

POPULATION

TODAY

News, numbers, and analysis

Missing Kids

The Undercount of Children in the Decennial Census

By WILLIAM P. O'HARE

Last January's Supreme Court decision not to allow sampling in the 2000 census for apportionment launched a thousand sound bites, but few of them mentioned the most serious problem in the census: the high undercount of children.

The U.S. Census Bureau estimates that more than 2 million children were missed in the 1990 census count. That means that children under age 18 accounted for over half the total net undercount. And while more than 3 percent of children were missed, people ages 50 and older were overcounted by about 1 percent.

Who Is Missed?

Like adults who are undercounted, children missed in the census are disproportionately black and Hispanic, and all the evidence suggests that they are likely to be poor. The figure on page 2 shows undercount rates for children and the total population for major racial groups and for Hispanics. In almost every group, children are missed more often than adults, and black and Hispanic children are missed at a much higher rate than non-Hispanic whites. American Indian children on reservations are missed more often than any other racial or ethnic group.

Undercount rates for kids vary by state and are highest in states with high concentrations of ethnic and racial minorities—often those with large immigrant populations—and in those with high child poverty rates. State-by-state estimates of the net undercount rate of children in the 1990 census range from a low of 1.0 percent in Rhode Island to a high of 4.5 percent in Florida, Louisiana, Mississippi, and Texas.

Many big cities had very high undercount rates for children in 1990. For example, Census Bureau figures from 1990 indicate that 4.3 percent of kids were missed in New York City, 5.7 percent in Los Angeles, and 4.7 percent in Chicago. The table on page 2 shows the 10 cities with the highest undercount rates among the 100 largest cities in the country. In big cities, as it does elsewhere, the undercount affects minority children most. For example, 6.2

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Missing Kids

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percent of black children in Detroit were not counted in the 1990 census, and 7.3 percent of Latino children in Houston were missed. Yet mayors in these cities have to maintain educational and social services for these children even though the cities do not get all the financial support they deserve from state and federal government agencies.

Prospects for 2000

Several trends suggest that, unless special efforts are made, the undercount of children will be worse in 2000 than it was in 1990:

- Minority kids were undercounted at a higher rate than white kids in 1990 and will be a larger share of all children in 2000. In 1990, 31 percent of children were racial or ethnic minorities, but in 2000, 36 percent of children are projected to be members of minority groups.
- People who do not speak English well are more likely to have problems filling out census forms, and in 2000 more kids will live in households where English may be a problem. In 1989, 5.5 million children ages 5 to 17 (13 percent of all kids) spoke a language other than English at home; by 1995, this number had grown to 6.7 million (14 percent).
- Single parents, especially those who work, have less time to answer the census questionnaire, and trends suggest that in 2000 there will be a greater share of kids living in single-parent families—28 percent of kids, versus 25 percent of kids in 1990—and more single parents working. Seventy-two percent of children living in single-mother families had mothers who were in the labor force in 1997, compared with 63 percent in 1990.
- Children who are in uncertain or transient living arrangements are more likely to be missed in the census, and the number of kids living with neither parent is increasing. In 1990, 1.8 million kids (2.8 percent of all kids) lived with neither parent; in 1998, 3.0 million kids (4.1 percent of all kids) lived with neither parent.

- People living in distressed inner-city neighborhoods are more likely to be missed in the census, and the share of children in these neighborhoods is rising. The percentage of children under age 15 living in distressed neighborhoods in the country's 50 largest cities increased from 14 percent in 1980 to 17 percent in 1990.

Implications

When children are not counted accurately, we do not get a true picture of our nation, and communities miss out on their fair share of public funds. For example, if kids are undercounted, schools do not get their rightful share of the \$8 billion in Title I money that the U.S. Department of Education provides for schools based on the number of children below the poverty line. In addition, school planners are confronted with more kids than they expect, resulting in increased class size and overcrowding. The number of kids missed in New York City alone is equivalent to the student bodies of about 150 average-sized elementary and secondary schools. ■

For more information:

Howard Hogan and J. Gregory Robinson, "What the Census Bureau's Coverage Evaluation Programs Tell Us About Differential Undercount," paper presented at the 1993 Research Conference on Undercounted Ethnic Populations, Richmond, Va., May 5-7.

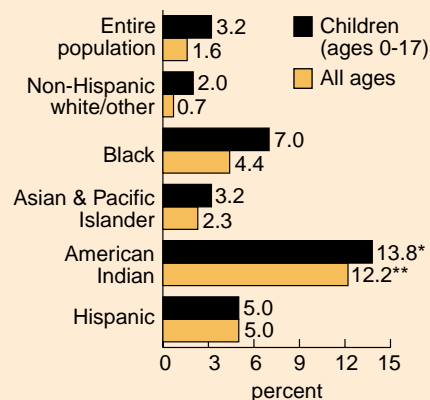
J. Gregory Robinson, Bashir Ahmed, and Edward W. Fernandez, "Demographic Analysis as an Expanded Program for Early Coverage Evaluation of the 2000 Census," paper presented at the 1993 Annual Research Conference, Arlington, Va., March 21-24.

"Trends in the Well-Being of America's Children and Youth: 1998" (Washington, DC: U.S. Department of Health and Human Services, 1998).

"Formula Grants: Effects of Adjusted Population Counts on Federal Funding to States" (Washington, DC: U.S. General Accounting Office, GAO/HEHS-99-69, 1999).

Kirsten K. West, J. Gregory Robinson, and Alfredo Navarro, "What Do We Know About the Undercount of Children?" paper presented at the Southern Demographic Association Annual Meeting, Annapolis, Md., Oct. 29-31, 1998.

Undercount Rates in the 1990 Census by Race, Ethnicity



Sources: Except as noted below, figures are from Robinson et al., "Demographic Analysis as an Expanded Program for Early Coverage Evaluation of the 2000 Census," 1993.

*Kirsten D. West et al., "What Do We Know About the Undercount of Children?" 1998.

**Howard Hogan and J. Gregory Robinson, "What the Census Bureau's Coverage Evaluation Programs Tell Us About Differential Undercount," 1993.

Large Cities With the Highest Rates of Undercount of Children in the 1990 Census

| City | % of children missed in the 1990 census |
|------------------|---|
| Oakland, Calif. | 8.6 |
| Miami | 7.2 |
| Hialeah, Fla. | 6.4 |
| Washington, D.C. | 6.3 |
| New Orleans | 6.3 |
| Atlanta | 6.3 |
| Houston | 6.1 |
| Norfolk, Va. | 6.1 |
| Richmond, Va. | 6.1 |
| Baltimore | 6.0 |

Source: U.S. Census Bureau.

This article is derived from a KIDS COUNT working paper titled "The Overlooked Undercount: Children Missed in the Decennial Census." Copies are available free from the Annie E. Casey Foundation publication line: 410/223-2890.

William P. O'Hare is coordinator of KIDS COUNT, a project of the Annie E. Casey Foundation, in Baltimore, Md.

Population and Health Information on the Web

By ZUALI H. MALSAWMA

The Web now offers many statistical reports that provide data on population and health trends around the world. Here are some of the best Web sites for population and health information.

Population

DHS+ Indicator Data Search

(Macro International Inc. Demographic and Health Surveys)
<http://www.macrint.com/dhs/indicatr/datasearch.asp>

The DHS+ search engine provides country data on fertility, childhood mortality, contraception, maternity care, and child health. Search results include survey respondent information, sample size, and explanatory notes on indicators.

International Data Base

(U.S. Census Bureau)
<http://www.census.gov/ipc/www/idbnew.html>

The International Data Base contains demographic and socioeconomic data and projections from 227 countries. At <http://www.census.gov/ipc/www/idbprint.html>, users gain access to life tables and data on population by age and sex, vital rates, infant mortality, fertility and child survival, migration, marital status, family planning, ethnicity, religion, language, literacy, labor force, employment, income, and households; at <http://www.census.gov/ipc/www/idbpyr.html>, users can generate population pyramids for each country.

World Population Data Sheet

(Population Reference Bureau)

<http://www.prb.org/pubs/wpds99.htm>

The *1999 World Population Data Sheet* provides the latest population estimates, projections, and other key indicators for all geographic entities

with populations of 150,000 or more and all UN members. Included on the site are mid-1999 population estimates and selected data.

World Population Trends

(UN Population and Statistics Divisions)

<http://www.undp.org/popin/wdtrends/wdtrends.htm>

World Population Trends is a collection of statistical reports on countries and world regions. The reports contain data, estimates, and projections related to population, the impact of HIV/AIDS, aging, and international migration. Data on cities, urban agglomerations, and rural areas are also provided.

Health

(World Health Organization Reports)

Basic Health Indicators

<http://www-nt.who.int/whosis/basic/basicquery.cfm>

The 29 country-specific indicators span population, mortality rates, socioeconomic development, and health services and finance. The data exist in print as the statistical annex of the *1999 World Health Report*.

Health-for-All Database

<http://www.who.int/whosis/hfa/countries/index.html>

The Health-for-All Database includes 75 indicators for each country

on trends in socioeconomic development, health and environment, health resources, health services, and trends in health status.

Country Report Summaries

<http://www.who.int/whosis/hfa/#Series>

These summaries, drawn from countries' own 1997 evaluations of their Health-for-All strategies, include information on political trends, socioeconomic development, and health and the environment.

Country Epidemiological Fact Sheets

(World Health Organization/Joint UN Programme on HIV/AIDS)

http://www.who.int/emc-hiv/fact_sheets/

These fact sheets contain the most recent data on HIV/AIDS prevalence and incidence.

Information from the Web sites mentioned here is available through PRB's PopNet Web site: <http://www.popnet.org/maps/maps.htm>. PopNet is a global directory of Web sites related to population and health. PopNet's clickable world map links to reports, fact sheets, and databases of population and health information. ■

Zuali H. Malsawma is PRB's librarian. The PRB library, which contains more than 13,000 books and periodicals, is open to the public Monday through Friday, 9 a.m. to 4:30 p.m. (EST). PRB members may request research advice from PRB's information specialists. Contact 202/483-1100; fax: 202/328-3937; e-mail: popref@prb.org.

The Web addresses listed here were accurate as of early June 1999.

WEBWISE

PRB will soon launch **AmeriStat**, a Web site providing up-to-date, easy-to-use, nontechnical summary information on major U.S. demographic trends. Fourteen topical modules are planned including marriage and family, population estimates and projections, educa-

tion, income and poverty, migration, foreign-born population, children, the older population, gender, fertility, race and ethnicity, labor force and employment, crime and violence, and mortality.

www.prb.org

Iran's Revolutionary Approach to Family Planning

By FARZANEH ROUDI

Iran has again surprised the world—this time with a sharp decline in its fertility. Iran's success in slowing population growth is remarkable not only for its speed, but also because it marks the third 180-degree shift in the government's population policy since the 1960s.

Iran was among the first developing countries to establish a family planning program to slow population growth. The "Tehran Declaration" in 1967 acknowledged family planning as a human right and promoted it for the social and economic welfare of families and society. But after the 1979 Islamic Revolution, the government dismantled the program for being "pro-West."

Soon after the revolution, Iran engaged in an eight-year war with Iraq and triggered U.S. economic sanctions. Under the circumstances, population size appeared to be a comparative advantage, and many top government officials were pleased when the 1986 census showed a population of 40 million that was growing at a rate of more than 3 percent per year—one of the highest rates in the world.

When the war with Iraq ended in 1988, the government turned its focus to the reconstruction of the war-ravaged economy and determined that rapid population growth was an obstacle to development. The government reversed its policy to slow population growth and called for the establishment of a national family planning program.

The revived family planning program, officially inaugurated in December 1989, had three major goals:

- encourage spacing of three to four years between pregnancies
- discourage pregnancies for women 18 years old and younger and for women ages 35 and over
- limit family size to three children.

The Ministry of Health and Medical Education began an extensive information, education, and communication campaign to encourage families to have one or two children. In May 1993 the government passed a law to encourage couples to stop at three children. Disincentives for not stopping included the termination of family allowances, health benefits, and maternity leave to families bearing fourth or higher-order children.

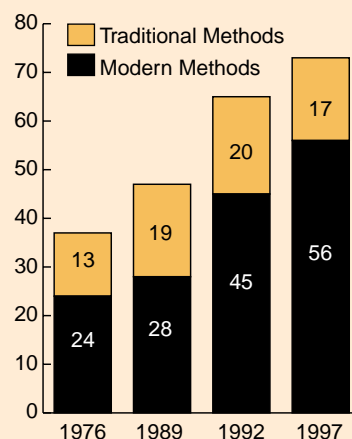
Although the Islamic government justified reviving the national family planning program on macroeconomic grounds, Iranian families needed little convincing. Between 1979 and 1989, when there was no official national family planning program, demand for family planning services continued. The Ministry of Health and Medical Education and the private sector provided modern contraceptives as health measures. But with government support for increased use of contraceptives, demand jumped dramatically (see Figure 1). Between 1989 and 1997, use of modern contraceptives increased from 28 percent to 56 percent among married women.

The end results have been just as dramatic. According to surveys conducted by the Ministry of Health and Medical Education, the total fertility

rate in Iran dropped from 5.2 children in 1989 to 2.6 children in 1997. Iran's 1996 census showed a total population of 60.6 million, which had grown at an average annual rate of 1.5 percent over the previous five-year period—less than half the rate calculated from 1986 census data for the preceding 10-year period (3.9 percent, of which 3.2 percent came from natural increase, and 0.7 percent from net migration).

To reflect these changes, the United Nations and the International Programs Center of the U.S. Census Bureau have adjusted population projections for Iran (see Figure 2) and

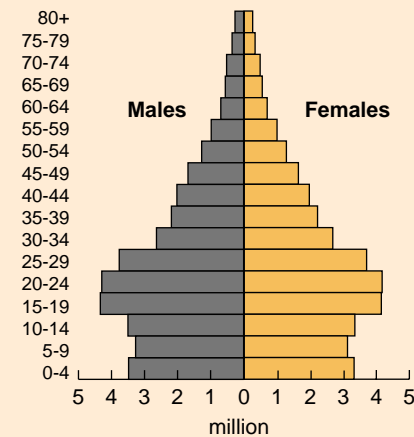
Figure 1
Percentage of Married Women Practicing Family Planning



Sources: World Bank and 1997 data from the Ministry of Health and Medical Education, Iran.

Figure 2

Projected Population of Iran by Age and Sex, 2006



Source: U.S. Census Bureau.

have also adjusted their fertility estimates for Iran. In its 1998 revision of *World Population Prospects*, the UN estimates an average total fertility rate of 2.8 children for the five-year period from 1995 to 2000—down from an average of 4.8 children per woman in its 1996 revision. The U.S. Census Bureau assumes a total fertility rate of 2.9 children per woman for 1996, and projects a further decline to replacement level of 2.1 children by 2004. ■

For more information:

Rodolfo A. Bulatao and Gail Richardson, "Fertility and Family Planning in Iran," *Discussion Paper Series, Middle East and North Africa No. 13* (Washington, DC: World Bank, Nov. 1994).

United Nations, *World Population Prospects: The 1998 Revision* (New York: UN, 1998).

Population projections, by five-year age groups, are available on the U.S. Census Bureau's Web site: <http://www.census.gov/ipc/www/idbpyr.html>.

Farzaneh (Nazy) Roudi is a policy and evaluation specialist at PRB.

Keys to Success in Family Planning

Iran integrates family planning and primary health care and involves many segments of society.

■ **Integration of family planning with primary health care.** Family planning services have always been provided as part of primary health care. As a result, no stigma is attached to the use of modern contraceptives (although this is true only for married couples). The Iranian government began promoting primary health centers and breastfeeding when it revived the family planning program. This integrated approach has helped lower mortality among the young. According to the Ministry of Health and Medical Education, between 1985 and 1996, the infant and under-5 mortality rates declined from 51 to 26 deaths and from 70 to 33 deaths per 1,000 live births, respectively.

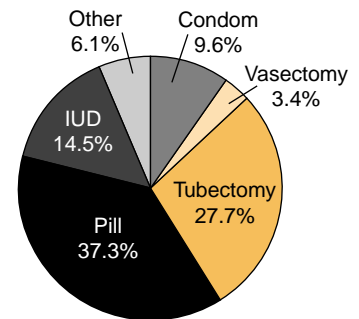
■ **Removal of socioeconomic barriers to contraceptives.** Eighty percent of family planning services are provided by the government, most free of charge. Over 80 percent of the rural population has access to family planning services through the Rural Health Network. This network consists of mobile clinics that take family planning and health services to hard-to-reach populations in remote areas. In 1997, 57 percent of women living in rural areas practiced modern methods of contraception—a rate that exceeds that in urban Iran and in other countries of the region.

■ **Involvement of religious leaders.** The government has involved religious leaders by obtaining religious *fatwas*, or edicts that have the force of court orders, sanctioning the use of modern contraceptives (including male and female sterilization). Religious leaders in their Friday sermons call on their followers to fulfill their social responsibility by seeking family planning services from government clinics and by having fewer children.

■ **Promotion of permanent methods, including vasectomy.**

Iran's family planning program is the only one among Muslim countries that actively and successfully promotes sterilization. Both in rural and urban areas, nearly one-third of married women using modern contraceptives have relied on female or male sterilization (see figure below).

Use of Modern Contraceptive Methods, 1997



Source: Ministry of Health and Medical Education, Iran.

■ **Involvement of men.** Iran is the only country that requires both men and women to take classes on modern contraceptive methods before receiving a marriage license. Also, Iran is the only country in the region that has a condom factory, whose presence meets with government approval and whose products explicitly involve men in family planning efforts.

■ **Synergy among development initiatives.** Improvements in literacy and communication infrastructure have contributed to increased use of contraceptives. Between 1976 and 1996, the percentage of literate women living in rural areas increased from 17 percent to 62 percent, and nationwide three-quarters of women are literate, according to the 1996 census. In 1996, 70 percent of rural households and 93 percent of urban households had television, which has helped convey the desirability of smaller family size.

POPULATION UPDATE

Estimated U.S. Population:

| | |
|---------------------|-------------|
| As of April 1, 1999 | 272,445,000 |
| As of April 1, 1998 | 269,888,000 |

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

Estimated World Population:

| | |
|-----------------|---------------|
| As of July 1999 | 5,982,000,000 |
| Annual growth | 84,000,000 |

From the mid-1999 population on PRB's 1999 *World Population Data Sheet*.

Latest Provisional Statistics for the United States: November 1998

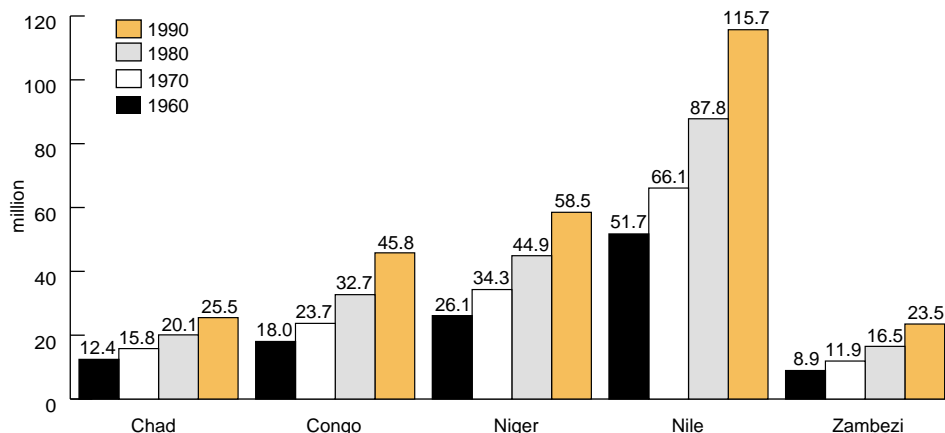
| | 12 months ending with November | | | |
|------------------------|--------------------------------|-----------|------|------|
| | Number | | Rate | |
| | 1998 | 1997 | 1998 | 1997 |
| Live births | 3,947,000 | 3,859,000 | 14.6 | 14.4 |
| Fertility rate | — | — | 66.0 | 64.7 |
| Deaths | 2,328,000 | 2,302,000 | 8.6 | 8.6 |
| Infant deaths | 27,500 | 27,100 | 7.0 | 7.0 |
| Natural increase | 1,619,000 | 1,557,000 | 6.0 | 5.8 |
| Marriages | 2,237,000 | 2,403,000 | 8.3 | 9.0 |
| Divorces | 974,000 | 1,153,000 | 3.6 | 4.3 |

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

Source: National Center for Health Statistics, *National Vital Statistics Reports*, vol. 47, no. 17 (1999).

SPEAKING GRAPHICALLY

Population Growth in Africa's Major River Basins



Source: Ashbindu Singh et al., "Early Warning of Selected Emerging Environmental Issues in Africa: Change and Correlation from a Geographic Perspective," UN Environment Programme, 1999.

According to "Early Warning of Selected Emerging Environmental Issues in Africa," the five river basins named above sustain more than 44 percent of the African population. Because Africa has the highest population growth rate of any region in the world, improving the management of water resources is a priority for the continent.

At the Africa Water Resources Management Policy Conference, held in Nairobi, Kenya, from May 26 to May 28, 1999, 200 African policymakers and practitioners addressed water policy issues that affect the whole continent. The main outcome of the conference, which was sponsored by the World Bank and the government of Kenya in cooperation with the UN Environment Programme, was the establishment of the African Water Resources Management Forum. The forum includes experts from 15 sub-Saharan African countries who will define a long-term African vision for water for 2025.

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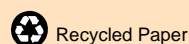
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U.S. Diversity in More Than Black and White

By **KELVIN POLLARD**

If the United States is a “melting pot,” it could be getting harder to stir. Racial and ethnic minorities now account for one-fourth of the U.S. population. By 2015, projections indicate that minorities will make up one-third of all Americans—a phenomenon already seen among children and youth.

The *1999 United States Population Data Sheet*, just published by the Population Reference Bureau, focuses on diversity. In addition to providing state-by-state demographics such as resident population, projected growth to 2015, age structure, and median household income, the data sheet lists the population of racial and ethnic groups by state, discusses their educational attainment, and charts their concentration on a map of the United States. The data sheet also compares the percentages of nonwhite residents and foreign-born residents a century ago and today.

Diffusion

In 1997, the most recent year for which race-specific state estimates are available, 27 percent of all Americans (73.1 million) were blacks, Hispanics, Asians, Pacific Islanders, American Indians, Eskimos, or Aleuts. In 1890, by contrast, 12 percent of Americans were nonwhite, although the absence of a question in the 1890 census on Hispanic origin likely accounts for some of the difference.

At 32.3 million in 1997, non-Hispanic African Americans remained the largest single minority group nationally. New York was home to the largest number, 2.6 million. And all of the 16 states with at least 1 million non-Hispanic blacks in 1997 were either southern states or states with at least one large urban center.

Four-fifths of Hispanics (29.3 million) lived in seven states—California, Texas, New York, Florida, Illinois, Arizona, and New Jersey.

Most of the 9.4 million Asians and Pacific Islanders in 1997 lived in just three states—California, New York, and Hawaii. California alone was home to 3.5 million Asians.

Nearly half of the 2 million American Indians, Eskimos, and Aleuts resided in five states—Oklahoma, Arizona, California, New Mexico, and Alaska. Together, Oklahoma and Arizona were home to nearly one-fourth of these people.

Dynamism

By 2015, Hispanics are expected to have surpassed non-Hispanic African Americans as the country’s largest minority group. In 1997, Hispanics already were the largest minority in 17 states—mostly in the West. In California and New Mexico, Hispanics are projected to surpass non-Hispanic whites as the largest racial or ethnic group by 2015.

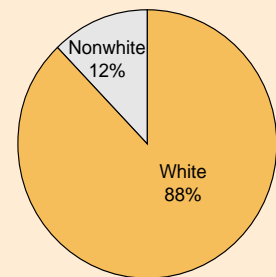
Despite being surpassed nationally, non-Hispanic blacks in 2015 still are expected to remain the largest minority in 24 states and the District of Columbia. Most of these states are in the South, although some are large industrial states such as Ohio and Michigan.

Among children, who are at the cutting edge of the country’s racial and ethnic diversity, these future projections are already taking shape. One-third of children were nonwhite in 1997. And although their concentrations also differ by region and by state, minority children and youth are in the majority in the District of Columbia, Hawaii, New Mexico, California, and Texas. ■

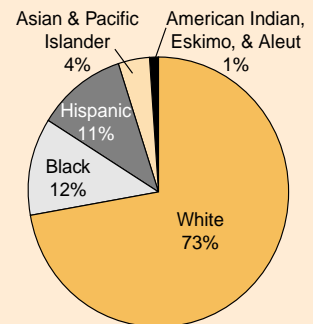
For more information:

The 1999 United States Data Sheet (\$4.50 plus shipping and handling) is available from PRB’s Customer Service Department; phone: 800/877-9881; fax: 202/328-3937; e-mail: popref@prb.org; or order on PRB’s Web

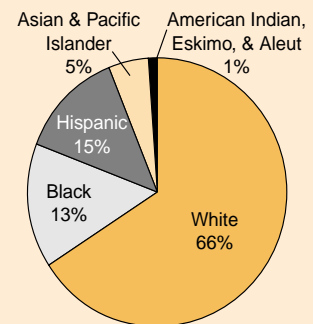
Racial and Ethnic Distribution, United States, 1890, 1997, and 2015



1890



1997



2015

Notes: Nonwhites shown for 1890 include blacks, American Indians, Japanese, and Chinese—the racial categories tabulated for the 1890 census. The 1890 census did not contain a question on Hispanic origin.

The “white,” “black,” “Asian & Pacific Islander,” and “American Indian, Eskimo, & Aleut” categories do not include Hispanics.

Percentages do not necessarily sum to 100 due to rounding.

Source: Population Reference Bureau, *1999 United States Population Data Sheet*.

site: <http://www.prb.org>. Discounts are available for bulk purchases. PRB members receive one complimentary copy of the data sheet.

Kelvin Pollard is a research demographer at PRB.

NEWS AND RESOURCES

Welfare to work—and back?

Among adults leaving welfare since 1996, most have gotten jobs, according to a report by the General Accounting Office (GAO) summarizing research from 17 states. And the number with jobs is high—between 61 percent and 87 percent of welfare leavers.

The report indicates, however, that most of the jobs paid low wages. And the summary notes that differences in the studies' methods may have inflated some states' employment rates.

Studies that determined whether adults had ever been employed since leaving welfare reported employment rates of 63 percent to 87 percent—significantly higher than the rates reported by studies measuring employment at the time of follow-up (61 percent to 71 percent). The “ever-employed” rates generally exclude adults who found jobs and then returned to welfare, and these individuals constitute 19 percent to 30 percent of welfare leavers in some states.

The report, “Welfare Reform: Information on Former Recipients' Status,” is available on GAO's Web

site: <http://www.gao.gov/new.items/he99048.pdf>.

World Bank pushes safety nets

In a new working paper that draws on evidence from East Asia and elsewhere, the World Bank measures the impact of economic crises on the lives of the poor and sets forth an agenda for protecting the needy before economic crisis strikes.

“Macroeconomic Crises and Poverty: Transmission Mechanisms and Policy Responses” documents the effects that the Asian financial crisis has had on households in Indonesia, Korea, and Thailand. Indonesian households have been hit hardest: Between 1997 and 1998, their average standards of living have declined 24.4 percent.

The paper declares that “safety net” measures such as unemployment insurance, subsidized school fees, job creation programs, and food subsidies are essential for broad-based recovery.

The paper is available online at <http://www.worldbank.org/html/extdr/extme/2214.htm>.

Contraceptives on TV

TV ads for condoms and birth control pills—once off-limits because of protests from conservative groups—

have become more commonplace, according to an article in the *Los Angeles Times* (Jennifer Oldham, “Contraceptives Get Good Reception on Prime Time,” April 15, 1999, sec. C: p. 1).

Although ABC, CBS, and NBC still avoid airing such commercials, local stations now show contraceptive ads from pharmaceutical companies such as Johnson & Johnson, Pharmacia & Upjohn, and Carter-Wallace.

According to the article, even conservative groups have not found fault with the current ads. The article reports that this tolerance may stem from the matter-of-fact tone of ads by Ortho-McNeil, a unit of Johnson & Johnson. Promotions for the Ortho Tri-Cyclen birth control pill mention that postponing children allows women to enjoy travel and other pursuits. The ads also pitch the pill's acne-fighting ability.

Global action needed to combat malaria

Malaria has re-emerged as a serious health problem in some developing countries, according to the World Health Organization (WHO). In *The World Health Report 1999: Making a Difference*, WHO finds that the disease accounts for one in

four childhood deaths in Africa. The number of malaria deaths could be cut in half if an additional US\$1 billion per year were used to strengthen health systems, according to the report.

For more information, contact Thomson Prentice, WHO, Geneva, phone: 41-22/791-4224; fax: 41-22/791-4870; e-mail: prenticet@who.int; Web site: <http://www.who.int>.

Demographic research online

The Max Planck Institute for Demographic Research in Rostock, Germany, has launched an Internet-only journal of population studies, *Demographic Research*.

The journal is designed to bring new research online quickly. The institute's Scientific Review Board referees every issue, but because board members are committed to fast-turn-around reviews, articles can be published online in as little as four weeks from the date of submission.

Online articles can include photographs, simple video and sound clips, links to data files and computer programs, and links to other Internet resources.

A sample issue is posted at <http://www.demographic-research.org>.

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