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EXPERT GROUP MEETING ON COMPLETING THE FERTILITY TRANSITION

From 11 to 14 March 2002, nearly 40 experts from all regions of the world met in New York to discuss the revision of the guidelines for the projection of fertility in intermediate-fertility countries. The meeting, organized by the Population Division of the United Nations Secretariat, with the support of the MacArthur Foundation, addressed in a comprehensive manner the issues raised by the prospect of "Completing the Fertility Transition" and their implications for the projection of future fertility levels. According to the revised guidelines, the projected fertility levels for the intermediate-fertility countries in the medium variant will fall below the level required for the long-term replacement of the population by 2050. This revision of the projection guidelines represents an important break with the traditional view that when the transition to low fertility is completed, fertility levels will largely remain at replacement level. Such a view has so far guided the preparation of fertility projections for all countries with fertility above replacement level in 1995-2000 and, in particular, it has been reflected in the fertility assumptions underlying the medium variant of the *2000 Revision* of the official United Nations population projections.

The projected fertility levels for the intermediate-fertility countries in the medium variant will fall below the level required for the long-term replacement of the population by 2050.

This meeting was the third in a series of United Nations Expert Group Meetings addressing the future of fertility. The first, held in 1997, considered the situation in countries that had already achieved below-replacement fertility. The second, held in 2001, examined prospects for fertility decline in countries that had not yet experienced any significant reduction of fertility The reports and papers presented at these meetings have been or will be published in the *Population Bulletin of the United Nations*. In addition, the report and papers presented at the meeting on "Completing the Fertility Transition" are available on the Population Division's web site (http://www.unpopulation.org).

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Two considerations prompted the revision of the existing guidelines for the projection of fertility in the intermediate-fertility countries, that is to say, those whose fertility levels ranged from 2.1 to 5 children per woman in 1995-2000 (see table). The first was the growing number of developing countries whose fertility had already fallen below replacement level. The experience of China and several countries or areas in Eastern and South-eastern Asia and in the Caribbean indicated that the decline of fertility would not necessarily stop once replacement level had been reached.

The second consideration was the finding that socio-economic factors alone could not explain the onset of fertility decline, especially given the diversity of social, economic and cultural settings in which the transition to low fertility was occurring. Recent studies of the fertility transition indicated that it had been driven mainly by the diffusion of information, ideas, values and norms regarding fertility control. The pervasiveness of fertility reductions and the implied normative and behavioural changes suggested that a similar process might be driving the persistence of below-replacement fertility in developed countries. This diffusion could lead to similar behavioural change in other societies, causing below-replacement fertility to spread from one social group to another and from one country to another.

The key proposed revision to the guidelines for the projection of fertility in the intermediate-fertility countries was that, for the medium variant, the target level reached by 2050 (that is to say, in or before 2045-2050) would be 1.85 children per woman instead of 2.1 children per woman as in previous *Revisions*. In the low and high variants, the target fertility levels for intermediate-fertility countries would be 1.35 and 2.35 children per woman, respectively. No changes would be made to the guidelines for the projection of fertility in high-fertility and low-fertility countries. The assumption that below-replacement fertility would likely be attained by intermediate-fertility countries over the long run rested on the expectation that broad social and economic development would continue in the countries concerned and that contraceptive prevalence would keep on rising as both its social and monetary costs declined.

For the medium variant, the target level reached by 2050 (that is to say in or before 2045-2050) would be 1.85 children per woman, instead of 2.1 children per woman as in previous Revisions.

It was noted that the intermediate-fertility countries included some of the most populous countries on earth and that, as a whole, they accounted for 43 per cent of the world population in 2000. Consequently, the revised guidelines, by implying that their fertility would remain at below-replacement level for some time, could result over the long run in outright population reductions at the world level. For this reason, the proposed revision of the guidelines was considered momentous, since it signalled a change of perspective about the long-term prospects of world population growth. Until recently, demographers had thought that the demographic transition would end by producing a stationary population where births and deaths would balance each other out and population size would remain constant. The revised guidelines reflected a major departure from this traditional view.

Experts at the meeting, citing the experience of countries such as Brazil, Bangladesh, India, the Islamic Republic of Iran and Mexico, endorsed the adoption of guidelines that allowed the fertility of intermediate-fertility countries to drop below replacement level during the projection period. The country reports showed convincingly that, despite the variety of circumstances and factors leading to fertility reductions in different countries, the declining trend was not showing signs of ending. In the discussion, participants stressed repeatedly that no single factor or even a given combination of factors could be used to predict the extent of future fertility declines. Often, the diffusion of information, ideas, values and norms regarding the use of contraception appeared to play a crucial role in leading to fertility reductions. Of course, this diffusion at both the individual and community levels was aided in many cases by active policies favouring family planning and the provision of reproductive health services. The continued reduction of fertility was expected because in many countries the unmet need for contraception remained high.

TABLE (*continued*)

SELECTED FERTILITY AND POPULATION INDICATORS FOR THE INTERMEDIATE –FERTILITY COUNTRIES

	Major area and country	*Total fertility* 1950-1955	*Total fertility* 1995-2000	*Fertility decline per decade*	*Population in 2000 (thousands)*
	World	5.01	2.82	0.5	6 056 715
	Africa	6.71	5.27	0.4	793 627
1	Réunion	5.65	2.30	0.9	721
2	Tunisia	6.93	2.31	1.4	9 459
3	South Africa	6.50	3.10	0.8	43 309
4	Algeria	7.28	3.25	1.2	30 291
5	Egypt	6.56	3.40	1.0	67 884
6	Morocco	7.18	3.40	0.8	29 878
7	Cape Verde	6.60	3.56	1.0	427
8	Libyan Arab Jamahiriya	6.87	3.80	1.5	5 290
9	Botswana	6.50	4.35	0.7	1 541
10	Western Sahara	6.53	4.40	0.5	252
11	Ghana	6.90	4.60	0.5	19 306
12	Kenya	7.51	4.60	1.0	30 669
13	Lesotho	5.84	4.75	0.3	2 035
14	Swaziland	6.50	4.80	0.4	925
15	Sudan	6.50	4.90	0.4	31 095
	Asia	5.88	2.70	0.7	3 672 342
1	Lebanon	5.74	2.29	1.2	3 496
2	Viet Nam	5.75	2.50	1.4	78 137
3	Indonesia	5.49	2.60	0.8	212 092
4	Bahrain	6.97	2.63	1.3	640
5	Mongolia	6.00	2.70	1.9	2 533
6	Turkey	6.90	2.70	0.9	66 668
7	Brunei Darussalam	7.00	2.80	0.9	328
8	Uzbekistan	5.97	2.85	1.1	24 881
9	Kuwait	7.21	2.89	1.5	1 914
10	Kyrgyzstan	4.51	2.89	0.7	4 921
11	Israel	4.16	2.93	0.3	6 040
12	United Arab Emirates	6.97	3.17	0.8	2 606
13	Iran (Islamic Republic of)	7.00	3.20	0.8	70 330
14	Malaysia	6.83	3.26	0.9	22 218
15	Myanmar	6.00	3.30	0.6	47 749
16	India	5.97	3.32	0.6	1 008 937
17	Turkmenistan	6.00	3.60	0.9	4 737
18	Philippines	7.29	3.64	0.8	75 653
19	Qatar	6.97	3.70	0.7	565
20	Tajikistan	6.00	3.72	1.2	6 087
21	Bangladesh	6.70	3.80	0.9	137 439
22	Syrian Arab Republic	7.09	4.00	1.3	16 189

TABLE (*continued*)

	Major area and country	Total fertility 1950-1955	Total fertility 1995-2000	Fertility decline per decade	Population in 2000 (thousands)
23	East Timor	6.44	4.35	0.9	737
24	Jordan	7.38	4.69	0.9	4 913
25	Nepal	5.75	4.83	0.4	23 043
	Europe	2.66	1.41	0.3	727 304
1	Albania	5.60	2.60	0.8	3 134
	Latin America and the Caribbean	5.89	2.69	0.9	518 809
1	Suriname	6.56	2.21	1.0	417
2	Brazil	6.15	2.27	0.9	170 406
3	Uruguay	2.73	2.40	0.2	3 337
4	Bahamas	4.05	2.40	0.6	304
5	Chile	4.95	2.44	0.7	15 211
6	Guyana	6.68	2.45	1.1	761
7	Jamaica	4.22	2.50	1.1	2 576
8	Argentina	3.15	2.62	0.4	37 032
9	Panama	5.68	2.63	0.9	2 856
10	Saint Lucia	6.00	2.70	1.1	148
11	Mexico	6.87	2.75	1.1	98 872
12	Colombia	6.76	2.80	0.9	42 105
13	Costa Rica	6.72	2.83	1.1	4 024
14	Dominican Republic	7.40	2.88	1.0	8 373
15	Peru	6.85	2.98	0.9	25 662
16	Venezuela	6.46	2.98	1.0	24 170
17	Ecuador	6.70	3.10	0.8	12 646
18	El Salvador	6.46	3.17	1.1	6 278
19	Belize	6.65	3.41	0.7	226
20	French Guiana	5.00	4.05	1.1	165
21	Paraguay	6.50	4.17	0.7	5 496
22	Honduras	7.50	4.30	0.7	6 417
23	Nicaragua	7.33	4.32	0.7	5 071
24	Bolivia	6.75	4.36	0.5	8 329
25	Haiti	6.30	4.38	0.4	8 142
26	Guatemala	7.09	4.93	0.5	11 385
	Oceania	3.87	2.41	0.4	30 521
1	French Polynesia	6.00	2.60	1.1	233
2	New Caledonia	5.00	2.60	0.8	215
3	Fiji	6.63	3.20	0.9	814
4	Guam	5.53	3.95	1.5	155
5	Samoa	7.30	4.51	0.6	159
6	Vanuatu	7.60	4.59	0.7	197
7	Papua New Guinea	6.24	4.60	0.5	4 809

A diversity of views was expressed regarding how soon fertility would fall below replacement level. It was noted that the rate of fertility change depended on the level of fertility attained. Declines would tend to be slower at higher levels of fertility, when the transition to lower fertility was just starting, than when the transition had gained momentum and somewhat lower levels of fertility had been reached. The pace of decline would then slow again as fertility approached two children per woman. Experts suggested that, rather than following a pattern of linear decline as heretofore, the projections of future fertility should incorporate this pattern of fertility change. Through the adoption of such an approach, the value used as target level in projections of fertility could be thought of as a floor instead, implying that not all countries with current fertility above replacement level would have to reach that floor by 2045-2050.

Focusing on the demographic implications of these trends, participants and the Population Division stressed that, owing to population momentum, even a pervasive decline of fertility to below-replacement levels would not lead to an immediate reduction of population. In fact, even if fertility dropped today to below replacement level and remained there for all countries of the world, it would take at least 50 years for population reductions to set in.

Even if fertility dropped today to below replacement level and remained there for all countries of the world, it would take at least 50 years for population reductions to set in.

The points raised in the keynote address to the meeting underscored this message. The keynote speaker, Professor John Caldwell of the Australian National University, reminded the audience that, irrespective of the level of fertility projected, huge population growth would continue for another 50 years. He deplored the fact that the Governments of developed countries seemed to be losing interest in the issue. The immediate challenge was to maintain the attitudes, policies and foreign assistance levels that had so far sustained the fertility decline in the developing world even as fertility continued to drop. If that did not happen, then a stationary or declining world population might not be attained before the population had reached 10 billion or 12 billion persons, instead of its being reached at a more moderate size of 8 billion to 9 billion persons. The implications of this difference in terms of environmental sustainability and quality of life would be enormous.

A key conclusion of the meeting was therefore that we were living in a critical period in terms of its implications for population change and policy. The more donor countries lost interest in population issues, especially those related to population growth in the developing world, the more serious the long-term consequences would be, especially in terms of reaching a satisfactory completion of the fertility transition.

The proceedings of the meeting will be published as an unedited working paper (forthcoming) and in a special issue of the *Population Bulletin of the United Nations.* The papers presented at the meeting are available on the web site of the Population Division, at: (http://www.unpopulation.org).

HIV/AIDS: Awareness and Behaviour

Defeating the acquired immunodeficiency syndrome (AIDS) epidemic will require dramatic changes in sexual and reproductive behaviour. This is the overarching conclusion of *HIV/AIDS: Awareness and Behaviour* (ST/ESA/SER.A/209), a new study prepared by the Population Division of the United Nations Secretariat, on the occasion of the first anniversary of the special session of the United Nations General Assembly on HIV/AIDS.

Defeating the AIDS epidemic will require dramatic changes in sexual and reproductive behaviour.

The publication highlights findings from a series of national demographic and health surveys that are directly relevant to the AIDS epidemic. It provides a picture of human immunodeficiency virus (HIV)/AIDS related awareness and behaviour across countries and population groups, ages and genders. Information about risk-related behaviours, their determinants and the context within which they occur has direct relevance to the effective targeting of AIDS prevention efforts.

The study, available in English and French, examines HIV/AIDS-related awareness and behaviour in 39 developing countries, 24 from Africa, 7 from Asia, and 8 from Latin America and the Caribbean. Among the major findings are:

1. The level of awareness of AIDS is generally high. In over half of the countries, at least 90 per cent of the female population have heard of AIDS, and in more than three fourths of the countries, at least 90 per cent of the male population have heard of the disease. However, awareness remains low in a few countries. In Bangladesh and Nepal, for example, less than one in three ever-married women have heard of AIDS.

2. In most countries, awareness of AIDS is higher among men than women (see figure). This gender gap reaches 34 percentage points in the Niger and 28 percentage points in Chad. Also striking are the gender differences in AIDS awareness in Bangladesh (19 percentage points), Benin (13 percentage points), Eritrea (17 percentage points), Mali (19 percentage points), Mozambique (12 percentage points) and Nigeria (15 percentage points).

In most countries, awareness of AIDS is higher among men than among women.

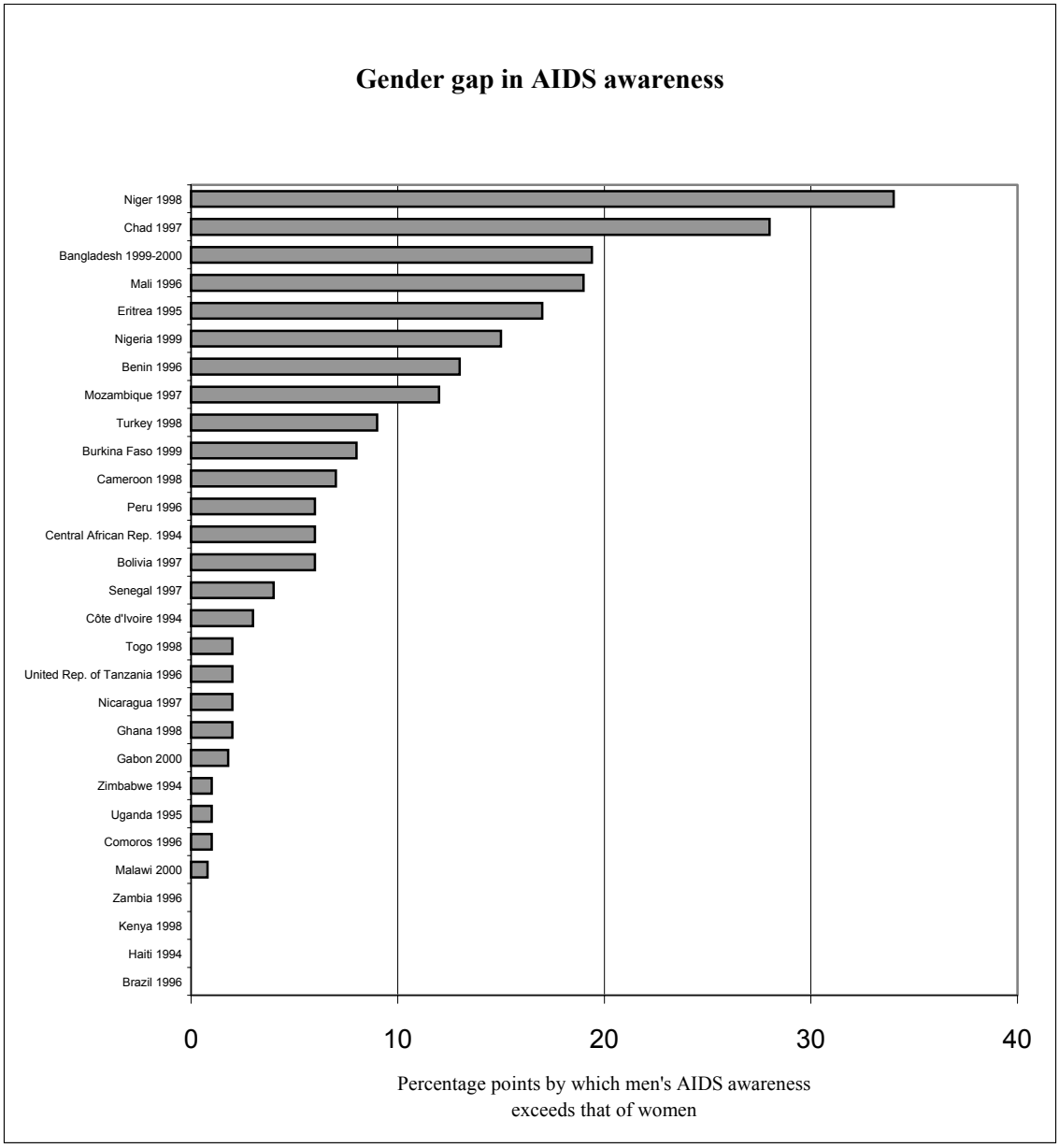
3. Awareness grows with the incidence of HIV/AIDS. In 12 countries where HIV prevalence exceeds 5 per cent, awareness has reached at least 90 per cent, whereas in 2 countries where prevalence is less than 1 per cent, less than half the female respondents are aware of AIDS.

4. Urban residents are much more aware of AIDS than rural populations are. In all but three countries, the level of awareness among women in urban areas reaches 93 per cent. The differential between rural and urban knowledge is enormous in several countries, including Bangladesh, Bolivia, Chad, Eritrea, Guatemala, Indonesia, Nepal and Peru.

5. More education is associated with greater awareness and better knowledge. In most countries, nearly all respondents with at least a secondary education have heard about AIDS. In 31 out of 34 countries for which data are available, at least 95 per cent of the most educated female respondents knew about AIDS.

6. In some countries, the differentials between the more and the less educated respondents are striking. In Indonesia, for example, 88 per cent of the most educated group are aware of AIDS, compared with only 14 per cent of those with no education.

7. However, where national awareness is very high, even those with no education have heard of AIDS. In 14 countries with high awareness, 90 per cent or more of those with no education


Gender gap in AIDS awareness
Niger 1998
Chad 1997
Bangladesh 1999-2000
Mali 1996
Eritrea 1995
Nigeria 1999
Benin 1996
Mozambique 1997
Turkey 1998
Burkina Faso 1999
Cameroon 1998
Peru 1996
Central African Rep. 1994
Bolivia 1997
Senegal 1997
Côte d'Ivoire 1994
Togo 1998
United Rep. of Tanzania 1996
Nicaragua 1997
Ghana 1998
Gabon 2000
Zimbabwe 1994
Uganda 1995
Comoros 1996
Malawi 2000
Zambia 1996
Kenya 1998
Haiti 1994
Brazil 1996
0
10
20
30
40
Percentage points by which men's AIDS awareness exceeds that of women

have heard of AIDS. In Brazil, Malawi, Uganda and Zambia, fully 98 per cent of those with no education say they know about AIDS.

8. Radio is by far the most often cited source of knowledge about AIDS. About half of the female respondents and more than 7 in 10 male respondents have heard about AIDS on the radio. Also striking is the fact that in many countries, men are far more likely than women to have heard about AIDS on the radio.

9. Second only to radio, friends and relatives prove to be one of the most important sources of AIDS information in many countries. At least 50 per cent of female respondents in 10 African countries say they have heard of AIDS from friends or relatives.

10. Schools and teachers currently appear to play a small role in AIDS awareness. In many countries—particularly those with low levels of AIDS awareness—schools and teachers are mentioned by fewer than 10 per cent of respondents.

11. Among those who have heard of the disease, a large majority of female respondents know that people who have the disease almost always die of it. In some countries, however, a substantial minority do not hold this belief. In Colombia, Jordan and Mozambique, about a quarter of the respondents think that AIDS is almost never or only sometimes fatal.

12. In many of the countries surveyed, a majority of female respondents who know about AIDS are aware that a healthy-looking person can have AIDS and that a period of years may elapse before an infected person shows signs of illness.

13. While globally at least three fourths of respondents know about mother-to-child transmission, in some countries many women who know they are HIV-positive still wish to become pregnant.

14. In practically all countries surveyed, including those where HIV prevalence is high, at least two thirds of female respondents and 8 of 10 male respondents said that they are either at no risk at all or at small risk of getting AIDS. In none of the countries surveyed, did the level of education make a significant difference in the response.

15. Women have a somewhat higher risk perception than men. Male respondents to the surveys are more likely than women to believe that they are at low risk of getting HIV/AIDS and only a minority of couples share a similar perception of risk.

16. In all countries, a large majority of respondents who had heard of AIDS knew at least one way to avoid sexual transmission of the disease. Still, in half the countries surveyed, including some countries where HIV/AIDS prevalence exceeds 5 per cent of the adult population, one quarter to one third of female respondents know of no way to avoid getting AIDS.

17. At least 8 in 10 men—and often 9 in 10—know of at least one sexually transmitted infection (STI). Similar levels of knowledge are reported for women in a few countries: Brazil, Kenya, Uganda, Zambia and Zimbabwe. However, in other countries, about half the female respondents do not know that they can get a disease through sexual contact.

18. Using a condom and having only one sexual partner are the two safe behaviours most often mentioned by respondents who knew about the sexual transmission of HIV.

19. In all countries surveyed, a large majority of men, ranging from 60 to 90 per cent, reported that they had changed their behaviour to avoid getting AIDS. In contrast, in only half the countries have a majority of female respondents made a behavioural change.

20. Among those respondents, whether male or female, who did change their behaviour, the most frequently cited change had entailed confining sexual activity to one partner.

21. Only a small percentage of respondents began using condoms to prevent HIV transmission.

Fewer than 8 per cent of women in all the countries surveyed report that they have changed their behaviour by using condoms. Among married women, the percentages are particularly low. Figures are usually higher for men, ranging between 15 and 25 per cent in most countries.

AIDS awareness is high, but behaviour remains risky.

The results from this study highlight the enormous challenges lying ahead in the prevention of the spread of HIV/AIDS. HIV/AIDS campaigns have significantly raised awareness and knowledge of the infection, particularly in urban areas. Key messages on HIV prevention have reached out to individuals at risk, as evidenced by changes in their sexual behaviour. At the same time, the scope for improving policy intervention looks daunting. Prevention measures that are promoted globally are often at odds with what couples perceive as acceptable strategies to protect themselves within their own social and family environment. And, in countries where large families are the norm, the promotion of safer sexual behaviour comes up against the desire for more children. In sum, existing programmes have done little, so far, to adequately inform the vast majority of couples who live in the rural areas of many African and Asian countries.

Clearly, dramatic changes in sexual and reproductive awareness and behaviour in many developing countries are needed in order to defeat the HIV/AIDS epidemic. The Declaration of Commitment on HIV/AIDS (General Assembly resolution S-26/2, annex) adopted at the twenty-sixth special session of the Assembly on HIV/AIDS acknowledged that prevention of HIV infection must be the mainstay of responses to the epidemic (para. 17). As the Secretary-General of the United Nations affirmed in his statement on 20 July 2001 to the conference of G-8 heads of State in Genoa, Italy, the first priority is "to ensure that people everywhere—particularly the young—know what to do to avoid infection" (press release SG/SM7895 – AIDS/31, third paragraph).

In addition to being issued in its printed forms, the publication can be accessed, in both English and French, from the web site of the Population Division of the United Nations Secretariat, http://www.unpopulation.org.

COMMISSION ON POPULATION AND DEVELOPMENT

The thirty-fifth session of the Commission on Population and Development was held at United Nations Headquarters from 1 to 5 April 2002. Its central theme was reproductive rights and reproductive health, with special reference to HIV/AIDS.

The documents before the Commission included a report on world population monitoring, focusing on the theme of the session. The report provided recent information on selected aspects of reproductive rights and reproductive health, covering topic such as: entry into reproductive life; reproductive behaviour; family planning; abortion; maternal mortality and morbidity; sexually transmitted infections; HIV/AIDS; and reproductive rights. Other reports covered the intersessional meeting of the Bureau of the Commission; monitoring of population programmes focusing on reproductive rights and reproductive health, with special reference to HIV/AIDS as contained in the Programme of Action of the International Conference on Population and Development; the flow of financial resources for assisting in the implementation of the Programme of Action; and programme implementation and progress of work in the field of population in 2001.

The Commission considered follow-up actions to the recommendations of the International Conference on Population and Development and adopted a resolution concerning reproductive rights and reproductive health,

including HIV/AIDS. In that resolution, the Commission requested the Population Division of the Department of Economic and Social Affairs of the Secretariat to continue its research and requested the United Nations Population Fund to continue its programming on reproductive rights and reproductive health, in close collaboration with each other and with all other relevant funds, programmes and agencies of the United Nations system. It also requested the Population Division, in collaboration with the Joint United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) (UNAIDS) and other relevant funds, programmes and agencies, to strengthen its work on the demographic aspects and impact of HIV/AIDS. It further requested that the Population Division incorporate the findings from that and other relevant research on reproductive rights and reproductive health, including the interrelationship with HIV/AIDS, in its contribution to the next review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development scheduled for 2004 and, to the extent appropriate, to the annual reviews of the Declaration of Commitment on HIV/AIDS as well as to any other relevant processes.

The Commission approved the draft provisional agenda for its thirty-sixth session, to be held in New York from 31 March to 4 April 2003, and adopted its report on its thirty-fifth session.

WORLD POPULATION MONITORING, 2002: REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH

The issues of reproductive rights and reproductive health, with special reference to HIV/AIDS, are the subject of the 2002 edition of *World Population Monitoring*, a report presented annually to the Commission on Population and Development. The report updates the findings of *World Population Monitoring, 1996*, and provides s a specific emphasis on the HIV/AIDS epidemic. *World Population Monitoring, 1996* was the first report monitoring progress in the implementation of the Programme of Action of the International Conference on Population and Development with respect to reproductive rights and reproductive health. The present report covers reproductive rights and reproductive health issues related to entry into reproductive life; reproductive behaviour; family planning; abortion; maternal mortality and morbidity; sexually transmitted infections; HIV/AIDS; and policy issues related to reproductive rights.

Entry into reproductive life is a key transition in a person's life and the choices and behavioural patterns acquired during this early stage will typically shape the subsequent life course. This transition is marked by critical life events such as puberty, sexual initiation, marriage and the onset of childbearing. The timing, sequence and context in which these events take place have immediate and long-term repercussions for individuals' sexual and reproductive health. A recent review of research has documented the health risks of premature sexual initiation and the adverse consequences of early marriage and childbearing.

Entry into reproductive life is a key transition … marked by critical life events such as puberty, sexual initiation, marriage and the onset of childbearing.

Puberty signals the onset of sexual maturation. Studies documenting age at menarche show that it is lower in the more developed regions than in the less developed regions and that it is inversely associated with socio-economic conditions, nutrition and literacy rates. Over the past century, age at menarche has fallen significantly in the more developed regions, but this trend seems to have reached a plateau. In the less developed regions, age at menarche continues to decline, concomitantly with improvements in

nutrition and health conditions. Boys enter puberty about two years later than girls and there is scattered evidence of a general trend towards earlier puberty also among boys.

The seriousness of the HIV/AIDS epidemic has promoted increased data collection and research on young people's sexual behaviour. The data show that the onset of sexual activity typically takes place during adolescence for both men and women. Whereas gender differentials in the timing of sexual initiation are relatively modest and do not follow a consistent patterns across regions, gender differentials regarding the marital context of sexual initiation are generally large and uniform. Among developing countries, a higher proportion of men than women experience this transition prior to marriage, while in many developed countries, the onset of sexual activity takes place predominantly prior to marriage for both men and women. A higher education among women is associated with later onset of sexual activity. Several studies have also documented the influential role of family stability, father's presence in the household and parent-teen communication in delaying the timing of sexual initiation and reducing risk-taking behaviour.

Although in many settings entry into marriage no longer coincides with the onset of sexual activity, marital unions remain the predominant context within which childbearing and child-rearing take place. Currently, regional averages of women's age at marriage range from 21.9 years in Africa to 26.1 years in Europe and Northern America. Men's mean age at marriage is considerable higher than women's in all regions, ranging from 26.6 years in Asia to 28.8 years in Europe and Northern America. Gender differentials in age at marriage are largest in Africa, where they average five years. A general trend towards later marriage has been documented for most regions. Worldwide, the mean age at first marriage has increased 1.6 years among women and 1.2 years among men over the past decade. The growing emphasis on education is generally acknowledged to have played a significant role in this trend.

Although in many settings entry into marriage no longer coincides with the onset of sexual activity, marital unions remain the predominant context within which childbearing and child-rearing take place.

With respect to reproductive behaviour, the report shows that, during the past decade, fertility rates continued to decline in most countries. Globally, fertility declined from 3.4 children per woman in 1985-1990 to 2.8 children per woman in 1995-2000. In the more developed regions, fertility declined from 1.8 to 1.6 children per woman and in the less developed regions, from 3.8 to 3.1 children per woman during the same period. These averages conceal large differences across and within regions. Fertility decline was particularly rapid in Northern Africa. The decisive role of education in fostering fertility decline has been documented extensively.

It has also been well documented that early childbearing, especially childbearing under age 18, poses risks for both mother and child. Current levels of adolescent fertility vary widely among countries. African countries have the highest levels of adolescent fertility and also the largest variation in rates, ranging from more than 200 to less than 50 births per women aged 15-19. In many countries of Asia, increases in age at marriage and low incidence of premarital childbearing have resulted in low levels of childbearing among adolescents. Adolescent fertility rates in Latin America and the Caribbean continue to be relatively high even though in most countries total fertility rates had reached low levels by the end of the 1990s. Fertility rates are below 20 per 1,000 women in the majority of developed countries and are as low as 5 or less per 1,000 women in Japan and a few European countries. Many of the countries of Eastern Europe and the Baltic States experienced rapid declines in adolescent childbearing during the 1990s.

Family planning has long been a central component of population policies and

programmes and is an integral part of reproductive health. At the world level, close to two thirds of couples with the woman of reproductive age are using contraception. Africa has the lowest contraceptive prevalence in the world, with on average a quarter of couples using family planning. In the developing countries of Asia, two thirds of couples are using family planning. However, this average figure is heavily influenced by the high level of use in China. In Latin America and the Caribbean and in the more developed regions, the average prevalence is fairly high: 7 out of 10 couples, on average, are using family planning.

At the world level, close to two thirds of couples with the woman of reproductive age are using contraception.

Most users of contraception rely on modern methods, which account for 90 per cent of contraceptive use worldwide. In particular, three female-oriented methods are most commonly used: female sterilization, intrauterine devices (IUDs) and oral pills. With respect to the use of specific methods, marked differences exist between the more and less developed regions. First, the use of traditional methods in the more developed regions is twice as high as in the less developed regions. Second, contraceptive users rely more on short-acting and reversible methods in the more developed regions, whereas couples in the less developed regions tend to use longer-acting and highly effective clinical methods. Third, reliance on a male-oriented method is much greater in more developed regions than in less developed regions.

Most developing countries with available trend data for the past 10 years show a substantial increase in contraceptive use. Prevalence increased by at least 1 percentage point per annum in 68 per cent of the countries, and by at least 2 percentage points per annum in 15 per cent of the countries. Trend data for the past 10 to 15 years show that condom use has increased in the great majority of the developing countries of Africa, Asia, and Latin America and the Caribbean, probably as a result of campaigns promoting condom use to protect against HIV infection. In the developed world, condom use has increased in Northern America and New Zealand; as regards European countries, it has increased in some but decreased in others.

Despite the recent rapid growth in the use of contraception, a variety of indicators suggest that problems of limited choice of methods as well as high unmet need for family planning are still widespread in the developing countries. In as many as one third of the countries, a single method, usually sterilization or the pill, accounts for at least one half of all contraceptive use. The percentage of currently married women who need family planning but who are not using any method of contraception is, on average, 24 per cent in sub-Saharan Africa and about 18 per cent in Northern Africa, Asia, and Latin America and the Caribbean. In sub-Saharan Africa, substantial fractions of women are simply not aware of any modern form of contraception. The level of unmet need for family planning is usually higher among younger women.

According to the report, approximately 26 million legal abortions and 20 million unsafe abortions are estimated to have been performed worldwide in 1995. While these figures provide a sense of the magnitude of the abortion issue, they remain quite speculative since hard data are lacking for the large majority of countries.

The overwhelming majority of countries (189 out of 193) permit abortions to be performed to save the pregnant woman's life. However, the breadth of conditions under which abortion may be performed legally varies greatly among countries. National abortion laws and policies are significantly more restrictive in the developing world than in the developed world. In the developed countries, abortion is permitted upon request in about two thirds of the countries as well as for economic or social reasons in three fourths of the countries. In contrast, only one in seven developing countries allows abortion upon request and only one in six countries allows abortion for economic or social reasons.

Unsafe abortion is defined as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an

environment lacking the minimal medical standards or both. According to estimates by the World Health Organization (WHO) for 1995-2000, globally, one maternal death in eight is probably due to abortion-related complications. Most countries where the incidence of either unsafe abortion, or induced abortion overall, is high are countries where family planning information, services and contraception are unavailable or largely inadequate. Abortion prevention rests on the availability of family planning information, counselling and services.

Recent global estimates suggest that 515,000 women die of pregnancy-related complications and causes each year, almost all of them in the developing world. During the 1990s, a number of international conferences set goals for a reduction of maternal mortality. The goal of reducing maternal mortality was further endorsed at the Millennium Summit in 2000. Monitoring of progress in the attainment of this goal is difficult since only a few countries have accurate national-level data on maternal mortality. Such information as is available shows only modest improvements and indicates the need for strengthened efforts to address the problem. A consensus statement issued by the United Nations agencies indicates the actions needed to reduce maternal mortality, namely: prevention and management of unwanted pregnancy and unsafe abortion; use of skilled care during pregnancy and childbirth; and access to referral care when complications arise.

Sexually transmitted infections (STIs) are among the most common causes of illness in the world. They not only are a cause of acute infections in adults but may also result in long-term morbidity for both women and men, with a higher burden of disease in women. WHO estimates that 340 million new cases of STIs occurred in 1999. The largest number of new infections occurred in Asia, followed by sub-Saharan Africa and Latin America and the Caribbean. The highest rates of STIs are generally found in urban men and women in their most sexually active years, that is to say, between the ages of 15 and 35. Women become infected at a younger age than men. Adolescents are at a special risk of exposure to STIs and HIV. The appearance of the HIV and AIDS has further increased the need to control STIs, since there is a strong correlation between conventional STI transmission and HIV transmission.

At the end of 2001, an estimated 40 million people were living with HIV. The epidemic has proved devastating, AIDS having been the cause of death of a total of about 20 million people since the first clinical evidence of AIDS was reported in June 1981. In 2001, some 5 million people became infected globally, 800,000 of them children. Sub-Saharan Africa remains the worst-affected region in the world. Approximately 3.4 million new infections occurred in 2001, bringing to 28.1 million the total number of people living with HIV in sub-Saharan Africa. The number of infections is also increasing rapidly in Asia. A total of 7 million people are estimated to be living with HIV/AIDS in Asia and the Pacific. In 2001, more than 1 million people became infected in the region. A common pattern in all regions is the spread of the virus among young people. An estimated 11.8 million young people aged 15-24 years were living with HIV/AIDS at the end of 2001, 7.3 million of whom were women and 4.5 million of whom were men.

Reproductive health care plays a central role in AIDS prevention. The protection provided by, and the application of the right to, comprehensive, quality reproductive health care services become extremely crucial, as the HIV epidemic continues to spread fastest among young people and women. The targets agreed upon at the special session of the General Assembly on HIV/AIDS held in New York in June 2001 clearly highlight reproductive health care as a core component of AIDS prevention and care.

Reproductive health care plays a central role in AIDS prevention.

The Programme of Action adopted at the International Conference on Population and Development in 1994 also focused attention on gender equality, equity and empowerment of women. The following year, the Fourth World

Conference on Women held in Beijing affirmed the principle of women's human rights and called up on Governments to promote and protect women's rights including their reproductive rights, and to remove obstacles that prevented the achievement of those rights. Much progress has been made in establishing the basis for reproductive rights; however, much remains to be accomplished in translating these rights into policies and programmes. The broad international consensus reached at the International Conference on Population and Development and the continued endorsement of the concepts of reproductive rights and reproductive health at the five-year review of the implementation of the Programme of Action make it likely that reproductive rights will continue to be a major focus of population policies in the future.

INTERNATIONAL MIGRATION FROM COUNTRIES WITH ECONOMIES IN TRANSITION, 1980-2000

The Population Division has prepared a report entitled *International Migration from Countries with Economies in Transition, 1980-2000* (ESA/P/WP.176), based on time-series data on flows and stocks of international migrants to and from countries with economies in transition, as recorded by these countries as well as countries with established market economies.

The data compiled show the historic rise of international migration from and within the region during the first years of the transition. Between 1990 and 1994, countries with established market economies recorded more than 1 million arrivals per year from the group of countries with economies in transition. Between 1.5 million and 2 million people migrated yearly within these countries, particularly from republics of the former Soviet Union to the Russian Federation. Long-term migration levelled off in the second half of the 1990s, as the main armed conflicts subsided and the main receiving countries tightened their immigration and asylum policies. The average net outmigration rates recorded for Bosnia and Herzegovina, Yugoslavia, Kyrgyzstan and Kazakhstan in 1990-1995 are among the world's highest observed during the period. Five countries in the region had an overall positive net migration balance during the 1990s: Croatia, the Czech Republic, the Russian Federation, Slovakia and Slovenia.

The limitations intrinsic to most international migration studies, namely, those imposed by data availability, quality and comparability, are particularly relevant in this case. In general, statistics from countries with economies in transition are not complete. There are significant information gaps and a significant proportion of flows are undocumented. As it becomes necessary to rely on more than one source in order to obtain complete data series, issues of quality and comparability arise. The data sources used in the report include, among others, population registers, registers of foreigners, issuance of residence permits, border statistics and censuses. While a majority of countries included in the study classify migrants by country of previous/intended residence, some classify them by citizenship or by country of birth. In addition, a significant number of countries with established market economies include both short-term and long-term migrants in their statistics. Countries with economies in transition, in contrast, have until recently recorded long-term or permanent migrants only. The increase in various forms of short-term migration reported in recent studies and surveys cannot be systematically confirmed with the existing data.

ASIA ON THE MOVE: LEVELS AND TRENDS OF INTERNATIONAL MIGRATION IN ASIA

The report entitled *Asia on the Move: Levels and Trends of International Migration in Asia* (forthcoming), prepared by the Population Division, analyses the new and complex patterns of international migration in the Asian region, focusing primarily on changes that have occurred in the region since the 1970s. It shows the growth of cross-border movements of people within Asia and some important shifts in the direction and nature of the movements. More specifically, the region has experienced a burgeoning of labour migration, centering in the oil-producing countries of Western Asia and the newly industrialized and industrializing economies of Eastern and South-eastern Asia. Permanent settlement of immigrants occurred mostly in Israel, and involved a substantial number of people originating in Eastern Europe in the 1990s. In addition, prolonged conflicts, increased occurrences of civil unrest, and political instability in some areas of Asia also led to an unprecedented rise in refugee populations during the 1980s and early 1990s.

In order to assess the quantitative aspects of the population movements, efforts have been made to gather statistics on international migration from a wide range of available sources. The data sources employed in the study include, among others, population censuses, registers of foreigners, border statistics, issuance of visa or work permits, records on clearance of overseas employment maintained by the Governments of labour-sending countries and records from regularization drives.

The study shows that, while each data source on international migration has its own strength and limitations, use of information from a variety of sources can help illustrate the phenomenon more accurately. For example, the comprehensive assessment of the foreign workforce is still being hampered by a paucity of information in several major recipient countries of labour migration, including the oil-producing countries of the Arabian peninsula and the high-income economies in South-eastern Asia. The records maintained by labour administration offices of sending countries, albeit with their own limitations in coverage, have been a useful supplement with respect to investigating the changing volumes and directions of migration flows.

Asia is one of the regions where the feminization of labour migration has been relatively well documented, primarily based on the data concerning official clearance of departing migrant workers. Much remains unrevealed, however, about other socio-economic and demographic characteristics of migrants, from which important policy implications might have been derived. Lastly, the most serious statistical challenge in the region has been the estimation of scale of undocumented migrants. While the number of deported or regularized migrants provides information about a segment of undocumented migration, no other existing data can reveal a scale of undocumented migration that is close to the reality.

WALL CHART: *WORLD CONTRACEPTIVE USE, 2001*

The Population Division has issued a wall chart on contraceptive use entitled *World Contraceptive Use, 2001* (Sales No. E.02.XIII.7), as part of its ongoing monitoring of world use of family planning. The chart presents the most recent data available on the current contraceptive practices for 153 countries and areas of the world.

Worldwide, 62 per cent or 650 million of the more than 1 billion married or in-union women

of reproductive age are using contraception (see back page). In the more developed regions, 70 per cent of married women use a method of contraception, while in the less developed regions, 60 per cent do. In Africa, only 25 per cent of married women are using contraception, whereas in Asia and Latin America and the Caribbean, prevalence of contraceptive use is fairly high, at 66 per cent and 69 per cent, respectively.

Nine out of 10 contraceptive users worldwide rely on modern methods. The most commonly used modern methods are female sterilization (20 per cent of married women), IUDs (15 per cent) and oral pills (8 per cent). Modern methods are considered more effective in preventing pregnancy and require access to family planning services or other sources for supplies.

Short-acting and reversible methods are more popular in the developed countries, whereas longer-acting and highly effective clinical methods are more commonly used in the developing countries. In the developed countries, contraceptive users rely mostly on oral pills (17 per cent of married women) and condoms (15 per cent of married women). By contrast, female sterilization and IUDs, used by 22 per cent and 16 per cent of married women, respectively, dominate in the developing countries.

Traditional methods are more popular in the developed countries than in developing countries. They are used by 11 per cent of married couples in the more developed countries compared with just 5 per cent in developing countries. The higher prevalence of traditional method use in developed countries accounts for much of the difference between developed and developing countries in respect of contraceptive use. The most-used traditional methods include the rhythm method (periodic abstinence) and withdrawal. In the world as a whole, these methods are used by 6 per cent of married women.

Contraceptive use has increased substantially over the past decade. In the 67 developing countries with trend data, the percentage using contraception increased by at least 1 percentage point per annum in 44 countries, and by at least 2 percentage points per annum in 10 countries, including Zambia, Algeria and Morocco in Africa, and the Islamic Republic of Iran, Pakistan, Myanmar, Viet Nam, Jordan, Oman and Yemen in Asia. Over the past decade, the percentage of married women using contraception increased from 15 to 25 per cent in Africa; from about 52 to 66 per cent in Asia; and from about 57 to 69 per cent in Latin America and the Caribbean. Developed countries have shown little growth in levels of contraceptive use over the past decade.

There remain high levels of unmet need for family planning in the developing countries, despite the recent rapid growth in their use of contraception. An average of 24 per cent of married women in sub-Saharan Africa need family planning: although they want no more children or want to delay their next pregnancy by two years or more, for various reasons they are not using any method of contraception. In Northern Africa, Asia and Latin America and the Caribbean, the need for family planning is lower, at about 18 per cent. In Europe, this proportion is below 10 per cent on average.

Data presented in the wall chart are for women of reproductive age who are married or in a consensual union only because comparative information is more widely available for married populations than for unmarried ones, and for women than for men. Also, data reflect the primary or most effective method used with the spouse or regular partner. When the respondent reports that she is currently using a combination of methods, only the most effective method is registered. This may explain, in part, for example, why the prevalence of condom use is much higher in the more developed regions than in the less developed regions (15 per cent and 3 per cent of married women, respectively, are reporting that their partners are using condoms). In the more developed regions, when condom use is reported to be a couple's contraceptive method, it is usually the primary method used. In the less developed regions, apart from being less frequently used, condoms tend to be used in conjunction with another, more effective method. Finally, studies have shown that the reported prevalence of use of condoms is higher if respondents are asked about use with any partner rather than with just the regular partner. Moreover, men tend to report a

higher prevalence of condom use than do women about their partners.

The wall chart may be obtained for $5.95 per copy from the Sales Section, United Nations, New York or Geneva; through booksellers worldwide; or by writing to the Director, Population Division, Department of Economic and Social Affairs, United Nations, New York, NY 10017, United States of America. The data presented in the wall chart are also available on the Internet at the following address: http://www.unpopulation.org.

DEMOGRAPHIC YEARBOOK

The *Demographic Yearbook*, the 52-year old vehicle of the United Nations Statistics Division's for the collection and dissemination of international data on population and vital statistics, has just recently made available on CD-ROM the latest data collection on natality. Traditionally, besides being regularly issued, the *Demographic Yearbook* was complemented by special-topic editions, focusing in a more detailed way on a specific topic. Previously, these special-topic editions had been disseminated in hard copy. Two years ago, the Statistics Division started to issue them on CD, the first being the *Demographic Yearbook: Historical Supplement, 1948-1997,* presenting a 50-year time series on population by age and sex, live births by age of mother, female population by number of children born alive and children living, expectation of life, deaths by age and population by marital status.

Demographic Yearbook: Natality Statistics is the second CD in this new series. Time coverage for all the data refers to the period 1980-1999 for a few topics, and to the period 1990-1999 for all the other topics. All data are organized in 20 tables, covering:

- Live births by sex and crude live-birth rates, urban/rural
- Child-woman ratios, total fertility rates, gross and net reproduction rates
- Live births by age of mother and live-birth rates specific for age of mother, urban/rural
- Live births by age of mother and live-birth order and live-birth rates specific for age of mother by live-birth order
- Live births by age of father and live-birth rates specific for age of father
- Live births by plurality, birth weight, gestational age, legitimacy status
- Legitimate live births by duration of married life
- Late foetal deaths and ratios, urban/rural
- Late foetal deaths by age of mother and ratios specific for age of mother
- Late foetal deaths by age of mother and total-birth order and ratios specific for age of mother and total-birth order
- Foetal deaths and foetal deaths ratios by gestational age

All data on these topics are collected from national statistical authorities, either directly using questionnaires or from officially released publications. In addition, for some derived measures, data produced by the Population Division of the United Nations Secretariat were used. Not all the countries have the same capacities when it comes to the collection of natality statistics; hence, the coverage of countries or areas varies depending on the topic, ranging from 191 countries or areas reporting data on total live births to 16 countries or areas reporting data on the total number of foetal deaths by gestational age. In addition to presenting natality statistics, the CD provides implicit information on the state of development of civil registration and vital statistics in the world.

Traditionally, the *Demographic Yearbook* makes every effort to provide users with as much available methodological information as possible,

and this CD is no exception. Technical notes precede each table and footnotes provide additional explanations, when and where available.

All tables come in two formats: PDF and HTML, with an additional help facility that explains how to convert data into spreadsheet format. This facility enables the users to process the data according to their needs. The CD is also equipped with a search engine to facilitate data retrieval and browsing.

The price of this CD has been set at $50.00. All information regarding the purchase may be obtained from United Nations Publications, Room DC2-853, New York, New York 10017 via e-mail at: publications@un.org; or at the following web site: http://www.un.org/pubs.

SELECTED WORK IN PROGRESS

"World Population Monitoring, 2003: Population, Education and Development"

Work is proceeding on "World Population Monitoring, 2003," to be submitted to the Commission on Population and Development at its thirty-sixth session in 2003. The theme of the report is "Population, education and development". It will contain chapters on trends in population, education and development; education and entry into reproductive life; interrelationships between education and fertility, including desired fertility and family planning; interrelationships between education and health and mortality, including HIV/AIDS; interrelationships between education and migration; and education and development.

This is the eighth of the annual reports prepared by the Population Division monitoring selected themes of the Programme of Action of the International Conference on Population and Development. Previous reports covered reproductive rights and reproductive health (1996), international migration and development (1997), health and mortality (1998), population growth, structure and distribution (1999), population, gender and development (2000), population, environment and development (2001) and reproductive rights and reproductive health (2002).

TECHNICAL COOPERATION

Population Division outreach programme

This programme, now in its third year, aims at providing an opportunity for distinguished young scholars from developing countries—typically, doctoral students in population—to participate in a technical meeting organized by the Population Division of the United Nations Secretariat in their area of expertise and to receive complementary training on the work of the Population Division. A number of tutorial support activities are built into the programme, including background briefings prior to the technical meeting, daily discussion sessions to review and develop issues being addressed by the experts, and extensive presentations of the work of the various substantive sections of Population Division. The participants are required to write and present orally to the staff of the Population Division a short essay on lessons learned from their participation in the meetings and their interaction with the experts. This year's programme was organized in conjunction with the Expert Group Meeting on Completing the Fertility Transition (see above) and

included participants from Brazil, India, Kenya and Zimbabwe. For the first time this year, the programme included a half-day visit to the Population Council, where the participants were briefed on the Council's research activities and interacted with the Council's staff working on issues of mutual interest.

Strengthening population research institutions in francophone Western Africa

As a follow-up to previous efforts to promote the use of electronic communication technologies among population research and training institutions in francophone Western Africa, a technical cooperation mission was organized to assist the Demographic Research Unit (URD) of the University of Lomé, Togo, in putting online its web site (http://www.urd-lome.org). The mission, a joint undertaking of the Population Division and the office of the Institute for Development Research (IRD) (formerly the French Institute of Scientific Research for Development in Cooperation (ORSTOM)) in the Niger, was held from 15 to 20 April 2002. Work was undertaken related to the web site of URD, and discussions were held on the revitalization and further strengthening of the African network of demography (DEMONETA) (http://www.membres.lycos.fr/demoneta/), including future initiatives to use the Internet for distance learning in demography.

RECENT PUBLICATIONS

Studies

Abortion Policies: A Global Review, vol. III, *Oman to Zimbabwe*
ST/ESA/SER.A/196 – Sales No. E.02.XIII.5

World Population Monitoring, 2002: Reproductive Rights and Reproductive Health: Selected Papers
ESA/P/WP.171

World Population Ageing, 1950-2050: Executive Summary
ST/ESA/SER.A/207/ES – Sales No. E.02-XIII.3

Population, Resources, Environment and Development Databank, CD-ROM
PRED Bank 3.0
POP/DB/PRED/2001

Population, Resource, Environment and Development Databank
(PRED Bank Version 3.0)
ESA/P/WP.170

Living Arrangements of Older Persons: Critical Issues and Policy Responses
Population Bulletin of the United Nations, Special Issue, Nos. 42/43
ST/ESA/SER.N/42-43 – Sales No. E.01.XIII.16

Catalogue of Population Division Publications, Databases and Software, 2001
POP/INF.2

HIV/AIDS Awareness and Behaviour
ST/ESA/SER.A/209 - Sales No. E.02.XIII.8

HIV/AIDS Awareness and Behaviour, Executive Summary
ST/ESA/SER.A/209/ES (in six languages: A,C,E,F,R,S)

HIV/AIDS and Fertility in Sub-Saharan Africa: A Review of the Research Literature
ESA/P/WP.174

Wall charts

Population Ageing, 2002
ST/ESA/SER.A/208 – Sales No. E.02.XIII.2

World Contraceptive Use 2001
ST/ESA/SER.A/210 – Sales No. E.02.XIII.7

Percentage of married women of reproductive age currently using contraception, l