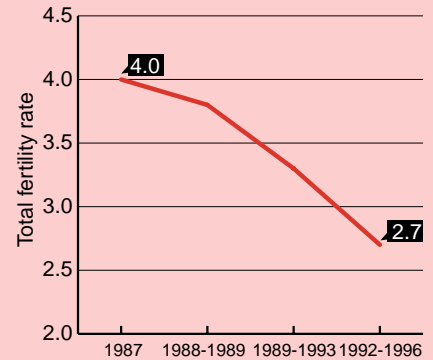
dominated (see table). Another measure, "ideal family size," can be misleading in surveys because women tend to adjust their responses based on the number of children they actually have.

Still, the survey report notes that the ideal family size cited by Vietnamese women has declined steadily in successive surveys, suggesting that the national campaign for smaller families is succeeding in changing deeply held



*This sign in Hoi An bears the government's family planning slogan: "Boy or girl, stop at two children to take good care of them."*

Fertility Decline in Vietnam, 1987-1996



Source: Viet Nam Demographic and Health Survey, 1997 (Hanoi: National Committee for Population and Family Planning and The Population and Family Health Project, 1999), Table 3.2.

Percentage of Married Women in Vietnam Using Contraception, Ages 15-49, 1997

All methods	75.3
Modern methods	55.8
Pill	4.3
IUD	38.5
Injectables	0.2
Condom	5.9
Female sterilization	6.3
Male sterilization	0.5
Traditional methods	19.2
Periodic abstinence	7.3
Withdrawal	11.9
Other	0.3

Source: Viet Nam DHS, 1997, Table 4.4.

attitudes and perceptions, in addition to current practices.

While Vietnam's fertility decline may not be the world's fastest, the success of the national population policy has forever altered the country's prospect for population growth. ■

*Carl Haub holds the Conrad Taeuber Chair of Population Information at PRB.*

## WEBWISE

These publications were posted recently at <http://www.prb.org>:

■ **Benefits of Breastfeeding** a new wallchart, contains data on breastfeeding patterns, child survival, and reproductive health in 90 developing countries.

■ **The 1999 United States Population Data Sheet** focuses on the racial and ethnic composition of the U.S. population.

[www.prb.org](http://www.prb.org)

## NEWS AND RESOURCES

Population assistance from Europe

Nongovernmental organizations (NGOs) in the field of reproductive health, population, and development now have a guide to turn to for information on European government sources of development assistance.

*Guide to European Population Assistance*, produced by the German Foundation on World Population Development, gives application procedures, deadlines, contact people, and funding priorities.

To order, contact the German Foundation for World Population, Göttinger Chaussee 115, D-30459 Hannover, Germany; phone: (49 511) 943-73-0; fax: (49 511) 943-73-73; e-mail: [guide@EuroNGOs.org](mailto:guide@EuroNGOs.org); Web site: <http://www.eurongos.org/english/resources.htm>. Cost: \$35; free to developing country NGOs.

Congenital syphilis still a problem in U.S.

The rate of congenital syphilis, which is transmitted from a mother to her fetus, declined 78 percent between 1992 and 1998, to 20.6 cases per 100,000 live births. Still, more than 800

cases and 53 infant or fetal deaths related to congenital syphilis were reported in the United States in 1998, according to the Centers for Disease Control and Prevention. The rate is disproportionately higher for African Americans: 87.

Drug use, poverty, and lack of access to health care contribute to the disease, which is preventable.

For more information contact the CDC Office of Communications in Atlanta, phone: 404/639-8895.

Dwindling forests pose risks for education and health

The pace of worldwide deforestation is increasing, and the loss of forests spells trouble not only for biodiversity but also for education and women's health, according to a new report by Population Action International (PAI). The report indicates that forested land per person has declined by 50 percent since 1960, primarily due to the expansion of farmland to feed growing populations.

Low forest cover is associated with watershed degradation; the loss of rare plant and animal species; and scarcities of timber, paper, and firewood. Insufficient supplies of paper threaten its use for education in de-

Conrad Taeuber, 1906-1999

*Conrad Taeuber, distinguished U.S. demographer and statistician, died on September 11, 1999, at the age of 93. Taeuber served for five years as member and chair of PRB's board of trustees and had been Chairman Emeritus and Demographic Consultant since 1979. In 1997, PRB inaugurated the Conrad Taeuber Chair of Population Information in his honor.*

*Taeuber directed Georgetown University's Center for Population Research from 1973 to 1978. From 1951 to 1973, he was associate director for demographic fields at the U.S. Census Bureau, where he led the planning and design of the 1960 and 1970 population censuses and instituted in-depth analysis of the social implications of census data. Taeuber was a past president of the Population Association of America (1948-1949) and of the Inter-American Statistical Institute (1967) and chairman of the board of the American Sociological Association (1952-1960).*

*Carl Haub, PRB's senior research demographer and holder of the Conrad Taeuber Chair of Population Information since 1997, remembered Taeuber as a professor at Georgetown. "He let students express their own ideas and learn by that process," said Haub. "We benefited not only from his vast experience but also from his patience and understanding. He was a prestigious man, but he was low-key. If you didn't know [his reputation], you'd never guess he was one of the greats in his field."*

veloping countries. And firewood shortages mean that girls, who have to travel farther to search for fuel, miss school and carry loads heavy enough to inflict spinal column damage.

The report, *Forest Futures: Population, Consumption and Wood Resources*, is available on the PAI Web site: <http://www.populationaction.org>. For printed copies, contact Tom Gardner-Outlaw, e-mail: [tgo@popact.org](mailto:tgo@popact.org).

### PRB Policy Seminars

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

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](mailto:popref@prb.org). Or visit PRB's Web site at <http://www.prb.org>.

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