World Population Highlights
Key Findings From PRB’s 2007 World Population Data Sheet
The Population Reference Bureau informs people around the world about population, health, and the environment, and empowers them to use that information to advance the well-being of current and future generations.

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We entered the 20th century with a population of 1.6 billion people. We entered the 21st century with 6.1 billion people. And in 2007, world population is 6.6 billion.

The increase in the size of the human population in the last half-century is unprecedented. And nearly all of the growth is occurring in the less developed countries. Currently, 80 million people are being added every year in less developed countries, compared with about 1.6 million in more developed countries. While the less developed countries will keep growing, the more developed countries may grow slowly or not at all.

Population change is linked to economic development, education, the environment, the status of women, epidemics and other health threats, and access to family planning information and services. All of these factors interact with every facet of our lives, regardless of where we live.

It is remarkable that, despite many new developments over the past 50 years, one fact looks very much the same: Populations are growing most rapidly where such growth can be afforded the least.

Mortality Rates

The phenomenal increase in population in the 20th century resulted from plummeting mortality rates, primarily in less developed countries. Advances in health and medicine that had taken many centuries to achieve in the developed countries spread quickly among developing countries. Even with the high death rates from HIV/AIDS, mortality has declined enough to fuel rapid population growth.

Life expectancy at birth rose rapidly and infant mortality declined sharply, narrowing the gap between rich and poor countries. In just 35 years, Costa Rica nearly closed its life expectancy gap with the world’s wealthiest country—the United States.

The average life expectancy at birth in less developed countries rose from 41 years in 1950 to 66 years in 2007. The Middle East and North Africa region has experienced the largest increase in life expectancy since the late 1950s: from 43 years to 70 years.

Since 1950, the greatest gains in life expectancy at birth occurred among women. In more developed countries, average life expectancy for women rose from 69 years in 1950 to 80 years in 2007, while the average for men rose from 64 years to 73 years.

Qatar has the world’s highest level of carbon dioxide per capita: 37 metric tons.

Chile has one of the world’s lowest levels of carbon dioxide per capita: 3.4 metric tons.

In Japan, 21% of the population is ages 65 and older.

In Haiti, only 4% of the population is ages 65 and older.
Fertility Rates

A dramatic decline in fertility rates during the 20th century coincided with decreased child mortality, access to family planning, economic development, increases in girls’ and women’s education, and urbanization. Other factors—including stiffer competition for jobs, housing shortages, and government efforts to lower birth rates—also encouraged fertility decline.

Fertility rates have fallen in every major world region, but in some regions, the rate remains quite high. Worldwide, the average number of children per woman fell from 5.0 around 1950 to 2.7 in 2007. Sub-Saharan Africa has the highest average at 5.5, falling from a level of 6.7 around 1950.

Couples were able to reduce family size by adopting methods of family planning. Worldwide, use of contraception rose from less than 10 percent of married women of childbearing age in the 1960s to 62 percent in 2007. Again, regional variations provide stark contrasts. In Africa, 28 percent of married women use contraception; in Latin America, the share is 71 percent; North America, 73 percent; Europe, 67 percent; and Asia, 66 percent.

Women’s Education and Lower Birth Rates

A large body of research over the years has linked education for women and girls with lower birth rates. Indeed, recent data from many less developed countries have shown that women with at least a secondary-level education eventually give birth to one-third to one-half as many children as women with no formal education. In some of these countries, the fertility of these better-educated women approaches replacement level (2.1 children per woman). A woman in Honduras with no education has, on average, 4.9 children, but a Honduran woman with secondary or higher education has 2.2 children. An Ethiopian woman with no education has 6.1 children on average, but an Ethiopian woman with secondary or higher education has 2.0 children. Better-educated women generally are able to exercise more control over their reproductive lives, including delaying marriage and childbearing.
Demographic Divide

Attention has focused recently on the “demographic divide,” the vast gulf in birth and death rates among countries. On one side are mostly poor countries with relatively high birth rates and low life expectancies. On the other side are mostly wealthy countries with birth rates so low that population decline and rapid aging are likely.

This is not a simple divide that perpetuates the status quo among the “have” and “have-not” countries. Rather, it involves a set of demographic forces that will affect the economic, social, and political circumstances in these countries, and consequently, their place on the world stage. Demographic trends are just one of the factors determining their future, but they are a crucial factor.

The demographic, health, and economic contrasts among the United States, Germany, and Ethiopia illustrate this diversity and the different challenges faced by rich and poor countries.

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Germany</th>
<th>Ethiopia</th>
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<tbody>
<tr>
<td>Population mid-2007</td>
<td>302.2 million</td>
<td>82.3 million</td>
<td>77.1 million</td>
</tr>
<tr>
<td>Population 2025 (projected)</td>
<td>349.4 million</td>
<td>79.6 million</td>
<td>108.7 million</td>
</tr>
<tr>
<td>Total fertility rate (lifetime births per woman)</td>
<td>2.1</td>
<td>1.3</td>
<td>5.4</td>
</tr>
<tr>
<td>Population below age 15 (%)</td>
<td>20%</td>
<td>14%</td>
<td>43%</td>
</tr>
<tr>
<td>Population ages 65+ (%)</td>
<td>12%</td>
<td>19%</td>
<td>3%</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td>78 years</td>
<td>79 years</td>
<td>49 years</td>
</tr>
<tr>
<td>Infant deaths per 1,000 births</td>
<td>6.5</td>
<td>3.8</td>
<td>77.0</td>
</tr>
<tr>
<td>Adults with HIV/AIDS (2005) (%)</td>
<td>0.6%</td>
<td>0.1%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Children under 5 underweight (%)</td>
<td>1%</td>
<td>—</td>
<td>35%</td>
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</tbody>
</table>


Case In Point.

The United States is the only developed country experiencing significant population growth, for two main reasons: The United States has a higher fertility rate than other developed countries, and the United States has more net migration than other developed countries.

If current fertility rates continue, American women will have 2.0 children, on average, during their childbearing years, compared with 1.5 in Europe, 1.3 in Japan, and 1.5 in Canada.

When looking at U.S. population growth by race and ethnicity, quite different stories emerge: For the non-Hispanic white population, the ratio of births to deaths is nearly equal: almost 1:1. Demographers would say that this represents no natural increase in population size. Hispanics, on the other hand, have 8 births for every death, leading to a significantly larger growth rate than that for non-Hispanic whites.

Several factors account for higher fertility in the United States, compared with other developed countries. It is easier for U.S. women to combine education, jobs, housework, and childrearing. American women earn higher salaries relative to men, and American men tend to accept more childrearing and homemaking responsibilities than European men.

The United States receives about 20 percent of the world’s international migrants, but the United States accounts for just 5 percent of the world’s population. Foreign-born couples tend to have more children than U.S.-born couples. Foreign-born residents are in their prime childbearing years, and immigrants often come from countries where larger families are more common.
Malnutrition is an underlying cause of disease and death in poor countries. In fact, about 56 percent of child deaths are associated with malnutrition.

Expectant mothers who are malnourished are more likely to have low birth-weight babies. Malnourished infants and children suffer from stunted physical and mental development. Malnutrition also reduces productivity. Children who are undernourished, for example, enroll in school later, are absent more often, and complete fewer years of schooling than well-nourished children.

Despite important progress in reducing stunting and underweight in some regions, about 30 percent of all children in low- and middle-income countries are underweight. In addition, the rate of stunting (low height for age) in some places, such as parts of India, is between 50 percent and 60 percent. Moreover, more than 2 billion people worldwide suffer from deficiencies in micronutrients (key vitamins and minerals). Thirty-seven percent of the world’s population suffers from anemia and 35 percent are at risk of iodine deficiency. About 25 percent of preschool-age children suffer from vitamin A deficiency. At the same time, many experts believe there is an “epidemic of obesity,” with as many as one-third of men or women obese in some countries.

What Causes Malnutrition?

The immediate causes of undernutrition are insufficient intake of food, and disease that makes it difficult to eat or to absorb food. However, underlying causes of undernutrition include a lack of income to buy food; inadequate access to food; a lack of access to health services; an unhealthy environment and poor hygiene; and poor eating habits.

The risk of undernutrition is also especially high during fetal development and until about two years of age. Much of the damage undernutrition causes to physical and mental development during this period cannot be reversed.

Case In Point.
The Indian states of Bihar and Jharkhand are among the poorest in India and have high rates of malnutrition. While clearly a manifestation of poverty, malnutrition is also associated with some traditional cultural practices. A UNICEF-assisted program, Dular (“to care and love”), focuses on improving the nutrition of young children and pregnant women through behavior change. Food should be introduced, in addition to breastfeeding, when a child is six months old. Finding that the introduction of these foods awaited a Hindu ceremony occurring at 12 months, Dular staff worked with religious leaders and were often successful in having the ceremonies moved up to six months.

Cost-Effective Interventions

In the short run, countries should incorporate growth monitoring and promotion, behavior change communication, and salt iodization in their health programs. In the medium term, they can establish community-based nutrition programs that target young children, adolescent girls, and pregnant women. They can also operate safety net programs, such as food stamp programs or cash transfer programs, that focus on improving nutrition. In addition, they can take steps to fortify widely consumed products, such as flour or cooking oil, with needed micronutrients. Countries that face problems of overweight and obesity can introduce diet and exercise-related motivational programs in schools, communities, and workplaces; improve the quality of school meals; and enhance food labeling.
Carbon dioxide emissions have grown dramatically in the past century because of human activity, chiefly the use of fossil fuels such as oil and coal, as well as changes in land use such as cutting down forests. These emissions are a key contributor to climate change that is expected to produce rising temperatures, lead to more extreme weather patterns, facilitate the spread of infectious diseases, and put more stress on the environment.

The United States is the largest contributor of total carbon dioxide emissions, and has one of the highest per capita rates. The U.S. per capita emission rate has risen from 19.2 metric tons per person to 19.9 metric tons between 1990 and 2002, according to the World Resources Institute.

Per capita use also has gone up in China, rising from 2.2 to 2.9 metric tons between 1990 and 2002. China is expected to surpass the United States in total carbon dioxide emissions by 2009.

Protected Natural Habitat

Data from the Nature Conservancy show that the countries with the largest amounts of land unconverted to human use include desert nations such as Saudi Arabia and Oman. At the other end of the spectrum, virtually no undeveloped land is left in small urbanized nations such as Monaco and Singapore.

The Nature Conservancy numbers account for land converted to agricultural use, cities and towns, and roads and railroads. One caveat: Unconverted land is not necessarily untouched; some has been stripped of its natural fauna and/or altered by grazing cattle.

Case In Point.

Forests play a key role in capturing carbon dioxide emissions, in addition to supplying vital habitat and retarding soil erosion. When forests are cut down or burned, carbon dioxide is released that contributes to global warming. More than half the net decline in world forest acreage between 2000 and 2005 was in South America, according to figures from the UN Food and Agriculture Organization.

The decline of Brazil’s forest cover, from 493 million hectares to 478 million hectares, was the largest contributor. But new conservation efforts in Brazil are raising hopes that the rate of loss has been curbed. Deforestation in Amazonia has been reduced from 2.6 million hectares in 2004 to 1.9 million hectares in 2005, and a preliminary figure of 1.3 million hectares in 2006, according to figures cited by the UN Environment Programme.
The AIDS epidemic is one of the most destructive health crises of modern times, ravaging families and communities around the world. By 2006, more than 25 million people had died and at least 35 million people were living with HIV. An estimated 4.3 million people were newly infected with HIV in 2006.

Nearly 63 percent of all people with HIV worldwide live in sub-Saharan Africa—25 million people. While southern Africa has been hardest hit, other regions also face serious AIDS epidemics. In recent years, nationally representative surveys have allowed researchers to lower previously published HIV prevalence estimates for some countries. But the number of people infected and the effects on families, communities, and countries are still staggering.

Impact on Demographics and Health

Countries hard hit by the AIDS epidemic have seen mortality surge and life expectancy drop in the last decade. But the epidemic has not led to a decrease in population in sub-Saharan Africa, due to relatively high fertility. Even accounting for AIDS-related mortality, sub-Saharan Africa’s population is projected to grow from 788 million in 2007 to 1.7 billion in 2050.

AIDS takes a major toll on societies. It ranks fourth among the leading causes of death worldwide and first in sub-Saharan Africa. In 2006, UNAIDS estimated that 2.9 million adults and children died of AIDS and 2.1 million of them were in sub-Saharan Africa.

Effects on Mortality and Life Expectancy

People living with HIV and AIDS are prone to developing other illnesses and infections because their immune systems are suppressed. The AIDS epidemic has fueled a rise in tuberculosis wherever HIV prevalence is high. In sub-Saharan Africa, death rates among children under age 5 are substantially higher than they would be without HIV. Without lifesaving drugs, one-third of children who are born infected with HIV (transmitted through their mothers) die before their first birthday, and about 60 percent die by age 5.

The surge in AIDS deaths has also halted or reversed gains in life expectancy in many African countries. For example, in Lesotho, where an estimated one in every four adults was living with HIV/AIDS in 2005, life expectancy was nearly 60 years in 1995, but plummeted to 36 years by 2007, primarily due to AIDS-related deaths.
Prevention

As HIV continues to spread—in the absence of a vaccine or cure—prevention remains the key way to curb the epidemic. The most common mode of HIV transmission is sexual contact. Thus, effective prevention programs promote abstaining from sex, delaying the onset of sexual activity, staying with one mutually faithful partner, limiting the number of sexual partners, consistently and correctly using condoms, and counseling and testing for HIV. Preventing HIV transmission from mothers to their infants is also a way to save lives.

Measurement Challenges

Since 2001, a new source of data on HIV prevalence has become available for more countries: demographic and health surveys based on nationally representative samples. The Demographic and Health Survey (DHS) program, conducted by ORC Macro with national agencies, tests people for HIV. Most of the DHS surveys, along with the HIV/AIDS Indicator Surveys (AIS) completed so far, suggest HIV prevalence is likely lower than earlier estimates.

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<tr>
<th>% of HIV-Positive Adults</th>
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<tr>
<td><strong>UNAIDS</strong></td>
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<td>Estimate at time of DHS/AIS</td>
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<tr>
<td>Burkina Faso</td>
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<tr>
<td>Côte d’Ivoire</td>
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<td>Kenya</td>
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<td>Zambia</td>
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In India, a nationally representative survey found that 0.36 percent of adults ages 15 to 49 were HIV positive in 2006, compared with a non-nationally representative UNAIDS estimate of 0.9 percent in 2005.

Case In Point.

AIDS-related deaths have dramatically cut life expectancy in the most affected countries and regions. In southern Africa, home to many of the worst affected countries, life expectancy dropped from 61 years of age to 49 over the last 20 years.

AIDS reshapes the distribution of deaths by age. From 1985 to 1990, deaths in eastern Africa were clustered among young children and older adults. Adults ages 20 to 49 accounted for 16 percent of all deaths. But by 2010, that share will most likely nearly double to 29 percent of all deaths. Such large surges in deaths deplete a country of residents in their prime productive years, creating the potential for severe shocks to the economy and society.

South Africa reflects many of the changes projected for populations severely affected by AIDS. By 2015, the adult population (ages 15 and older) is projected to be smaller by 6 million people (16 percent).Deaths of large numbers of women during their reproductive years and the lower survival prospects of infected children will reduce the size of the younger population as well. The total population in South Africa in 2015 is projected to be 50 million—or 15 percent lower than in a no-AIDS scenario.


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<tr>
<td>WORLD</td>
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<tr>
<td>More developed regions</td>
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<tr>
<td>Less developed regions</td>
</tr>
<tr>
<td>Africa</td>
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<tr>
<td>North America</td>
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<td>Latin America/Caribbean</td>
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<td>Europe</td>
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<td>Oceania</td>
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<td>Asia</td>
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Case In Point.

Migration to, from, and within the Middle East and North Africa is augmenting, diminishing, or reshaping the populations of many of its countries.

In some oil-rich Persian Gulf states, foreigners have become a majority of the labor force, filling service and skilled jobs that native-born workers could not or would not take. In Bahrain, for example, 47 percent of workers are foreign-born men, 11 percent foreign-born women. In Kuwait, 64 percent are foreign-born men, 17 percent foreign-born women. Foreigners make up half the labor force in Saudi Arabia.

These immigrants send home billions of dollars in remittances to help their families. But they often work long hours and have limited ability to challenge their employers for failing to deliver on promised pay and benefits.

In other parts of the region, people are leaving to seek economic opportunities or escape violence or political instability. In North Africa, a region of emigration, foreigners make up less than 1 percent of the population. In 2004, one-third of France’s 33 million foreigners were from Morocco, Algeria, Turkey, and Tunisia. One-third of Germany’s 6.9 million foreign-born population was from the Middle East and North Africa.

In 2005, about 191 million people—3 percent of the world’s population—were international migrants, according to UN estimates. Migration continues to be an important determinant of the size and characteristics of populations in some countries and especially in certain areas within countries.

Between 1995 and 2000, around 2.6 million migrants per year moved from less developed to more developed regions. More than one-half of these settled in the United States and Canada.

About 40 percent of international migrants move from one less developed country to another: from Paraguay to Brazil, or from Ghana to Côte d’Ivoire, for example. In Southeast Asia, migrants from Cambodia, Indonesia, and Myanmar seek jobs in Singapore, Thailand, South Korea, and other newly industrialized countries in Asia.

U.S. Immigration

Immigration has a major effect on the size, distribution, and composition of the U.S. population, and its role has increased because national birth and death rates are relatively low. Immigration contributed at least a third to the total population increase between 1990 and 2000, as the number of foreign-born U.S. residents rose from almost 20 million to over 31 million.

The number of foreign-born persons (the first generation) is projected to rise from 31 million in 2000 to 48 million in 2025, and the foreign-born share of the U.S. population is projected to increase from 11 percent to about 14 percent. Accordingly, the number of second-generation Americans—the children of immigrants—will continue to increase.

In 2000, first- and second-generation Americans were about 21 percent of the U.S. population. If net legal and illegal immigration averages just 820,000 per year, first- and second-generation Americans are projected to be about one-third of the U.S. population in 2025.

Immigrants are an important part of the increase in the labor force because they tend to be of working age. Immigrants accounted for nearly 50 percent of the total labor force increase between 1996 and 2000, and as much as 60 percent of the increase between 2000 and 2004. Assuming net immigration of about 1 million per year, new immigrants and their children will account for all of the growth in the U.S. labor force between 2010 and 2030.
Refugees

The number of refugees worldwide, defined by the United Nations as “people who have fled persecution in their own countries to seek safety in neighboring states,” rose from 8.7 million to 9.9 million during 2006. The rise in the refugee population in 2006 was due in large part to the displacement of Iraqis to other countries, particularly to Syria and Jordan.

An increasing number of people—more than 24.5 million—are “internally displaced,” forcibly relocated within their own countries by violent conflict or environmental disasters. This figure includes substantial numbers of people in Iraq, Sudan, and Colombia.

But these populations don’t receive the attention or services accorded refugees who leave their countries because of persecution. International law mandates that refugees receive food, shelter, and safety in their host countries as well as international support. The internally displaced—who have few legal or physical protections—face a less certain fate. Unlike refugees, internally displaced persons have had no single UN organization with an express mandate to help and shield them.

South-South Migration

In coming decades, more migration will occur between developing countries, such as that from Bangladesh to India, or from India, Egypt, and Yemen to the Persian Gulf States.

By one preliminary estimate, 74 million (nearly one-half) of the migrants from developing countries reside in other developing countries. Almost 80 percent of migration from one developing nation to another takes place between countries with contiguous borders. Most appears to occur between countries with relatively small differences in income.

Feminization of Migration

Data collected by governments indicate that women account for almost half of immigrants around the world. Women now are increasingly likely to move for economic opportunity, rather than to join husbands or other family members as they did in the past. Despite women’s growing independence, the so-called “feminization of migration” raises policy concerns about women’s security and human rights in sending and destination countries.

The proportion of female migrants is higher in countries that long have been open to immigration, including the United States, Canada, and Australia. For example, 55 percent of recent legal immigrants to the United States are women. In countries that permit only temporary migration, the proportion of men may be higher, particularly if admission is limited to occupations typically dominated by men.

Sending countries also differ in the percent of women and men who emigrate, in part because of differential demand for labor in destination countries. For example, 70 percent of all Filipino labor migrants are women.
The world is on the verge of a shift: from predominantly rural to mainly urban. In 2008, more than half the world’s people will live in urban areas. By 2030, urban dwellers will make up roughly 60 percent of the world’s population.

The world’s regions differ greatly in their levels of urbanization. In North America, Europe, and Latin America and the Caribbean, more than 70 percent of the population is already urban; but in Africa and Asia, less than 40 percent of the population is urban.

Where Will Populations Grow?

Contrary to popular belief, the bulk of urban population growth is likely to occur in smaller cities and towns of less than 500,000. Globally, all future population growth will take place in cities, especially in Asia, Africa, and Latin America. In Asia and Africa, this growth will signal a shift from rural to urban growth, changing a millennia-long trend.

Between 2000 and 2030, the urban population in Africa and Asia is set to double. Asia’s urban population will grow from 1.4 billion to 2.6 billion. Africa’s will surge to more than twice its size, from 294 million to 742 million. Latin America and the Caribbean will see its urban population rise from 394 million to 609 million. By 2030, 79 percent of the world’s urban dwellers will live in the developing world’s towns and cities. And Africa and Asia will account for almost seven in every 10 urban inhabitants globally.

Poor people will make up a large part of future urban growth. Most urban growth is due to natural increase (more births than deaths) rather than migration.

Largest Urban Areas

The largest cities in the world are slowly growing in size, and increasingly they are located in less developed regions. In 1950, the three largest cities were New York-Newark (12.3 million), Tokyo (11.3 million), and London (8.4 million). By 2015, the UN projects that Mumbai and Mexico City will have replaced London and New York-Newark in the top three: Tokyo at 35.5 million, Mumbai at 21.9 million, and Mexico City at 21.6 million.

While slightly more than 9 percent of urban dwellers live in cities of 10 million or more people, about 62 percent live in cities of 1 million or fewer. About 52 percent of urbanites overall live in cities of fewer than 500,000 residents.

How Does Urbanization Affect the Environment?

Urban people change their environment through their consumption of food, energy, water, and land. In turn, the polluted urban environment affects the health and quality of life of the urban population.

People who live in urban areas have very different consumption patterns than residents of rural areas. For example, urban populations consume much more food, energy, and durable goods than rural populations. In China during the 1970s, the urban populations consumed more than twice as much pork as the rural populations who were raising pigs.

By extension, the energy consumption for electricity, transportation, cooking, and heating is much...
higher in urban areas than in rural villages. For example, urban populations have many more cars than rural populations per capita.

The urbanization of the world’s populations will increase aggregate energy use. And the increased consumption of energy is likely to affect the environment.

Urban consumption of energy creates heat islands that can change local weather patterns and weather downwind from the heat islands. The heat island phenomenon is created as cities radiate less heat back into the atmosphere than rural areas, making cities warmer than rural areas. These heat islands trap atmospheric pollutants. Cloudiness and fog occur more often. Precipitation is 5 percent to 10 percent higher in cities, and thunderstorms and hailstorms are much more frequent.

Urbanization also affects environments beyond the city. Regions downwind from large industrial complexes see increases in the amount of precipitation, air pollution, and the number of days with thunderstorms. Urban areas also affect water runoff patterns. Not only do urban areas generate more rain, they reduce the infiltration of water and lower the water tables. This means that runoff occurs more quickly with greater peak flows. Flood volumes increase, as do floods and water pollution downstream.

Many of the effects of urban areas on the environment are not necessarily linear. Bigger cities do not always lead to more environmental problems and small urban areas can cause large problems.

Density is potentially beneficial. With world population growing by about 82 million a year, demographic concentration makes sustainability more likely. Global urban expansion takes less land than land lost every year to agriculture, forestry, and grazing, or to erosion and salinization.

Case In Point.

How do you define urban? It depends. Definitions differ from one country or area to the next. For Peru, populated centers of 100 or more dwellings are considered urban. In contrast, it takes a lot more for an area to be designated a city in Japan, where cities must be home to 50,000 or more inhabitants with 60 percent or more of the houses located in the main built-up areas and 60 percent or more of the population (including their dependents) engaged in manufacturing, trade, or other urban kinds of business.

In Mongolia, the capital and district centers are the cities. In South Africa, places where some form of local authority exists count as cities.

In other places, urban is defined by available services. By 1970, Panama’s urban areas included localities of 1,500 or more inhabitants, and had such urban characteristics as streets, water supply systems, sewage systems, and electricity.

Sometimes what helps distinguish urban from rural areas is the nature of the population, particularly the extent to which it is nonagricultural. In Botswana, an agglomeration of 5,000 or more inhabitants where 75 percent of the economic activity is nonagricultural is classified as urban.


<table>
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<th>Region</th>
<th>1950</th>
<th>2007</th>
<th>2030</th>
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<tbody>
<tr>
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WORLD POPULATION

NUTRITION

ENVIRONMENT
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HIV/AIDS

IMMIGRATION

URBANIZATION
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