

U.S. Population up 13 Percent, Largest 10-Year Increase Ever

by Kelvin Pollard and Mark Mather

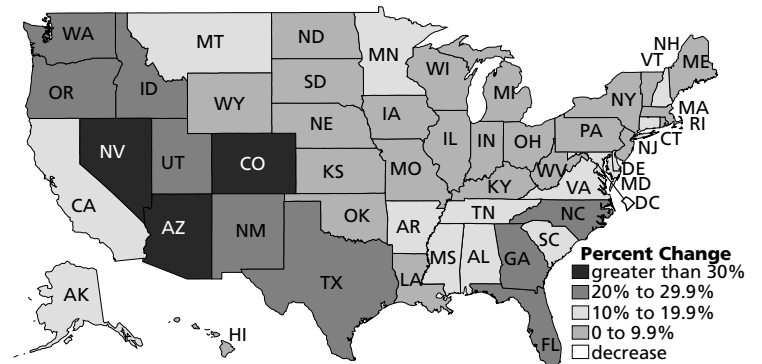
The first results from Census 2000 are in, and the U.S. population stands at 281,421,906.

The new total represents an additional 32.7 million Americans (a 13 percent increase) from the 248.7 million Americans counted in the 1990 census. The numerical increase is the largest ever between censuses, and the percentage increase is the largest since the 1970-1980 period.

With 33.9 million people, California remains the largest state; however, Texas has replaced New York as the second largest (20.9 million to 19.0 million). Wyoming, with 493,782 residents, remains the smallest state.

Only the District of Columbia lost population between 1990 and 2000. California, as one might have expected, had the largest numerical increase at 4.1 million, while Nevada had the highest growth rate at 66 percent.

Shifts in Population by State, 1990 to 2000



Source: U.S. Census Bureau.

South, West Gain Seats in House

With the release of the new data, the public also learned how many seats each of the 50 states will get in the House of Representatives during the next decade—effective when the 108th Congress takes office in 2003. As expected, southern and western states will gain

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Cervical Cancer: A Regional Threat

by Liz Creel

When the diagnosis is cancer, causes like smoking, bad diets, and heredity come to mind. Few people make the connection between a sexually transmitted virus—typically contracted 20 years before—and cancer. But that connection has been proved with cancer of the uterine cervix. The obscurity of the virus that leads to cervical cancer makes it a health problem worldwide; factors such as limited access to tests, improper targeting of women for screening, fear, and poverty make cervical cancer particularly problematic in Latin America and the Caribbean, where it is the fourth leading cause of death among women.

Cervical cancer is caused primarily by certain strains of the human papillomavirus (HPV), a common sexually transmitted infection. Cervical cancer is preventable and can be treated

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Census Surprises Some States *Continued from page 1*

seats—mostly at the expense of states in the Northeast and Midwest.

Eight states will gain seats in the new apportionment. Arizona, Florida, Georgia, and Texas will each gain two seats, while California, Colorado, Nevada, and North Carolina will each pick up one seat. The 12 total seats gained by these states will come at the expense of 10 other states. New York and Pennsylvania will lose two seats each, while Connecticut, Illinois, Indiana, Michigan, Mississippi, Ohio, Oklahoma, and Wisconsin will lose one seat each.

The population totals used for the new apportionment include not only the resident population of each state, but also the number of military and civilian employees of the U.S. government (plus their dependents) who are posted overseas. As it turned out, the inclusion of the overseas population made a difference in the final apportionment figures. If only the state resident population totals had been used, North Carolina's additional seat in the 108th Congress would have gone to Utah. Utah has filed suit against the Census Bureau over its counting method.

Even with the expected gains for the South and West, the new apportionment numbers contained some surprises. Apportionment projections based on 1999 Census Bureau estimates had indicated that Florida and Georgia would each gain only one seat, while Indiana, Michigan, and North Carolina would not be affected by the 2000 apportionment. Those projections also mistakenly predicted that Montana would regain the second House seat that it had lost in the 1990 apportionment.

'An Unusually Strong Count'

In the news conference, Census Bureau Director Kenneth Prewitt described the 2000 census as "an unusually strong count" of the U.S. population. In fact, the 281.4 million counted by the census was almost 7 million higher than the Census Bureau had estimated through demographic

analysis (274.5 million), a difference greater than the population of Massachusetts. Even if that estimate had been increased to reflect the net undercount in 1990—bringing the estimated population to 279.2 million—the unadjusted census count is still substantially higher. Prewitt said that the Census Bureau may have been particularly successful in reaching undocumented and temporary workers, a factor he said could account for the high count. Indeed, the 2000 census effort included an aggressive education and outreach program to increase participation of migrant workers and other hard-to-reach groups.

It is also possible that the actual U.S. population is somewhat lower than 281 million. There are two basic types of errors in any census: people who are missed and people who are counted more than once. Results from the post-enumeration survey conducted after the 1990 census indicated that there were 8 million people who were missed and 4 million who were counted on duplicate forms, yielding a net undercount of 4 million people. But if there were more duplicate records than missing ones in 2000, there would be a net *overcount*, which could account for the surprisingly high total.

To determine the extent of the undercount/overcount in the 2000 census, the Census Bureau is in the process of analyzing results from its Accuracy and Coverage Evaluation Survey. These sample data will be used to determine the accuracy of population totals at the national, state, and local levels, as well as for various subgroups of the population (for example, black children, 7 percent of whom were missed in the 1990 census). In February, the Census Bureau will make a recommendation on whether to release data that have been adjusted. ■

WebExtra!

For more information, go to PRB's AmeriStat website: www.ameristat.org/political_arithmetic/.

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Webwise

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

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

Emerging Issues in Women's Health and Rights

PRB's MEASURE Communication project has released a new policy brief on women's rights. The brief examines issues such as HIV/AIDS and glob-

alization that have been identified since the Fourth World Conference on Women (held in Beijing in 1995) as particularly relevant to women. (www.measurecommunication.org)

The Changing U.S. Labor Force

Women will soon constitute the majority of the U.S. work force, but

for now their wages remain lower than men's, even when both hold the same kinds of jobs. To find out more about labor trends, visit the just-posted Labor Force and Employment page of AmeriStat, PRB's U.S.-focused website. And check the other topics posted on the site for updates throughout the year. (www.ameristat.org)

Declaring War on POPs

Early last December, negotiators from 122 countries met in Johannesburg, South Africa, to devise ways to rid the world of persistent organic pollutants (POPs), some of the most toxic chemicals on the planet. In contrast to the fractious climate change talks that fell apart in The Hague last November, this meeting appears to have achieved its purpose. Negotiating Committee Chairman John Buccini called the treaty that emerged from the session “a declaration of war on POPs.”

The treaty restricts the production, import, export, disposal, and use of 12 particularly dangerous POPs. The 12 chemicals include pesticides (including DDT), industrial chemicals (including polychlorinated biphenyls, better known as PCBs), and two byproducts of combustion and industrial processes (dioxins and furans). While none of the pesticides or industrial chemicals covered by the treaty is now produced in the United States, their use remains legal in many less developed countries (see table).

nerve damage, reproductive disorders, birth defects, and cancer. Fetuses and infants are particularly susceptible since the POPs that have accumulated over decades in their mothers’ bodies may be passed to them during pregnancy and nursing. Prenatal exposure has been linked to reduced fetal and postnatal growth, neurological deficits, delayed development of motor functions, and impaired short-term memory.

The tendency of these chemicals to build up in fatty tissue means that they become increasingly concentrated at higher levels in the food chain, making fish, mammals, and predatory birds especially vulnerable to their toxic effects. Human communities that consume high levels of meat are thus particularly at risk. Inuit women in the Arctic, for example, typically have high PCB levels in their breast milk since fatty meat from large animals makes up a heavy portion of the Inuit diet.

In the United States, POPs levels in the Great Lakes region have aroused particular con-

Number of Countries Banning Selected POPs as of 1996

Chemical	Africa* (53)	North and Central America* (24)	South America* (12)	Asia* (46)	Europe* (39)	Oceania* (10)
DDT	1	3	4	10	9	3
PCBs	—	—	—	—	2	—
Hexachlorobenzene	1	1	1	2	6	2
Aldrin	1	4	2	9	10	—
Dieldrin	2	5	3	10	10	3

*Numbers in parentheses indicate number of countries surveyed in each region.

Source: UN Environment Programme (UNEP), “UNEP Survey on Sources of POPs,” 1996.

Need for Global Cooperation

While POPs are not used in every country, they can show up anywhere. Through what is known as the “grasshopper effect,” these toxic compounds can travel great distances through a repeated cycle of evaporation and precipitation. These substances may also be stored for decades in fatty tissue, allowing them to be spread by migratory animals that ingest them. As a result, “no region is exempt from POPs,” according to Clifton Curtis, director of the World Wildlife Fund’s Global Toxic Chemicals Initiative. “Everybody has some amount of these chemicals in their bloodstream.”

High levels of exposure to POPs have been linked to a wide range of health problems, including allergies, immune system disruption,

cern. With heavy industry and agriculture well-represented in the area, POPs and other pollutants were routinely disposed of in the lakes until the 1970s. Despite decades of clean-up efforts, POPs concentrations in some local fish populations remain elevated, posing a continuing threat to people who rely heavily on fish in their diet. In the Great Lakes region, this group includes subsistence fishermen, poor urban families, American Indians, and immigrants from Southeast Asia.

In Europe, a scientific panel recently advised the European Union that fish from the North and Baltic seas, as well as fish farms, are frequently contaminated by dioxins and similar toxins. European fish meal and fish oils have dioxin

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effectively if women know about it and have access to the means to detect and prevent it. Unfortunately, many women in Latin America and the Caribbean do not.

HPV is easily transmitted and asymptomatic; the virus can remain undetected in the body for years. Further, HPV can occur in the genital and anal areas of the body, including areas not covered by male condoms. For these reasons, prevention efforts have focused on using the Pap smear to screen at-risk women and then treating precancerous lesions by removing the diseased tissue. Most Latin American and Caribbean countries offer Pap screening—63 percent of women in the region have had a Pap smear at least once—but there are great differences across the region. While 70 percent of women in Brazil and Costa Rica have had at least one Pap smear, only 35 percent of women in Nicaragua have had the test.

Additional difficulties associated with the use of the Pap smear include:

- Screening may miss the most vulnerable age group. The vast majority of these women have been screened during their reproductive life, at young ages when the risk of precancerous lesions is lower. According to the Pan American Health Organization, 60 percent of cervical cancer occurs in women ages 35 to 60. It is important to note, too, that one Pap test alone is essentially useless; women need to be tested regularly.
- Dependence on the Pap test for screening unduly burdens poor and less educated women. Women from lower socioeconomic status and those with less education are less likely to know of the Pap test. As a result, women with the least education are more likely to be diagnosed with later stages of cervical cancer. In most instances, they do not have the financial resources to obtain treatment after being diagnosed.
- Follow-up and treatment are erratic. For a host of reasons—poor quality tests, a shortage of personnel to interpret test results, and poor communication between women and their health care providers—timely consultation is rare, and monitoring, treatment, and follow-up for women with abnormal test results are insufficient. A recent study in Peru showed that only 20 percent of women who had a Pap smear that identified a precancerous lesion received a diagnosis and follow-up treatment.

Advances in Prevention and Treatment

There are effective alternatives to Pap tests to detect cervical cancer. One cost-effective option is visual inspection with acetic acid. In this procedure, a trained health care worker wipes the cervix with a vinegar solution, illuminates the cervix, and then inspects it with the naked eye. The vinegar causes precancerous tissue on the cervix to appear as white blotches. There are also simple and inexpensive techniques to treat precancerous lesions, like freezing the tissues through cryotherapy, that can be applied in primary care clinics throughout Latin America and the Caribbean, thus reducing much potential suffering for affected women. Another treatment option is the loop electrosurgical excision procedure, which uses a thin electrified wire to excise cervical lesions.

Additionally, researchers are developing HPV tests and HPV vaccines. The tests will identify women at high risk for cervical cancer; the vaccines would fight the HPV virus before it led to the onset of cancer.

Raising Awareness

Despite progress in screening, diagnosing, and treating cervical cancer, the main obstacle is still lack of awareness and education. A study carried out by researchers at Mexico's National Institute of Public Health and the National Autonomous University of Mexico showed that 42 percent of women interviewed were not familiar with the purpose of the Pap test, and that a mere 3 percent had ever been tested. The lack of understanding is not only on the side of the patient, either; health providers' knowledge of prevention options also needs improvement.

The Seattle-based Program for Appropriate Technology in Health recommends public service announcements carried by mass media and prevention efforts that link screening to an important event in a woman's life, such as becoming a grandmother. In addition, health providers need to be educated about the public health rationale for limiting the frequency of screening, focusing on older women, avoiding "overtreatment" of lesions with unnecessary hysterectomies, and emphasizing appropriate treatment of precancerous conditions. ■

For More Information:

This article was excerpted from a longer article on PRB's website: www.prb.org/regions/lac/cc/. To learn more about cervical cancer, visit the website of the Alliance for Cervical Cancer Prevention: www.alliance-cxca.org.

Americans Living Longer, Not Necessarily Healthier, Lives

by Eileen M. Crimmins

Questions about the health of older people have arisen as mortality at older ages has decreased remarkably over the last 30 years. Reductions in mortality from heart disease are the major reason for this trend, but death rates from almost all major diseases typically experienced at older ages also have declined. Consequently, there has been an increase in life expectancy after age 65 and even after age 85. But are older Americans healthier today than they were a generation ago? The answer depends on which indicator of health is used to measure change.

We know heart disease death rates have fallen dramatically (Figure 1). It is possible

People are surviving heart disease but suffering from crippling arthritis or dementia.

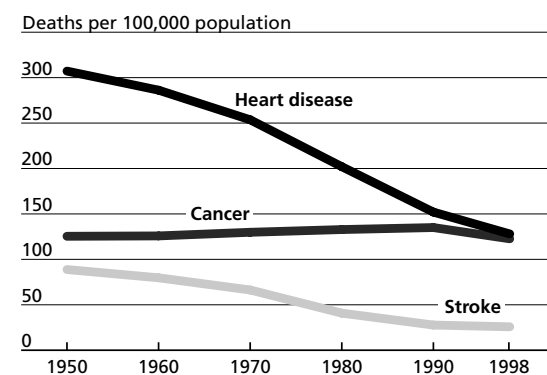
that this has come about because heart disease has been prevented or because people are experiencing its onset at older ages. But most of the evidence so far indicates that falling mortality rates are due to better treatment, allowing people to live longer following the onset of heart disease. As people live longer with the disease, the number of older people reporting that they have it has increased.

Improvement in health does not necessarily accompany an increase in life expectancy since only about half of the disability and functioning loss at older ages is caused by lethal diseases. The other half is caused by conditions that are not linked to mortality trends, including arthritis, vision loss, and Alzheimer's disease. This means that some people are surviving heart disease but suffering from crippling arthritis or dementia (Figure 2, page 8). Nonlethal diseases are thus going to become increasingly important causes of disability and functioning loss in old age unless they too can be delayed or eliminated.

Health care for older people is moving toward delaying

the onset and progression of both lethal and nonlethal diseases and providing people with the personal and home care they need to cope with the disabilities that stem from these conditions. Delaying onset and progression requires both pharmaceutical and behavioral interventions. Many people from advanced middle age onward are using drugs to control both hypertension and cholesterol in the hope of delaying or prevent-

FIGURE 1
Causes of Death in the United States, Selected Years, 1950 to 1998



Source: PRB's AmeriStat website (www.ameristat.org), based on data from the National Center for Health Statistics.

ing the onset of clinical heart disease. New generations of drugs have been developed to control the loss of functioning and disability associated with arthritis. Because approximately half the older population has this condition, for which there is no cure, a large proportion of people are likely to use these drugs for some period of their lives. The use of medication to delay the disability connected with diseases such as Alzheimer's is going to increase markedly in the near future.

Current approaches to disease control are the result of the expansion of biological knowledge of the basic disease processes. Continued growth in this knowledge—some of it coming from better understanding of the human genome—will greatly increase our ability to intervene early in the prevention of disease and disability.

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A Demographic Perspective on Replacing the Electoral College

by Theodore D. Fuller

The framers of the U.S. Constitution were visionaries who created a legal foundation for a new form of government. Incredibly, the document they created has

Electoral College and replacing it with a direct popular vote.

Unfortunately, abandoning the Electoral College will be nearly impossible.

What's wrong with the Electoral College? It allots each state a number of electors equal to the number of its representatives plus senators, creating a bias in favor of small states. Although this bias is well-known, the extent of bias introduced by this system is probably not widely appreciated. For example, each of Wyoming's three electors represents some 119,000 members of the voting-age population. By contrast, Florida's 25 electors each represent a voting-age population of some 471,000 people. Thus, the Electoral College gives each voter in Wyoming about four times as much weight as a voter in Florida (see table).

The table shows that the problem is broader than the extreme cases of Wyoming and Florida: In seven small states and in the District of Columbia, each elector represents fewer than 200,000 potential voters, while in 12 large states each elector represents more than 400,000. This disparity, according to Lawrence Longley, co-author of *The Electoral College Primer 2000*, departs from the one person, one vote rulings of the U.S. Supreme Court in the 1960s. The rulings mandated that each congressional district represent essentially the same number of citizens.

What system should replace the Electoral College? Seven

Gallup surveys dating back to 1966 show that most Americans believe the president should be elected by popular vote. France and Mexico and many other Western countries rely on popular elections.

Then why will it be nearly impossible to get rid of the Electoral College? Because doing so would require amending the Constitution. Traditionally, amending the Constitution requires a two-thirds majority of both houses of Congress plus ratification by three-quarters of the states. Obtaining approval of three-quarters of the states would be the harder of the two, because small states are clearly advantaged by the current system. Hence, it is in their long-term interest to keep it. And there are enough small states to insist on retaining the status quo.

Thirteen small states had either three or four electoral votes in 2000. These states have only 5 percent of the national voting-age population, yet they could block any change in the Electoral College.

With most potential amendments—for example, a flag burning amendment or a balanced budget amendment—there is no clear reason for small states to have a different interest than large states. But in the case of the Electoral College, the small states have a clear interest in protecting their advantage in electing the president, as well as the ability to do so. ■

States Ranked by Voting-Age Population per Electoral Vote: 2000

(Projections of population ages 18 and over as of Nov. 7, 2000, including armed forces personnel in each state)

State	Voting-Age Pop./ Elec. Vote (1000s)	State	Voting-Age Pop./ Elec. Vote (1000s)
UNITED STATES	383	Wisconsin	357
Wyoming	119	Oregon	361
District of Columbia	137	Louisiana	362
Alaska	143	Alabama	370
Vermont	153	Indiana	371
North Dakota	159	South Carolina	372
South Dakota	181	Missouri	373
Rhode Island	188	Kentucky	374
Delaware	194	Colorado	383
Montana	223	Tennessee	384
Hawaii	227	Maryland	393
New Hampshire	228	Massachusetts	396
Idaho	230	Washington	397
Maine	242	Pennsylvania	398
Nebraska	247	Ohio	402
New Mexico	253	Virginia	405
West Virginia	283	Illinois	408
Mississippi	292	Michigan	409
Utah	293	North Carolina	414
Iowa	309	New Jersey	416
Connecticut	312	New York	418
Oklahoma	316	Arizona	453
Arkansas	322	Georgia	453
Kansas	331	California	461
Nevada	348	Texas	464
Minnesota	355	Florida	471

Source: U.S. Census Bureau, accessed at: www.census.gov/population/socdemo/voting/proj00/tab01.txt (Jan. 4, 2001).

stood the test of time exceedingly well for more than two centuries. However, many Americans now seem to feel either that the Electoral College was a mistake or that it has outlived its usefulness. A Gallup poll conducted after the 2000 presidential election finds about three in five Americans, 61 percent, in favor of abolishing the

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Promoting Abstinence Among Teens

Researchers at Columbia University in New York have published findings regarding public virginity pledges—promises by young people to abstain from sex until marriage. Since 1993, according to the researchers, 2.5 million U.S. adolescents have taken such pledges in response to a movement organized by the Southern Baptist Church.

Research results, which appeared in the January issue of the *American Journal of Sociology*, suggest that pledges work. Pledgers are less likely than non-pledgers to have intercourse before marriage, and pledgers delay first sex appreciably. Researchers Peter Bearman and Hannah Brückner note, however, that pledging's effectiveness depends on age and on the number of pledge takers. Pledging works better among early and middle adolescents (ages 12.5 to 17.5) than among older teens. It also works best as a minority identity movement. That is, teens are motivated to uphold their pledge by the identity they gain from belonging to a movement, but that identity loses appeal if the group outgrows its cachet.

The research draws on data from the National Longitudinal Study of Adolescent Health (Add Health), a school-based study of adolescents in grades 7 to 12. The study was funded by the National Institute of Child Health and Human Development, which has posted a press release on its website: www.nichd.nih.gov/new/releases/virginity.htm.

Tinderbox in Northern Nigeria

Controversy over the application of Sharia, the Islamic law code, is heating up in two northern Nigerian states, according to *Africa News*, Agence France Presse, the *New York Times*, and London's *Daily Telegraph*. Sharia came into force in Zamfara state in January 2000; in Kano, the code took effect late last year. In both locations, attempts to apply the code are triggering dis-

approval and protests from domestic and international opponents, who seek federal intervention by President Olusegun Obasanjo.

In Zamfara, a 17-year-old woman who was found guilty by an Islamic court of premarital sex received 100 lashings as punishment on Jan. 19, less than one month after giving birth. Human rights groups around the world protested the sentence as inhumane because of the number of lashings and because the woman claimed to have been impregnated by men with whom her father forced her to have sex.

In Kano, Islamic clerics urged Muslims to boycott a seminar on reproductive health, maintaining that it would increase promiscuity. The seminar, funded by the Packard Foundation and implemented by the Johns Hopkins University, was designed to raise awareness among young people ages 15 to 18 of the dangers of sexually transmitted infections and to encourage condom use to prevent disease transmission. (Nigeria, the most populous African country with 123 million people, has the fourth largest number of HIV infections in the world.) *Africa News* reported that spokespersons for local Islamic clergy declared, "The Kano state government must ... stop this conference without delay and ban activities of all NGOs in the state," and charged Muslims to "rise up now because this is a war."

Conflict over religion has in the past spread along ethnic lines. Muslims in the north are predominantly members of the Hausa-Fulani ethnic group. Southerners, like President Obasanjo, are generally Christian and most are members of the Yoruba ethnic group. Nine states in the north have now adopted or announced plans to adopt Sharia, but not without riots that have led to hundreds of deaths and not, according to the *Daily Telegraph*, for purely religious reasons. Sources quoted by the newspaper indicate that adopting Sharia was a defiant political move, a way of demonstrating northern independence.

Nurses and Midwives Leave the Profession

Low wages, hazardous working conditions, and a lack of professional status and autonomy are driving many nurses and midwives out of the health profession. According to the World Health Organization (WHO), the shortage of nurses and midwives has reached crisis proportions worldwide and has fueled a "skills drain" of health workers from less developed to more developed countries.

The problem is not just that experienced nurses are leaving the profession. In the United Kingdom, Canada, and the United States, the average age of nurses is between 43 and 45. This fact shows that young people are not entering the profession because they recognize the poor career prospects.

The crisis is particularly significant for vulnerable populations. A senior scientist for nursing and midwifery, Dr. Naeema Al-Gaseer, said: "The poor are always the first to suffer during times of health care crisis."

For more information, visit the WHO website; www.who.int/inf-pr-2000/en/note2000-17.html.

New U.S. Metro Area Standards

The U.S. Census Bureau recently released final standards for defining metropolitan and micropolitan statistical areas (for details of earlier proposed standards, see *Population Today*, May/June 2000, "In the Know").

For the near term, the Census Bureau will tabulate and publish data from Census 2000 for all metropolitan areas in existence as of April 1, 2000; the new standards and Census 2000 data will be used to determine new area definitions in 2003.

More information can be found on the Census Bureau website at www.census.gov/population/www/estimates/masrp.html. ■

Toxic Compounds Endanger Reproductive Health *Continued from page 3*

levels up to eight times higher than those of similar products from less industrial regions, such as the waters off Peru and Chile. The U.S. Environmental Protection Agency ranks dioxin in the top 10 percent of chemicals known to be hazardous to human health—dioxin exposure is a key risk factor in cancer and a range of reproductive health problems.

Treaty Provisions

Most of the POPs in question are banned by the treaty, though there are a few exemptions and qualifications. DDT, for example, is used in many less developed countries to control malarial mosquitoes, and it

may still be used for this purpose until an affordable substitute is found. According to the World Health Organization, malaria kills more than 1 million people each year worldwide and is directly responsible for one in five childhood deaths in Africa. South Africa and Sri Lanka have banned DDT in recent years only to see malaria rates soar.

The treaty also requires industrialized countries to provide new and additional financial resources to less developed countries to help enforce the ban and develop alternatives to POPs. The Global Environmental Facility, an international financial entity

that funds environmental initiatives in coordination with the UN and the World Bank, is expected to be the primary channel for this aid and has proposed annual assistance of \$150 million for this purpose.

The treaty is scheduled to be signed in May. It will then have to be ratified by at least 50 governments. While the treaty has broad support, U.S. government officials expect ratification to take four to five years. ■

—Bingham Kennedy, Jr.

For More Information:

For fact sheets and U.S. policy positions on POPs, visit the U.S. State Department's resource page on POPs negotiations at: www.state.gov/www/global/oes/pops5_index.html.

Delaying the Onset of Disease *Continued from page 5*

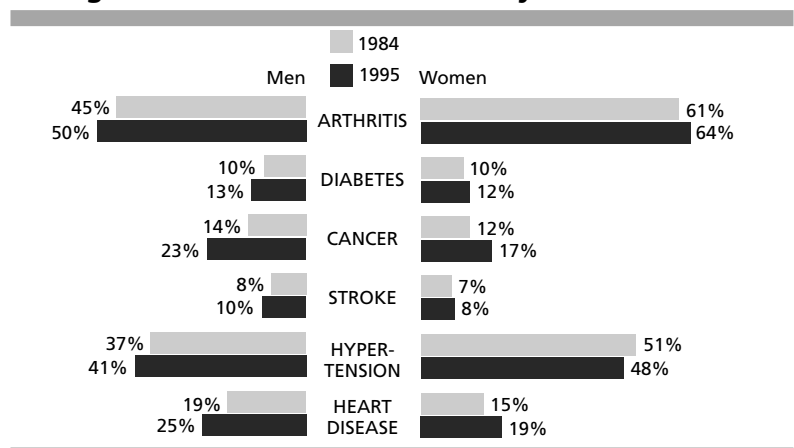
The overall reduction in mortality, increasing life expectancy from 40 to 75 years, is regarded by many as the central accomplishment of the 20th century. In 1900, we would not have predicted our ability to so effectively reduce death at younger ages from infectious diseases. The development of the germ theory of disease at the end of the 19th century laid the groundwork for this marked improvement in life expectancy. Deeper understanding of the human genome and of the biology of aging at the end of the 20th century has similarly provided a foundation for the delay and prevention of the major diseases and conditions of old age.

By the end of this century, we will certainly live longer, and we should not suffer from heart disease or cancer until much later in life. However, unless we die in perfect health, we will still have a period of disease and disability before death.

As life expectancy has increased, emphasis has shifted from quantity to quality of life.

FIGURE 2

Percent of People Ages 70 and Older Who Reported Having Selected Chronic Conditions, by Sex, 1984 and 1995



Note: 1984 percentages are age-adjusted to the 1995 population. Reference population: These data refer to the civilian noninstitutional population.

Source: Federal Interagency Forum on Aging Related Statistics, *Older Americans 2000: Key Indicators of Well-Being*.

Researchers and policymakers are increasingly focusing on how to extend healthy and active life. This has resulted in a growing use of measures of expected healthy life or life without disease or disability, in addition to traditional measures of life expectancy, to monitor health trends and health differences. ■

WebExtra!

For the author's references, go to www.prb.org/pt/ on PRB's website and click on this article.

Has Welfare Reform Reduced Nonmarital Births?

by Kerri L. Rivers

Welfare reform was enacted in August 1996 through the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) and is up for reauthorization in 2002. With that date nearing, and with a new administration, many analysts are closely scrutinizing the law's impact.

PRWORA was designed in part to encourage the formation and maintenance of two-parent families and reduce the incidence of out-of-wedlock pregnancies. This policy emphasis stemmed from research indicating that children born out-of-wedlock are more likely to face problems such as poverty, teen parenthood, and low educational attainment, and from the steady growth in the percentage of births to unmarried women. PRWORA was expected to reverse this trend.

Nationally, the percentage of births to unmarried women has leveled off after a rapid rate of increase since the 1960s (see figure), but it has not declined since welfare reform began in 1996, according to research by the National Center for Health Statistics. This is due in part to the increasing proportion of unmarried women of childbearing age, especially those ages 18 to 29, between 1996 and 1998. Women ages 18 to 29 have the highest birth rates, and an increasing number of women in this age group are postponing marriage.

At the state level, however, it is more difficult to discern what effect welfare reform has had in reducing the incidence of out-of-wedlock pregnancies. The law established annual numerical goals for states that could demonstrate a reduction in out-of-wedlock pregnancies, and created monetary bonuses for states that demonstrated a net decrease in out-of-wedlock births. Up to five states can be awarded a \$20 million bonus each year for showing the largest reduction in the proportion of out-of-wedlock births to total births; to qualify, though, a state must show that its abortion rate is less than it was in 1995. In 1999, Alabama, California, the District of Columbia, Massachusetts, and Michigan each received a \$20 million bonus for reducing the percentage of births to unmarried women. In 2000, Alabama, Arizona, the District of Columbia, Illinois, and Michigan were the recipients.

Some of the decreases are so small—carried out to the third decimal point—that one could easily argue they represent a leveling off or a holding pattern for six of the seven awardees. Only the District of Columbia seems to have shown some consistent decrease since 1994/1995.

Demonstrating the role of welfare reform in bringing about these decreases is difficult. Because PRWORA was enacted in 1996, it is common to look at trends after that time. However, many states restricted benefits prior to 1996, making it difficult to measure the impact of this single piece of legislation.

Determining which approaches are most effective at reducing the incidence of nonmarital pregnancies is also complex. All of the winning states and the District of Columbia have a range of teen pregnancy prevention policies and programs. These include family planning services for teens, school-based abstinence education, sexually transmitted infection and HIV education in public schools (except Massachusetts), contraceptive education in public schools, and media campaigns.

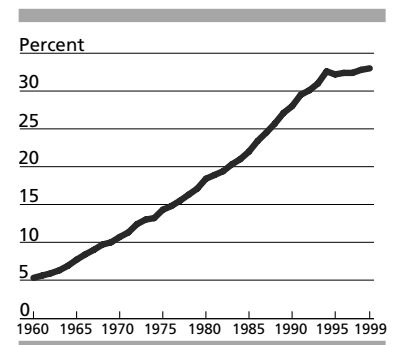
Teen pregnancies, though, do not account for all nonmarital births. Few states have prevention policies and programs aimed at unmarried adults. This is significant since cohabitation rates are rising and the proportion of out-of-wedlock births to cohabiting women is increasing.

When reviewing welfare reform before reauthorization, Congress will ask: Is welfare reform really having an impact on family formation and out-of-wedlock pregnancies? Are some strategies better than others? Do different target groups need different strategies? These are difficult and complex questions to answer. ■

WebExtra!

For a listing of recommended reading materials, go to www.prb.org/pt/ on PRB's website and click on this article.

Percent of Births to Unmarried Women, 1960 to 1999



Source: Stephanie J. Ventura and Christine A. Bachrach, "Nonmarital Childbearing in the United States, 1940-99," *National Vital Statistics Reports* 48 no. 16 (Hyattsville, MD: National Center for Health Statistics, 2000).

More Than Ethnicity Behind Fiji's Unrest

by Gerard A. Finin and Terence A. Wesley-Smith

Fiji is still reeling from a coup on May 19, 2000, in which armed indigenous Fijians took the nation's first prime minister of Indian descent, Mahendra Chaudhry, and other parliamentarians hostage.

The nonelected interim government appointed after the release of the hostages has now been declared unconstitutional, the man who was declared the legitimate president has resigned, and the country waits while the courts determine whether to dissolve parliament and conduct new general elections.

The interim government includes no officials from the deposed government, which seeks reinstatement. In fact, the interim government includes no members of the Indo-Fijian community, who make up over

40 percent of the country's 800,000 citizens.

Press reports have chalked the situation in Fiji up to "ethnic resentments" that suddenly boiled over. But a fuller understanding of the recent instability in Fiji requires analysis of its demographic, economic, and political complexities.

The problem with many Pacific Islands states is not so much that they are prone to falling apart, but rather that they were never fully put together. The people of Fiji were never united prior to British rule, and the transplantation by the British of thousands of indentured workers from the Indian subcontinent to labor on the islands' sugar plantations only complicated prospects for national cohesion.

Barriers of culture and religion separate indigenous Fijians and Fijians of Indian ancestry, and the two groups have extremely low rates of intermarriage. Although many Indo-Fijians remain humble cane farmers, others now dominate Fiji's commercial sector. The indigenous, largely village-based Fijian "nation" is also deeply divided into traditional confederacies and

increasingly fractured by class and privilege. The 2000 coup was ostensibly conducted in the name of indigenous rights to counter Indo-Fijian political power represented by the one-year-old government of Prime Minister Chaudhry. Yet now-imprisoned coup leader George Speight pressed his demands in defiance of the commander of the overwhelmingly indigenous Fijian armed forces, as well as the Great Council of Chiefs (the supreme repository of traditional power). And many hostages were indigenous Fijian members of Chaudhry's government.

Changes in traditional land-tenure arrangements lie at the heart of many contemporary disputes in the islands. More than 80 percent of all land in Fiji is still held under traditional tenure by indigenous Fijian land-owning groups, and land-related legislation cannot be changed without the consent of the Great Council of Chiefs. A central element in the current unrest was Chaudhry's insensitivity to indigenous Fijians' suspicions as he sought to assist Indo-Fijian smallholder sugar cane farmers whose land leases were expiring. Indigenous Fijian landowners wanted either to farm the land themselves or to receive higher rents with shorter leases. Indo-Fijian farmers sought to renew leases for at least 50 years, gain greater certainty about landlord-tenant rights, and receive compensation for land improvements in cases when leases were not renewed.

A new approach to development has accentuated these tensions. International donors today are pushing restructuring, emphasizing economic growth and market forces. Pacific island governments are urged to drastically cut their bureaucracies, privatize public assets, and strip away protective tariffs to create attractive conditions for foreign investment—at almost any cost. The private sector has often been unable to compensate for the lost jobs and incomes associated with drastic cuts in government employment. Domestic tensions have risen as the gap between rich and poor has widened.

What's needed is more engagement by the international community, which has a continuing interest in regional stability. Initiatives such as increasing peacekeeping capabilities and targeting aid to education, health, infrastructure, and jobs could help put Fiji back on its feet. ■

Fiji Facts and Figures

Population: 800,000
Land area: 7,054 sq. miles on 300 islands
Births per 1,000 population: 22
Deaths per 1,000 population: 7
Natural increase: 1.5% per year
Total fertility rate: 3.3
GNP per capita, 1998: US\$2,210
Annual average emigration, 1991-1996: 4,700—90% Indo-Fijian

Sources: PRB, 2000 World Population Data Sheet; and Secretariat of the Pacific Community, *Fiji Islands Population Profile*, 1999.

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ISSN 0749-2448

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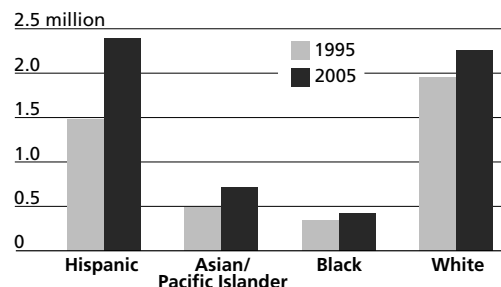


Speaking Graphically

Youth Population Exploding in California

California health officials are bracing for a "youthquake." From 1995 to 2005, the number of young people (ages 10 to 19) in the state is projected to grow by 34 percent to reach 6 million; this compares with a 13 percent increase projected for the entire United States (from 37 million to 42 million). Factors accounting for the large increase include California's growing and comparatively young Hispanic population, according to Claire Brindis, coauthor of *Investing in Adolescent Health: A Social Imperative for California's Future*. The report warns that progress made since 1989 in reducing teen births, juvenile crime, and motor vehicle fatalities could be undone unless public health services are expanded and made more teen-friendly. As shown in the figure, the growth in the number of adolescents will be greatest among racial and ethnic groups that often have the poorest access to care.

Growth by Racial and Ethnic Group of California's Youth Population, 1995 and 2005



Source: Serena Clayton et al., *Investing in Adolescent Health: A Social Imperative for California's Future*, National Adolescent Health Information Center, University of California in San Francisco, December 2000. Available on the Web at: <http://youth.ucsf.edu/nahic>.



Estimated World Population

As of Feb. 2001 6,116,000,000
Annual growth 82,000,000

Source: Extrapolated from the mid-2000 population on PRB's *2000 World Population Data Sheet*.



Population of the United States

As of April 1, 2000 281,421,906

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



U.S. Vital Stats

12 Months Ending With November

	Number		Rate	
	1999	1998	1999	1998
Live births	3,938,000	3,947,000	14.4	14.6
Fertility rate	—	—	65.5	66.0
Deaths	2,366,000	2,328,000	8.7	8.6
Infant deaths	27,100	27,400	6.9	6.9
Natural increase	1,572,000	1,619,000	5.7	6.0
Marriages	2,334,000	2,248,000	8.6	8.3
Divorces	—	—	4.1	4.2

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

Source: National Center for Health Statistics, *National Vital Statistics Reports* 48, no. 17 (2000).



Spotlight Statistic

Record-High U.S. Educational Attainment

The percentage of the U.S. population ages 25 and older that has completed high school has reached an all-time high (84 percent), as has the percentage graduating from college (26 percent—see table). Comparable percentages in 1990 were 78 percent and 21 percent, respectively. In part, this improvement reflects the death of many older people who had lower levels of education. But the right half of the table also shows gains for today's young people; their percentages for completing high school and college have increased from 86 percent and 23 percent in 1990 to 88 percent and 29 percent in 2000.

	% of U.S. Population Ages 25 and Older			% of U.S. Population Ages 25 to 29		
	All	Men	Women	All	Men	Women
High School+	84	84	84	88	87	89
Bachelor's+	26	28	24	29	28	30

Source: U.S. Census Bureau, "Educational Attainment in the United States," by Eric C. Newburger and Andrea E. Curry, *Current Population Reports* P20-536, December 2000. Accessed online at: www.census.gov/population/socdemo/education/p20-536/p20-536.pdf, on Jan. 16, 2001.

WebSittings

Your Guide to Virtual Resources

Here are some websites and new Web publications that offer news and background information about population, family planning, reproductive health, and the environment.

AIDS Update

www.unaids.org/wac/2000/wad00/files/WAD_epidemic_report.htm

AIDS Epidemic Update: December 2000 is available on the website of the Joint UN Program on HIV/AIDS. The update indicates that 22 million people worldwide have died of AIDS since the beginning of the epidemic.

State Initiatives for Young Children and Families

<http://cpmcnet.columbia.edu/dept/nccp/mt00text.html>

The National Center for Children in Poverty of the Mailman School of Public Health at Columbia University has released the 2000 edition of *Map and Track: State Initiatives for Young Children and Families*. The executive summary, 51 state profiles, selected tables and maps, and media resources are available at the URL shown above. The report maps state ini-

tiatives for young children and families (child development and family support programs, and early childhood systems development efforts) and tracks them over time. The new edition profiles state efforts to promote family economic security.

Refdesk.com

www.refdesk.com

This site indexes a huge collection of Web reference sites. These sites, equipped with search engines, include current news providers, almanacs, dictionaries, encyclopedias, calendars, beginners' guides, telephone directories, census and demographic information providers, and many more. Sites are grouped under categories such as Facts of the Day, Reference Resources, and Facts at a Glance.

PLANet

www.familyplanet.org

PLANet's goal is to raise public awareness of international family planning and to make it a priority among issues facing the U.S. and the world. It was developed by DDB and ForumOne Communications, and works in partnership

with Save the Children, CARE, National Audubon Society, Planned Parenthood, Population Action International, and Communications Consortium Media Center. The site offers free subscription to news by e-mail, recommended books, opinion polls, new website features, and stories about international family planning projects around the world. A search function is provided.

Population and the Environment

www.jhuccp.org/pr/m15edsum.stm

The Population Information Program of the Johns Hopkins School of Public Health's Center for Communication Programs has posted an online version of its recently published issue of *Population Reports*. The latest issue, "Population and the Environment: The Global Challenge," catalogs the damage done over the last 10 years in every environmental sector and frames the challenge for the 21st century: practicing sustainable development to offset degradation caused by growing numbers of people and rising levels of per capita consumption. ■



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