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2005



Social Panorama

OF LATIN AMERICA



UNITED NATIONS

ECLAC

The *Social Panorama of Latin America* is prepared each year by the Social Development Division and the Statistics and Economic Projections Division of ECLAC under the supervision of their directors, Andras Uthoff and Hubert Escaith, respectively. The Latin American and Caribbean Demographic Centre (CELADE)–Population Division of ECLAC and the ECLAC Subregional Headquarters for the Caribbean also took part in preparing the 2005 edition, for which support was provided by the United Nations Population Fund (UNFPA). Nohra Rey de Marulanda, Manager of the Integration and Regional Programs Department and Director of the Inter–American Institute for Social Development (INDES) of the Inter–American Development Bank (IDB), and Jorge Ugaz and Julio Guzmán, research officers at IDB, took part in preparing this year's edition as well. Work on the document was coordinated by Juan Carlos Feres and Arturo León, who, together with Irma Arriagada, Jorge Bravo, Simone Cecchini, Ernesto Espíndola, Anitza Freitez, José Miguel Guzmán, Dirk Jaspers–Faijer, Xavier Mancero, Francisca Miranda, Fernando Medina, Gaietry Pargass and Jorge Rodríguez, were also responsible for preparing the individual chapters. Statistical information and other inputs were prepared and processed by Lenin Aguinaga, María de la Luz Avendaño, Guiomar Bay, Sebastián Carrasco, Carlos Daroch, Fabiana del Popolo, Ernesto Espíndola, Marco Galván, Daniela González, Carlos Howes, María Marta Santillán and Alejandra Silva.

Notes and explanations of symbols

The following symbols have been used in the *Social Panorama of Latin America*.

- The dots (...) indicate that data are missing, are not available or are not separately reported.
- Two dashes and a period (-.-) indicate that the sample size is too small to be used as a basis for estimating the corresponding values with acceptable reliability and precision.
- A dash (–) indicates that the amount is nil or negligible.
- A blank space in a table indicates that the concept under consideration is not applicable or not comparable.
- A minus sign (-) indicates a deficit or decrease, except where otherwise specified.
- A point (.) is used to indicate decimals.
- Use of a hyphen (–) between years, e.g. 1990–1998, indicates reference to the complete number of calendar years involved, including the beginning and end years.
- The word "dollars" refers to United States dollars, unless otherwise specified.
- Individual figures and percentages in tables may not always add up to the corresponding total, because of rounding.

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ABSTRACT

The 2005 edition of the *Social Panorama of Latin America* analyses recent poverty trends and the increase in migrant remittances, together with their impact on the well-being of the region's population. Short –and long–term trends in social spending, the distribution of such expenditures among the various socio–economic strata and their effects in terms of income deconcentration and increased well-being are also reviewed. The analysis seeks to explore the question as to whether the demographic transition taking place in the Latin American countries over the past 15 years has helped to narrow the long-standing gaps between different socio–economic groups' and areas' mortality and birth rates. Attention is also drawn to the magnitude of the HIV/AIDS epidemic in Caribbean countries and to the reversal of its skewed gender distribution, which has had a devastating impact on households and the community at large. Finally, this edition looks at major changes in the health sector, the policies and programmes being used to cope with them, and the various financial and management issues that the countries will have to address in this connection.

The chapter on poverty presents projections of poverty and indigence levels for 2003–2005, together with recent estimates for some countries in the region. This information appears to indicate that poverty is on the decline, although not fast enough to enable the region to meet the first target set in relation to the Millennium Development Goals. In addition to examining the progress made by the region towards the satisfaction of basic needs, this chapter provides new data on remittances' impact on the population's living standards. The data indicate that remittances are helping to raise recipient households' living standards substantially and are enabling many of their members to escape from poverty. The impact that such remittances have on overall poverty and indigence rates and on income distribution is very limited, however.

The chapter on social spending provides information on public social expenditure levels in the region, recent and longer–term trends in such expenditure, spending patterns and the impact on income distribution. A close look is taken, in particular, at how the Latin American and Caribbean countries have been allotting these funds among the various social sectors in recent years. This analysis includes a consideration of how the economic recessions experienced by some countries early in the decade have affected social expenditure and seeks to determine whether or not the traditional relationship between social spending levels and the business cycle has changed in any way.

Spending patterns in the areas of education and health are reviewed, with attention being devoted to the proportion to public funds received by the different income strata and how progressive the resulting pattern is. This analysis closes with an examination of the impact of total social expenditure and its various components in terms of income deconcentration and increases in the level of well-being of the region's households.

Microdata from the 1990 and 2000 census rounds were processed in an effort to answer the question as to whether the demographic transition that has occurred in Latin America over the past 15 years has helped to narrow the long-standing gaps between different socio-economic groups' and areas' mortality and birth rates. The analysis of these data points to the existence of differing trends across countries in terms of the link between social inequality and mortality and fertility rates. In most of the countries, infant mortality (especially in urban areas) fell more sharply among lower socio-economic strata, thereby reducing this extreme indicator of social inequality. There are still exceedingly sharp disparities in such rates, however, owing to the high number of preventable premature deaths in the poorer strata. Differentials in fertility rates declined only in a minority of the countries under review, however. Moreover, in almost all cases, fertility rates rose among adolescents in low and mid-level socio-economic strata. This trend reflects both the intractability of fertility rates among these groups and a considerable increase in social inequality in terms of early reproduction. These findings validate measures targeting the proximate determinants of mortality and fertility –whose effect is felt in all socio-economic groups and even under macroeconomically adverse circumstances– and underscore the need to apply new policies and approaches to address emerging issues such as those posed by the existence of fertility schedule differentials.

The chapter on HIV/AIDS briefly reviews how this epidemic is affecting the Caribbean and looks more closely at the trends observed within the female population. It also analyses how gender relationships influence women's access to their sexual and reproductive rights and why women have become more vulnerable to HIV infection, which is having devastating consequences in terms of female morbidity and mortality rates, women's health, and the well-being of their families and the community in general, as well as the implications in relation to perinatal disease transmission. It also highlights the importance of understanding what sorts of gender-related problems are contributing to this epidemic in the Caribbean in order to devise policies and programmes that will help to stem the advance of the disease.

The chapter on the social agenda provides an overview of the health situation and health care programmes in Latin American countries. This analysis

is based on the responses received from the health ministries of 17 countries to a survey conducted by ECLAC. This survey was designed to provide information on how existing health programmes are viewed from the institutional perspective of the countries' ministries of health and how national authorities are assessing the health situation and specific health problems affecting the population. The responses reflect the different sociodemographic situations of the countries and provide a mixed picture in terms of governments' response capacity to public health issues. Most of the countries cite financing and management difficulties that hinder their efforts to cover health needs. Inequality in health care stems not only from shortcoming in access associated with sociocultural and geographical circumstances but also from income inequality, which translates into living conditions that are insufficient to prevent health problems or satisfy the health needs of the population.

As is customary, this discussion of the international social agenda also reviews the international meetings at which social issues have been addressed. In this instance, special attention is devoted to various regional meetings held within the United Nations system in order to launch the inter-agency document coordinated by ECLAC entitled *The Millennium Development Goals: A Latin American and Caribbean Perspective*. The main conclusions of this study are also summarized.

SUMMARY

The 2005 edition of the *Social Panorama of Latin America* analyses recent poverty trends and the increase in migrant remittances, together with their impact on the well-being of the region's population. Short- and long-term trends in social spending, the distribution of such expenditures among the various socio-economic strata and their effects in terms of income deconcentration and increased well-being are also reviewed. The analysis seeks to explore the question as to whether the demographic transition taking place in the Latin American countries over the past 15 years has helped to narrow the long-standing gaps in both mortality and fertility among different socio-economic groups and areas. Attention is also drawn to the magnitude of the HIV/AIDS epidemic in Caribbean countries and to the reversal of its skewed gender distribution, which has had a devastating impact on households and the community at large. Finally, this edition looks at major changes in the health sector, the policies and programmes being used to cope with them, and the various financial and management issues that the countries will have to address in this connection.

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The chapter on HIV/AIDS briefly reviews how this epidemic is affecting the Caribbean and looks more closely at the trends observed within the female population. It also analyses how gender relationships influence women's access to their sexual and reproductive rights and why women have become more vulnerable to HIV infection, which is having devastating consequences in terms of female morbidity and mortality rates, women's health, and the well-being of their families and the community in general, as well as the implications in relation to perinatal disease transmission. It also highlights the importance of understanding what sorts of gender-related problems are contributing to this epidemic in the Caribbean in order to devise policies and programmes that will help to stem the advance of the disease.

The chapter on the social agenda provides an overview of the health situation and health care programmes in Latin American countries. This analysis is based on the responses received from the health ministries of 17 countries to a survey conducted by ECLAC. This survey was designed to provide information on how existing health programmes are viewed from the institutional perspective of the countries' ministries of health and how national authorities are assessing the health situation and specific health problems affecting the population. The responses reflect the different sociodemographic situations of the countries and provide a mixed picture in terms of governments' response capacity to public health issues. Most of the countries cite financing and management difficulties that hinder their efforts to cover health needs. Inequality in health care stems not only from shortcoming in access associated with sociocultural and geographical circumstances but also from income inequality, which translates into living conditions that are insufficient to prevent health problems or satisfy the health needs of the population.

As is customary, this discussion of the international social agenda also reviews the international meetings at which social issues have been addressed. In this instance, special attention is devoted to various regional meetings held within the United Nations system in order to launch the inter-agency document coordinated by ECLAC entitled *The Millennium Development Goals: A Latin American and Caribbean Perspective*. The main conclusions of this study are also summarized.

POVERTY IN THE REGION

According to projections to the year 2005 based on economic growth in the countries of the region, 40.6% of Latin America's population is living in poverty, and 16.8% of these people are extremely poor, or indigent. This means that 213 million people in the region are poor and 88 million people are extremely poor.

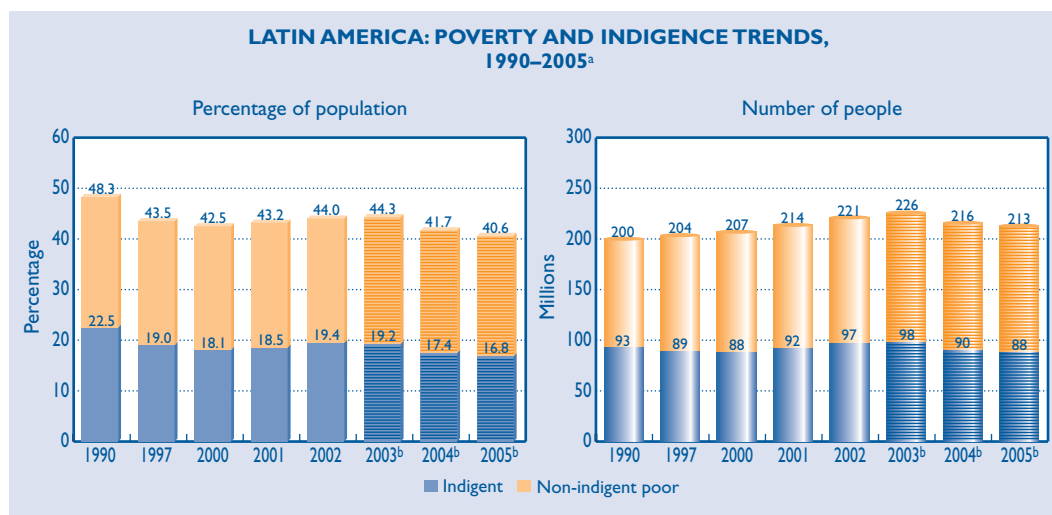
The latest poverty measurements, taken in 2002, put poverty and indigence at 44.0% and 19.4% of the population, respectively. While these figures are not expected to have varied a great deal in 2003, improved economic conditions in 2004 and the projected reduction in poverty rates for that year point to a break in the trend. Thus, the poverty rate for 2004 is estimated at 41.7%, for a 2.6 percentage point drop from the 2003 level; the 2004 indigence rate is projected at 17.4%, which is 1.8 percentage points less than in 2003. These variations represent a decrease of around 10 million in the number of poor people, which includes a reduction of 8 million in the number of indigents (see figure 1).¹

The poverty and indigence rates will probably continue to diminish in 2005, with the reductions being estimated at 1.1 percentage points in the first case and at 0.6 of a percentage point in the second. This additional contraction may be attributable to the region's continued strong growth in 2005, although the rate is more than one percentage point lower than it was in 2004 (5.9%). This is thought to have prevented any increase in the number of poor and indigent people and to have perhaps led to a slight decline.

Projections up to 2005 indicate that the region is 51% of the way towards meeting the first target of the Millennium Development Goals, which is to halve, between 1990 and 2015, the proportion of people who are living in extreme poverty. This progress is encouraging, but it also falls short of what is required, since 60% of the period set for achieving this target has already elapsed (that is, 15 years out of 25).

¹ Current poverty and indigence projections for the years 2003 and 2004 are lower than those published in the *Panorama Social 2004* for two reasons. The first is that they are based on more recent data on GDP growth in each country, which generally reveal a better economic performance than previously suggested. Second, current figures use new poverty estimates for a few countries (Argentina, Brazil, Chile, Mexico and Peru), for these two years, which were not available earlier. It should be mentioned that ECLAC is now reviewing the methodology used for poverty measurement, hence the limited number of countries for which estimates are available.

Figure 1



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

^a Estimates for 18 countries in the region plus Haiti. The figures shown in the orange sections of the bars are the percentage and total number of poor persons (indigent plus non-indigent poor).

^b Projections.

The latest poverty and indigence measurements reflect a favourable trend in most countries. In Argentina, the figures for 2004 point to a significant recovery since 2002. In urban areas, poverty declined by 16.0 percentage points and indigence by 9.8 points. Mexico showed a further reduction in poverty and indigence rates between 2002 and 2004 in a prolongation of a downward trend dating back to 1996. In this case, the decreases were 2.4 percentage points for poverty and 0.9 points for indigence, with a high concentration of these improvements in rural areas. Chile is another of the countries where poverty and indigence declined between 2000 and 2003, by 1.6 and 0.9 percentage points, respectively. In Peru, no progress was made in the struggle against poverty between 2001 and 2003, but the indigence rate was down by 2.8 percentage points. For Brazil, however, the data show an overall increase in poverty (1.2 percentage points) and in indigence (0.7 points) between 2001 and 2003, but improvements in both indicators were nonetheless seen in the country's rural areas. The Bolivarian Republic of Venezuela is has also made major strides in combating poverty in recent years. While ECLAC has not yet completed its own estimates for this country, the information supplied by its national authorities reflects a substantial improvement in the second half of 2004.²

² According to data from the National Statistical Institute of the Bolivarian Republic of Venezuela, after recording a sharp increase in 2002 and 2003, the poverty and indigence rates diminished significantly in 2004 and the first half of 2005. Nevertheless, the figures at the end of the period are scarcely lower than those for 2002.

MULTIPLE DIMENSIONS OF POVERTY

A different methodology that complements the income approach consists in evaluating the different dimensions of a country's social progress by measuring shortfalls in meeting the population's basic needs. Specifically, this approach takes into account factors such as housing, access to drinking water and sanitation, and education. The main referent here is the Unmet Basic Needs (UBN) method which has been applied to the various countries of Latin America for several decades now.

One of the most important differences between monetary poverty measurements and the indicators provided by the UBN method is that the former are heavily influenced by short-term fluctuations in economic performance and their impact on household income levels, whereas the satisfaction of basic needs usually entails a slow but continuing process of the sort typical of long-term trends. This is because such needs are met through ongoing investments in infrastructure and the expansion of basic social services, usually through the use of government resources.

An examination of the percentages of each country's population that suffers some type of deprivation indicates that school attendance and indoor sanitary facilities are the needs in which the region is lacking the least. The absence of connections to an electricity supply and the lack of access to proper drinking water are also found among relatively small percentages of the population (see table 1).

The two most frequent types of shortfalls in the region are housing shortages, which are reflected in high percentages of the population living in overcrowded dwellings, and the absence of sewerage connections. More than 30% of the population in 9 out of 14 countries lives in overcrowded conditions (i.e., three or more people to a room). A similar percentage of the population in 13 out of 17 countries does not have a connection to the public sewerage system, in urban areas, or to a septic tank, in rural zones.

The countries in the region with high extreme poverty levels, such as Bolivia, Guatemala, Honduras, Nicaragua and Paraguay, are also among those with the highest percentages of unmet basic needs. Chile, Costa Rica and Uruguay, which have low extreme poverty levels, are also those at the top of the list in terms of the satisfaction of basic needs.

The level of unmet basic needs is trending downward in most countries. A comparison of the figures for the early 1990s with those for 2002 shows that the percentage of persons with unmet basic needs has shrunk in terms of all the indicators analysed in both urban and rural areas.

Table 1

LATIN AMERICA (18 COUNTRIES): UNMET BASIC NEEDS IN THE POPULATION, AROUND 2002								
Percentage of the population with unmet basic needs	Non-attendance at an educational establishment ^a	Without indoor toilet	Without electricity	Absence of access to drinking water	Dirt floor	Five years of education or less ^b	Overcrowding	Absence of proper sewage disposal system
0% – 4.9%	Argentina ^c Brazil Chile Costa Rica Ecuador ^c Guatemala Honduras Mexico Panama Paraguay Peru Uruguay ^c Venezuela (Bolivarian Rep. of)	Argentina ^c Chile Costa Rica Ecuador ^c Paraguay Dominican Rep. Uruguay ^c	Argentina ^c Brazil Chile Costa Rica Ecuador ^c Mexico Venezuela (Bolivarian Rep. of)	Chile Costa Rica Uruguay ^c	Chile Costa Rica Ecuador ^c Dominican Rep. Venezuela (Bolivarian Rep. of)		Uruguay ^c	Argentina ^c
5.0% – 9.9%	Colombia	Brazil Colombia El Salvador Mexico Venezuela (Bolivarian Rep. of)	Colombia Paraguay	Colombia Venezuela (Bolivarian Rep. of)	Colombia	Argentina ^c Ecuador ^c		
10.0% – 19.9%	El Salvador	Nicaragua Peru	El Salvador	Ecuador ^c Honduras Paraguay	Mexico	Chile Costa Rica Panama Uruguay ^c Venezuela (Bolivarian Rep. of)	Colombia Costa Rica	Chile Colombia
20.0% – 29.9%		Honduras	Guatemala ^d Peru	Bolivia El Salvador Nicaragua Peru	El Salvador Paraguay	Bolivia Colombia El Salvador Honduras Nicaragua Paraguay Peru Dominican Republic	Brazil Dominican Republic	Mexico
30.0% – 39.9%		Bolivia	Bolivia Honduras Nicaragua		Bolivia Honduras	Brazil Guatemala	Ecuador ^c Mexico Venezuela (Bolivarian Rep. of)	Costa Rica Ecuador ^c Uruguay ^c Venezuela (Bolivarian Rep. of)
40.0% or more	Bolivia				Nicaragua Peru		Bolivia El Salvador Guatemala ^d Honduras Nicaragua Paraguay	Bolivia Brazil El Salvador Guatemala ^d Honduras Nicaragua Paraguay Peru Dominican Republic

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys in the relevant countries.

^a Population aged 7–12.

^b Population aged 18 years and over.

^c Urban areas.

^d Population aged 7 years and over.

If the alleviation of unmet basic needs is expressed in absolute terms, which involves subtracting the figure for 1990 from the figure for 2002, the results show that the highest values are, in most cases, in the countries that had the highest rates in the early 1990s as well. On the other hand, if the variation is expressed in relative terms, as the percentage change in the rate, then the best performances tend to be observed in countries with the lowest levels of unmet basic needs. Contrary to what might be expected, neither the absolute reduction nor the relative decline in the percentage of persons with unmet basic needs showed a clear link with changes in other context variables, such as the variation in income poverty or the increase in per capita GDP of countries.

It should be borne in mind, however, that the national averages mask significant disparities between different social groups or geographical areas within countries. For example, the available data indicate that access to services and to health and education vary considerably by household income level, and the rates of school attendance and of primary school completion among the poor are lower than among the rich. Inequalities in the areas of health and education are also linked to ethnic or racial background, as well as to area of residence.

IMPACT OF REMITTANCES ON POVERTY AND INCOME DISTRIBUTION

The growing interest in evaluating the impact of remittances on countries' economic and social development has given rise to a significant body of information on these transfers' macroeconomic implications. Yet little attention has been devoted to a systematic analysis of how much remittances may influence the well-being of recipient households and, in particular, what their impact is on poverty and income distribution.

At the international level, the Latin America and Caribbean countries form one of the regions with the highest inflows of remittances. These flows totalled approximately US\$ 45 billion in 2004, which was similar to the amount of foreign direct investment (FDI) and far higher than the level of official development assistance received by the region. Furthermore, remittances for 2004 were 18% higher than they had been the year before, and the flow has practically doubled since the beginning of the decade.

Mexico, the country with the highest number of nationals living abroad, is the leading recipient of remittances in the region, taking in nearly US\$ 17 billion in 2004. Four Central American countries, including Guatemala and El Salvador, received US\$ 7.8 billion. The countries of South America as a group took in US\$ 14.1 billion (31% of the total), of which US\$ 5.6 billion went to Brazil and US\$ 3.9 billion to Colombia. The Caribbean received US\$ 6.5 billion in remittances.

A comparison of these flows with some of the main economic aggregates for 2004 underscores just how significant remittances are for various countries in the region. In many countries, remittances are equivalent to at least 10% of gross domestic product (GDP), which suggests that the countries in question are heavily dependent on these flows as an engine of economic activity. The highest percentages are those of Haiti (29%), Nicaragua (18%), Guyana and Jamaica (17%) and El Salvador (16%).³ In six countries, the remittances received in 2004 were equivalent to over 50% of export earnings, while in 10 countries remittances in 2004 far exceeded FDI inflows.

Household surveys are a very useful source of information for analysing the impact of remittances on living conditions, even though they are subject to certain limitations in this context.⁴ The data corresponding to 11 countries in the region show, first, that the impact of remittances in terms of alleviating poverty among the population as a whole is not very significant. They have had the greatest impact in El Salvador and the Dominican Republic, where the addition of remittances to household income has reduced poverty by 4.5 and 2.2 percentage points, respectively. In the other countries, the reductions were below 2 percentage points. Indigence rates have been slightly more sensitive to remittances than poverty rates have (see the upper left and lower left panels of figure 2).

The picture is quite different when the analysis focuses on the households that actually receive these remittances. The upper right and lower right panels of figure 2 show how poverty and indigence rates among the recipient households change according to whether or not remittances are included in the calculations of their total income. In 9 of the 11 countries examined, 50% or more of the persons who live in recipient households would be below the poverty line if this income were not taken into account (see figure 2).

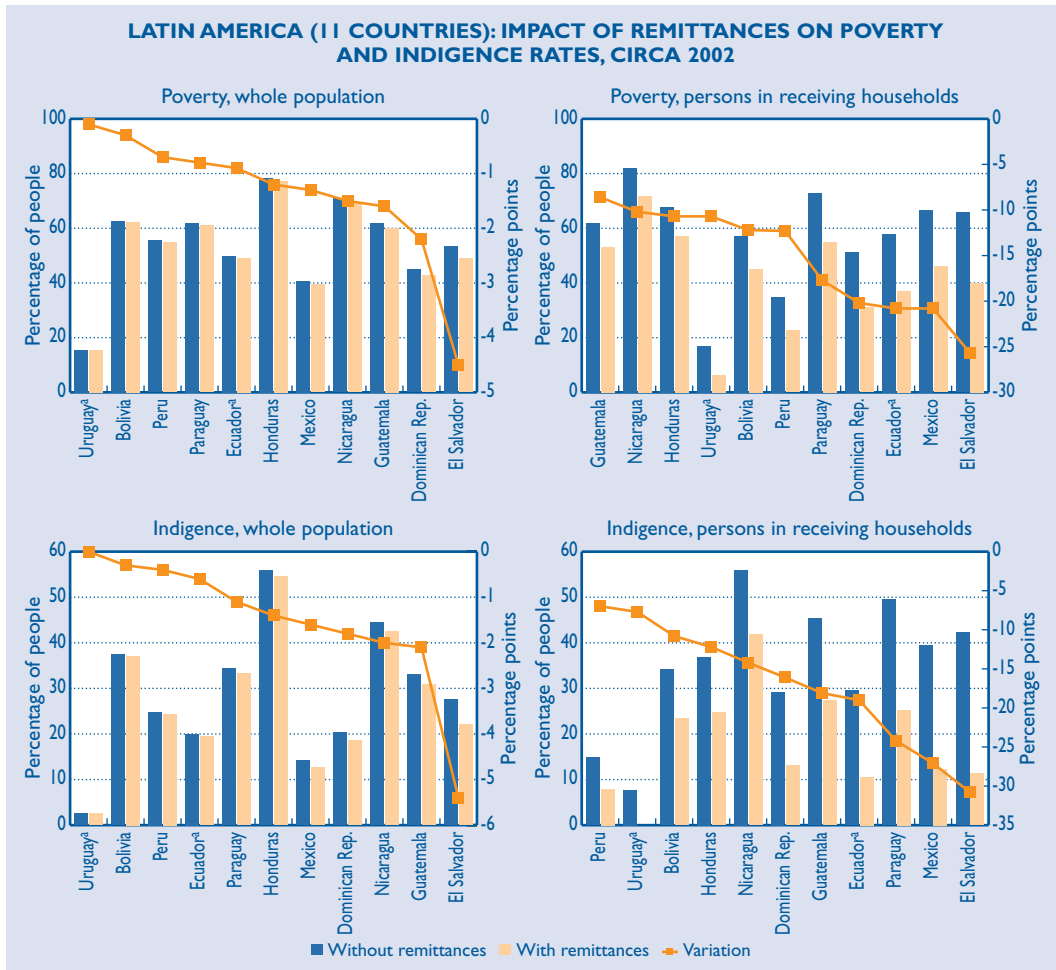
The impact of these inflows from abroad is even more significant for extremely poor households. Urban areas in Uruguay provide the most striking example, since when remittances are considered as part of household income, none of them remain below the indigence line. The percentage of indigent persons in households receiving remittances in the Dominican Republic, Ecuador (urban areas), El Salvador and Mexico is less than half what it would be without them, and in Bolivia, Honduras and Peru, the rate is approximately half what it would be otherwise.

Just how strong an impact remittances have on household purchasing power becomes clear when it is considered that the average amount of remittances received by these households is similar to, or higher than, the indigence line in most of the countries studied, at least in urban areas (see figure 3). Thus, in a significant number of households, these remittances alone are sufficient to lift them out of extreme poverty. Although there are households that remain below the poverty line even though they receive such

³ These figures are much higher than the fraction of GDP that these countries allocate to social spending.

⁴ Information on remittances from household surveys is not fully representative, since households receiving remittances were not considered as a target population when those surveys were being designed.

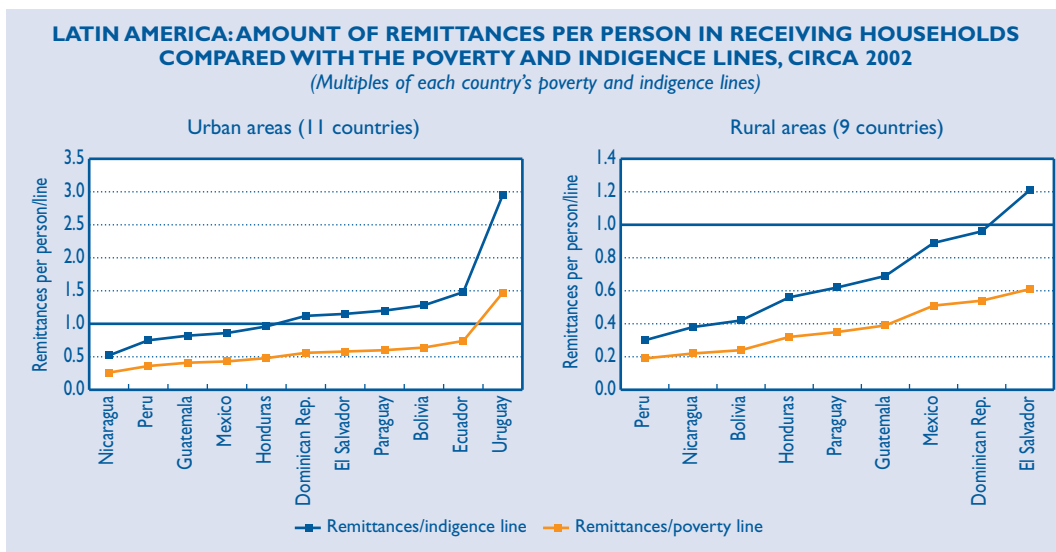
Figure 2



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of household surveys conducted in the respective countries.

^a Urban areas.

Figure 3



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of household surveys conducted in the respective countries.

transfers from abroad, this source certainly narrows the gap between their incomes and the poverty line.

These transfers' effects on income distribution in the population as a whole is not always positive, however, since they can heighten, as well as reduce, distributional inequality. Nevertheless, as in the case of poverty indicators, the aggregate effect on levels of inequity for the population as a whole is very slight.

The relevant countries' Gini indicators demonstrate that remittances improve income distribution in recipient households in all the countries analysed except Honduras. El Salvador shows the sharpest remittance-generated decrease in inequality, with its Gini coefficient being reduced by 24%. Dominican Republic, Ecuador (urban areas), Guatemala, Mexico and Nicaragua have also recorded a significant decline in inequality, with variations in their Gini coefficients of between -13% and -15%.

In conclusion, remittances have a strong impact on income levels and income distribution in recipient households and enable many of them to escape from poverty while improving their economic situation relative to the rest. Nevertheless, because the percentage of households that actually receive remittances from abroad is quite small, the effect on aggregate poverty and indigence figures is very slight. Indeed, the percentage of households measured through surveys exceeded 15% in just one of the 11 countries studied, while in six others it was less than 6%.

According to the available figures, remittances permit at least 2.5 million Latin Americans to escape from poverty just in the 11 countries covered by this particular study. Nevertheless, it should be borne in mind that the data come from a source in which the total amount of remittances is underreported. Therefore, the extent of poverty reduction attributable to remittances is probably greater and could encompass several million people in the region.

Since remittances from abroad are on the rise, it seems increasingly important to ensure that public policies encourage their use for productive purposes. This is all the more important in the light of the fact that recipient households are reportedly putting aside a very small portion of these transfers for savings or investment in productive activities. In this context, promoting cohesion among recipient families holds out good prospects for the productive use of these resources, as demonstrated by the few attempts that have been made to encourage community remittances. Undoubtedly, additional alternatives should be explored to encourage the investment of remittances for the benefit of recipient families and their surroundings, which requires a more active participation by national and local governments.

SOCIAL SPENDING IN LATIN AMERICA AND THE CARIBBEAN: RECENT TRENDS, DIRECTIONS AND REDISTRIBUTIVE EFFECTS

Since public funding for social sectors has a significant redistributive effect, the chapter devoted to social spending in the region addresses issues linked to three objectives that ECLAC has highlighted in this regard: (i) raising social expenditure and consolidating the upswing in such spending, particularly in countries with low per capita income; (ii) stabilizing its financing to avoid reductions during recessionary phases of the business cycle; and (iii) improving targeting and heightening the positive effects of public social spending, especially in the case of expenditures directed towards vulnerable population groups or the poor. This last aspect is examined on the basis of information concerning expenditure on education, health and social security, disaggregated by income strata, in 17 countries. The data come from the most recent studies in the region on the distribution of social spending.⁵

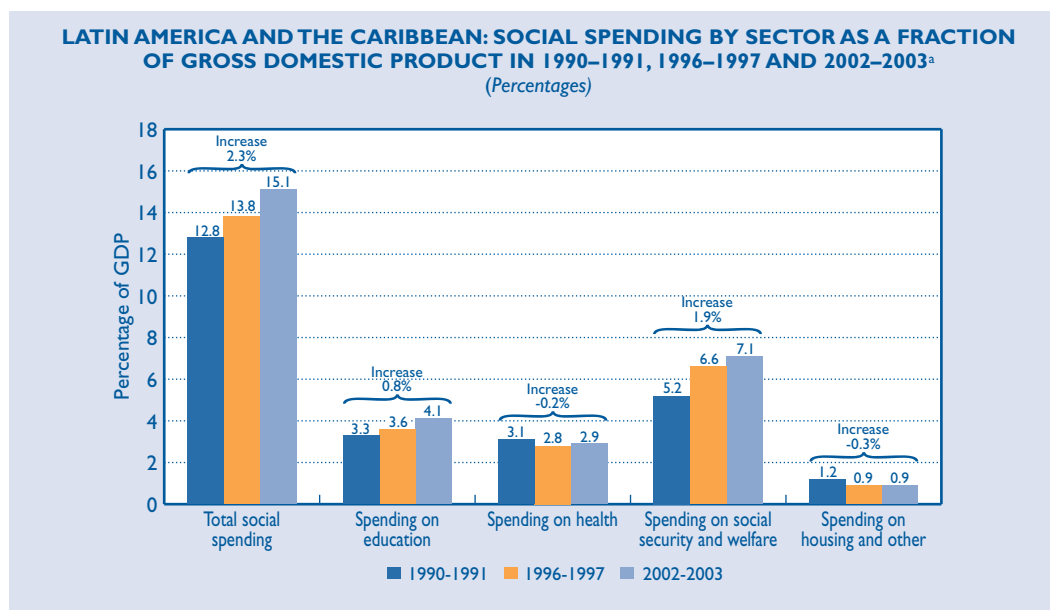
As in previous editions of the *Social Panorama*, information social expenditure levels has been obtained from official data provided by the countries and is based on the functional classifications of public spending that they supply. The database used in the preparation of this year's edition has been updated to include social expenditure data up to 2003 for a larger number of countries (21 in total). The figures have also been updated and are now expressed in 2000 dollars. As a result, the figures given here differ, in some cases, from those published in previous editions.

RECENT TRENDS IN SOCIAL SPENDING IN THE REGION

One outstanding feature of the region's recent development is the sustained increase in public social spending seen in most Latin American countries. Thanks to this effort, public social expenditure has increased from an average of 12.8% to 15.1% of GDP. The largest category of expenditure has been social security, which includes social welfare assistance (see figure 4). There was also a 39% increase in real per capita funding between the start of the 1990s and 2002–2003. This was achieved despite the fact that the figures corresponding to the last biennium reflect the lower growth observed in the region as a whole. The slowdown was particularly sharp in Argentina, the Bolivarian Republic of Venezuela and Uruguay, but despite the absolute reductions in spending that occurred for that reason, these countries maintained the long-term upward trend in social expenditure recorded since the early 1990s.

⁵ These data were analysed by Nohra Rey de Marulanda, Manager, Integration and Regional Programs Department and Director of the Inter-American Institute for Social Development (INDES), Inter-American Development Bank (IDB), Jorge Ugaz and Julio Guzmán, Research Officers at IDB. The views expressed are those of the authors and not necessarily those of IDB.

Figure 4



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information from the Commission's social expenditure database. Figures have been updated to the second quarter of 2005.

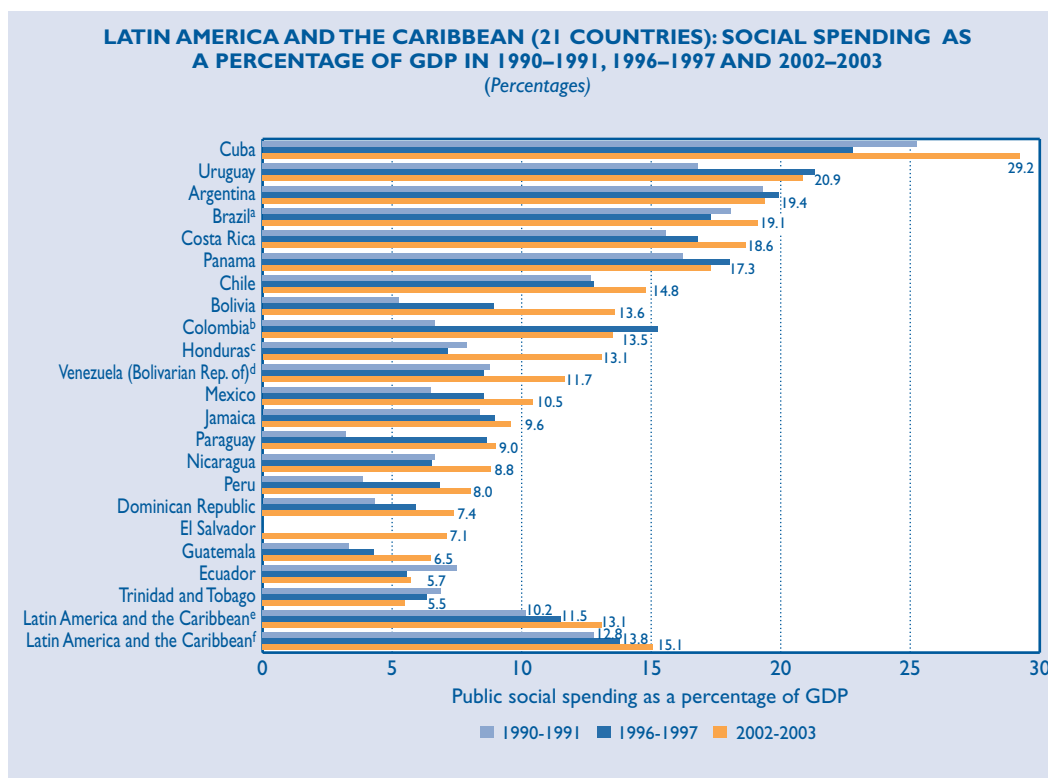
^a Weighted average of the countries having complete datasets on social spending for the relevant periods. For this reason, the values may not match those shown in other figures and tables. Since the figures are rounded off, the percentages do not necessarily add up to the corresponding total.

The rise in public social expenditure in Latin America and the Caribbean in recent years has not made any major dent in the wide disparity between countries, and the poorest countries continue allocating a much smaller portion of GDP to social sectors than high-income countries do (see figure 5). Argentina, Brazil, Costa Rica, Cuba and Uruguay currently allocate more than 18% of GDP to social spending, while the Dominican Republic, Ecuador, El Salvador and Guatemala allocate less than 7.5% of GDP, which is even less than what would be expected given these countries' per capita income levels. This translates into spending disparities relative to GDP on the order of 3 to 1. Consequently, despite the poorer countries' efforts to raise their social expenditure levels in real terms, there has been no clear trend towards convergence in this area.

Recent figures on social spending once again highlight the enormous lag in such expenditure in the poorer countries and underscore the need to increase public funding in order to eliminate these disparities. In order to achieve this goal, a greater effort at the national level, coupled with increased official development assistance and external debt relief measures, will be necessary. In point of fact, the significant increase in the priority given to social spending between 1996 and 1997 in Bolivia, Honduras and Nicaragua (approximately five percentage points of GDP, close to six percentage points and just over two percentage points, respectively) was largely made possible by the forgiveness of debt service under the Heavily Indebted Poor Countries Initiative, which eased these countries' fiscal positions.

Notwithstanding these improvements and bearing in mind the situation of other countries with low per capita incomes, the resources allocated to social sectors in countries

Figure 5



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information from the Commission's social expenditure database. The figures are updated to the second quarter of 2005.

- ^a The figure in bar 2002–2003 is an estimate of social spending in the three levels of government (federal, state and municipal), based on information on social spending at the federal level.
- ^b The figure in bar 2002–2003 is the 2000–2001 average and is not included in the averages.
- ^c The figure in bar 2002–2003 relates to 2004 and is not included in the averages.
- ^d The figures for this country relate to approved social spending (budget and amendments at the end of each year).
- ^e Simple average of the countries, excluding El Salvador.
- ^f Weighted average of the countries, excluding El Salvador.

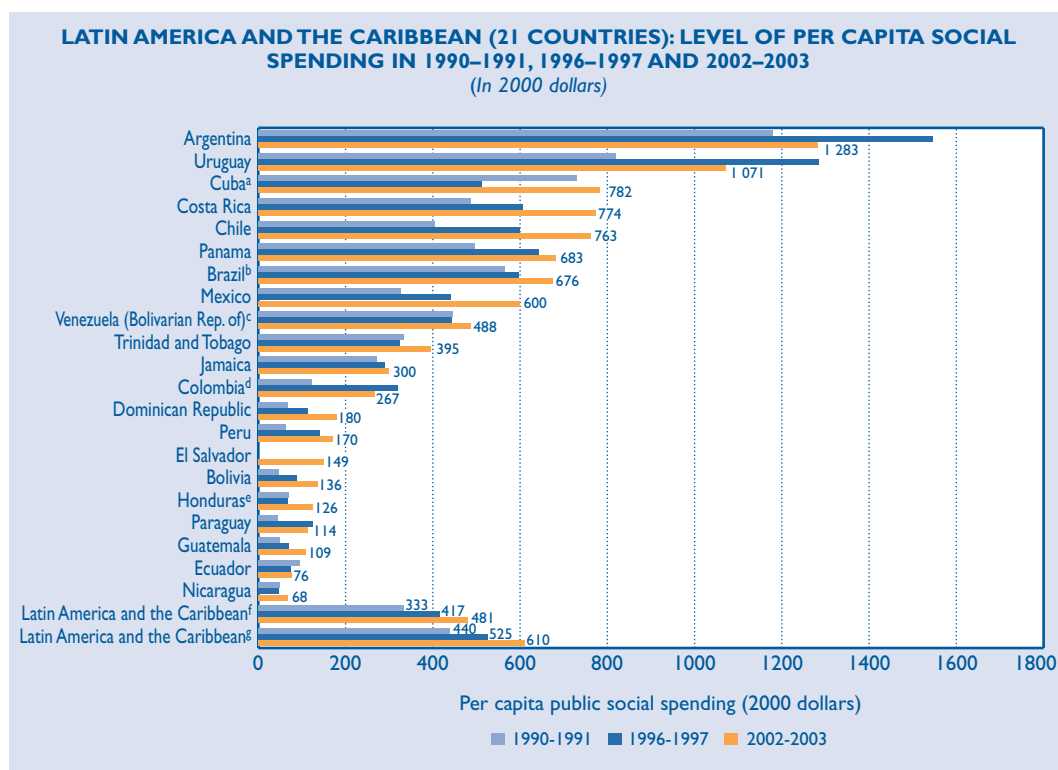
with higher extreme poverty rates are insufficient to attend to the needs of the more deprived strata and achieve the Millennium Development Goals.

The low level and low priority of public social expenditure in the poorer countries not only reflect the fact that, in most cases, social sectors account for a low percentage of total government spending, but are also a function of their lower tax burdens.⁶ Indeed, the tax burden is low in the region as a whole, especially in terms of the countries' per capita incomes. This is why ECLAC advocates the establishment of a social covenant that would include an increase in the tax burden in order to boost public revenues and raise the percentage of those funds that is allocated to social programmes.

In a number of the countries in the region, however, increasing public revenues and allocations for social sectors may be a slow process, since the possibility of raising social expenditure is closely linked to economic growth, which has been slow and unstable.

⁶ The same number of dollars in per capita spending in different countries does not necessarily reflect equivalent effects on the well-being of the beneficiary population inasmuch as a good part of such expenditure is made at domestic prices in each country.

Figure 6



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information from the Commission's social expenditure database. The figures are updated to the second quarter of 2005.

^a Based on the official exchange rate (US\$ 1 = 1 peso).

^b The figure in the bar 2002–2003 is an estimate of social spending at the three levels of government (federal, state and municipal) based on information on social spending at the federal level.

^c The figures for this country relate to approved social spending (budget and its amendments at the end of each year).

^d The figure in bar 2002–2003 is the average for 2000–2001 and is not included in the averages.

^e The figure in bar 2002–2003 relates to 2004 and is not included in the averages.

^f Simple average of the countries, excluding El Salvador.

^g Weighted average for the countries, excluding El Salvador.

PUBLIC SOCIAL SPENDING AND VOLATILITY OF GROWTH

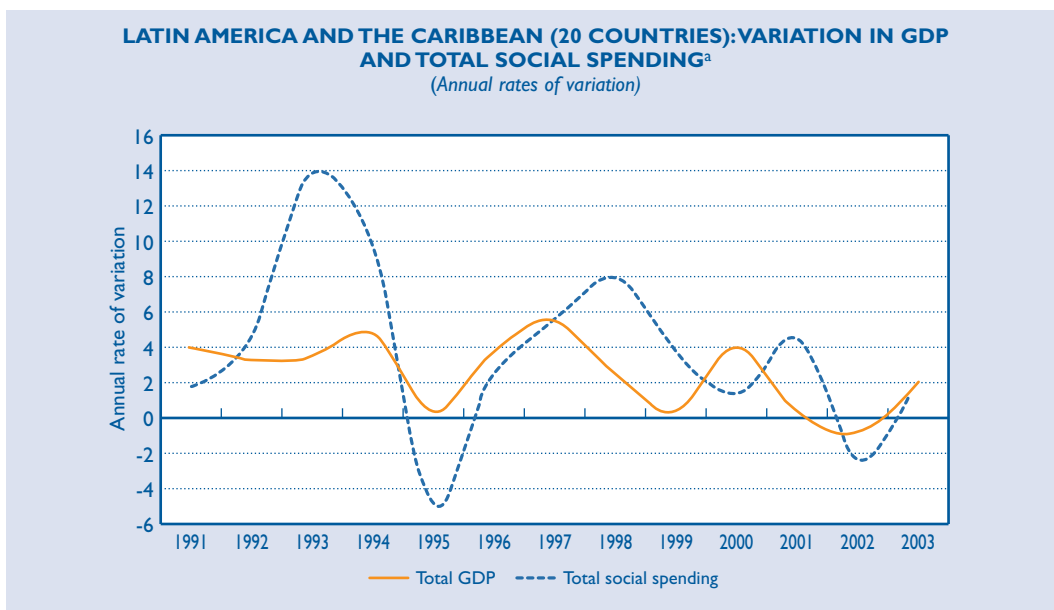
Since it is of paramount importance to protect the components of social expenditure aimed at meeting the basic needs of the population and to sustain those geared to breaking down the main patterns whereby inequalities are perpetuated, it is particularly relevant to ask whether there have been changes in the procyclical behaviour traditionally displayed by social spending in the region.

The information presented in this edition of the *Social Panorama* indicates that public social spending in recent years has followed the same procyclical tendency as in the first half of the 1990s. The lower growth of the region's economies was coupled with a slowdown in the rapid rate of increase that had been recorded in social spending. The average annual rate of growth in public social expenditure slid from 4.6% in the early 1990s to 2.8%. This was, however, a slower rate of decline than the decrease in GDP growth over the same period (1998–2003). This decline in the region's economic growth rate was also accompanied by an intensification in the volatility of growth since the early 1990s. The 3.6% average annual rate of GDP growth recorded between 1991 and 1997

fell to less than half that level (1.4%) in the midst of shorter phases of expansion and contraction in the business cycle.

Nevertheless, in recent years, variations in public social spending have tended to follow the business cycle more closely than in the preceding period, during which a number of countries increased social expenditure by a much higher percentage than GDP growth and also reduced it more substantially than the decline in GDP when growth slumped. Figure 7 illustrates how this uneven social spending pattern relates to the cycle in the two subperiods. In other words, while social spending has continued to be procyclical, there was a tendency in the region to try to protect social spending levels within the limitations imposed by the availability of funds. A more prudential approach to the management of fiscal budgets has been taken, and the programming of public expenditure has been more closely aligned with projected fiscal receipts. This has facilitated the establishment and continuity of social programmes designed precisely for the population groups most affected by downturns in growth and rising unemployment.

Figure 7



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information from the Commission's social expenditure database. The figures are updated to the second quarter of 2005.

^a Aggregate of countries with information on social spending, excluding El Salvador.

As public social spending is now expanding more slowly than it was before the 1998 crisis, countries with lower per capita incomes are unlikely to succeed in raising it significantly in the near future. Moreover, the higher income countries already allocate a large percentage of GDP to their social sectors; in fact, their allocations are close to the average for the countries of the Organisation for Economic Co-operation and Development (OECD). Hence the importance of answering the question as to how these resources are being directed or distributed among the different strata of the population.

ALLOCATION OF SOCIAL SPENDING IN LATIN AMERICA

Countries have renewed their commitments to combating poverty at the international and national levels. It is now widely recognized that it is not enough simply to pursue economic growth; this effort must be matched by policies for overcoming poverty. Multilateral organizations devote special attention to the implementation of national poverty–reduction programmes and to the social impact of the sectoral projects that they finance at both the public and private levels, since this is a fundamental aspect of their mandate to support the development of their member countries. At the national level, the Latin American governments have reaffirmed their political will to achieve the Millennium Development Goals, with the common aspiration of achieving concrete social targets relating to poverty, undernutrition and infant mortality, among others.

But how can we determine what level of priority is being given to the effort to combat poverty and inequity and how effective current poverty–reduction measures are? To what extent are basic social services lacking in Latin America? One way of answering these questions is to examine the roles being played by public social spending and social policy in each country of the region (how much is being allocated for social spending and how is it being distributed?) and to consider how social policy ties in with economic policy. The direction of social policy and its position within overall public policy tell us something about government priorities and about how much relative importance is being attached to social sectors. Public social expenditure is the manifestation of the State’s direct involvement in the allocation of fiscal resources for social purposes. The level of such expenditure and the share of total public spending that it represents will therefore indicate a government’s degree of explicit will (i.e., revealed preferences) to combat poverty, inequity and their consequences by both direct and indirect means.

The analysis of public social spending on education, health and social security by income group in 17 Latin American countries between the years 1997 and 2003, which encompasses 90% of the population and 94% of the region’s GDP, gives rise to the following reflections:

Although the increase in social spending does not necessarily result in more fiscal resources being channelled towards reducing the needs of lower income groups, it does highlight the relative priority that some social sectors have received in terms of the allocation of public resources. Generally speaking, the data indicate that, in all countries of the region, these resources are less concentrated than income is, which attenuates the inequality in income distribution.

Indications are that the pattern of social spending on education and health in Latin America is more progressive, although the degree of progressiveness varies significantly from one country to another. This is corroborated by the sustained increase in primary and especially secondary school enrolment, greater access to health services and the

political will exhibited by the governments of the region to earmark fiscal resources for comprehensive welfare and social assistance programmes designed to increasingly open up opportunities for members of low-income strata, starting at a very early age, in order to avert the intergenerational transmission of inequalities.

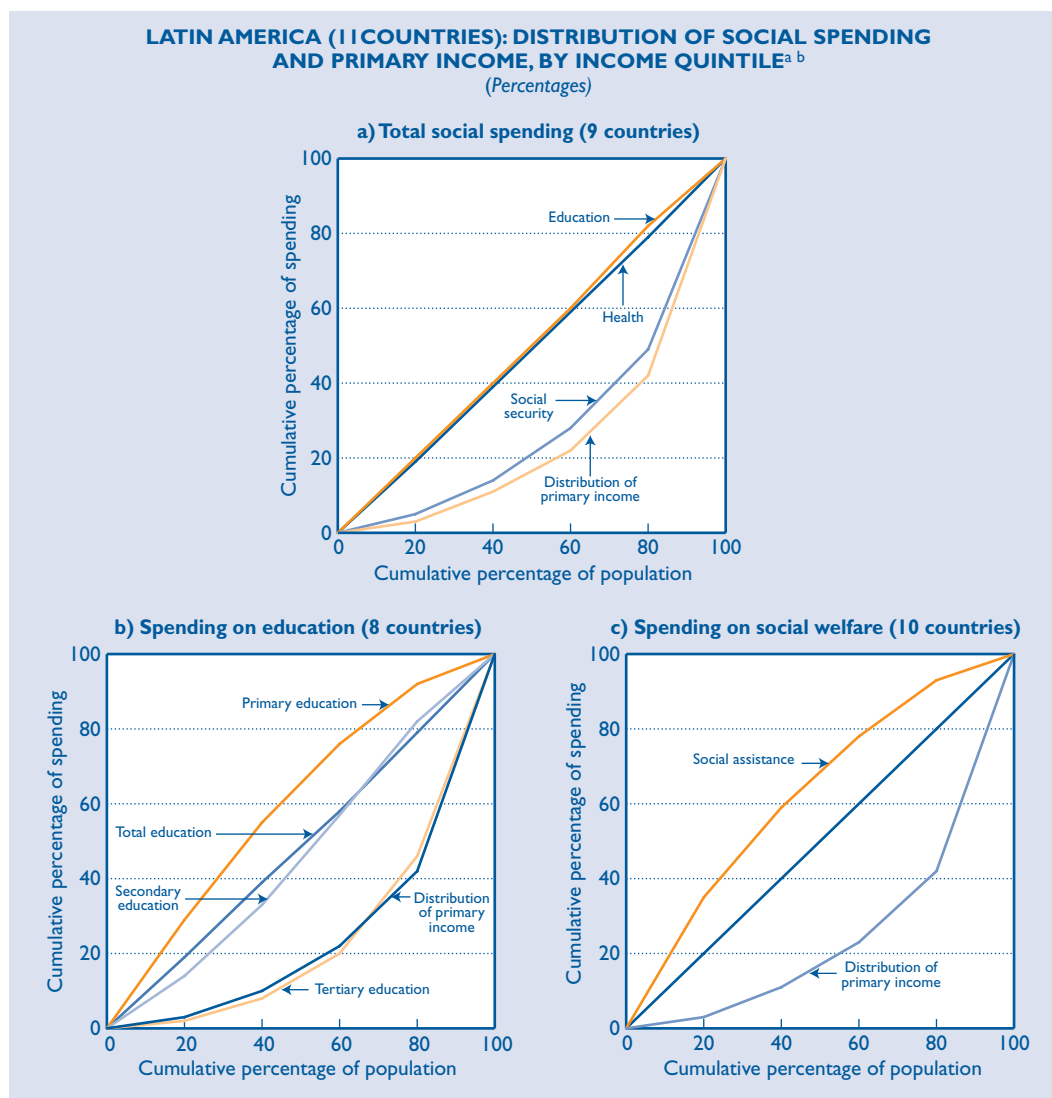
A progressive pattern of spending on primary education can be observed in the 10 countries for which statistical information is available, although this does not necessarily mean that children are receiving a quality education or tell us anything about the educational achievement of young people in different social strata. However, in the case of secondary education, the lower-middle- and low-income strata's limited share of such expenditure suggests that one of the challenges for Latin America is to advance towards greater access to, and completion of, secondary education.

The trend in public spending on health displays considerably wider variations in the region. These differences are, to a great extent, a reflection of the type of health system in each country, which, in many cases, is being reformed. They also depend on the different income strata's differing ability to access health services via various mechanisms designed for that purpose.

Lastly, according to the available information, public expenditure on social security is heavily concentrated in middle- and high-income strata. This reflects the fact that, in the past, many of these economies did not provide people with universal access to employment-based social security systems during their economically active years, since such systems were restricted to workers in the formal labour market. The countries' commitment to reduce poverty, inequity and exclusion in society therefore entails the formulation of policies and social security schemes that ensure minimum benefits for the entire population.

In order to achieve these objectives, both the segmented protection schemes of the past and the purely compensatory types of social policies that have predominated during the past two decades will have to be superseded, since they leave aside the principles of universality, solidarity and efficiency, which are prerequisites for a sound social policy. These principles do not have a straightforward corollary in practice, however, since the fact that resources are always scarce means that certain benefits have to be targeted for the most vulnerable strata. Targeting is not in itself a principle of social policy, however, but rather an instrument for prioritizing resources. Although it does have a redistributive impact in the short term, prolonging its application indefinitely is not the best option for helping to create more egalitarian societies. The greatest risk is that it may end up generating a segmented regime in terms of the quality of benefits (education for the poor and education for everybody else, health care for the poor and health care for the rest, lack of social security coverage for lower-income strata) which will reinforce inequalities in regard to the paths people follow and the outcomes they achieve, however much one may seek to establish equal opportunities for access.

Figure 8



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of national studies provided by the Inter-American Development Bank.

^a The figures were derived from a simple average of percentages of spending received by each income quintile.

^b Refers to groups of 20% of households ordered by per capita level of primary income (without social spending).

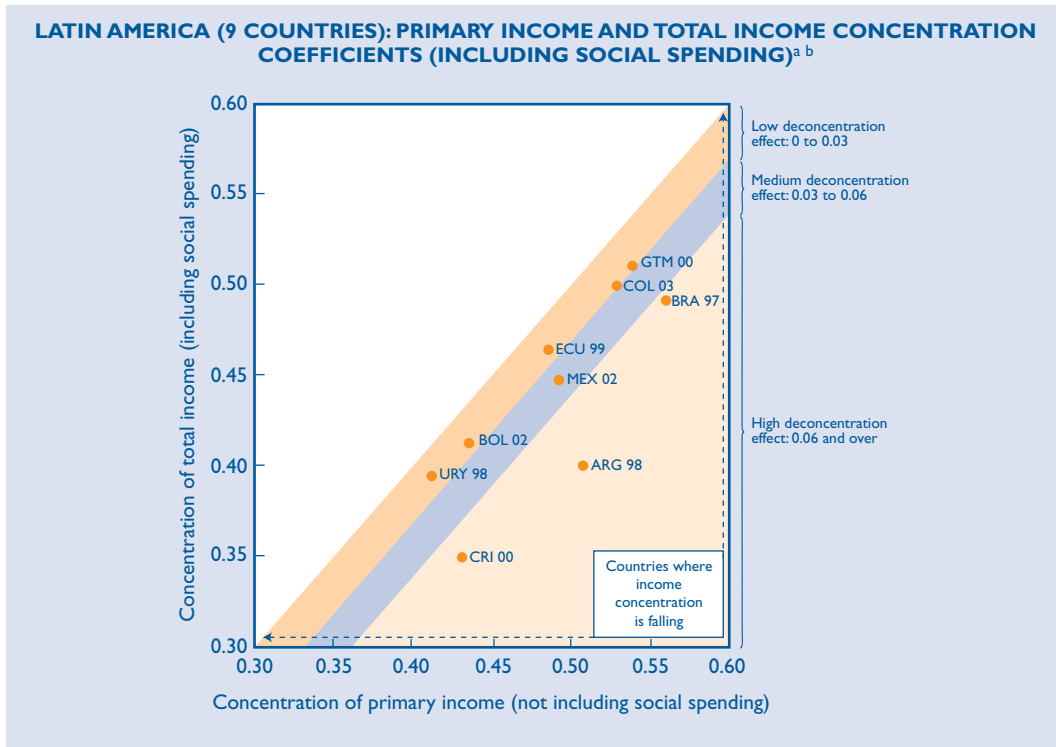
THE REDISTRIBUTIVE IMPACT OF SOCIAL SPENDING

The impact of social spending in terms of primary income concentration depends on its progressiveness or regressiveness and on the volume of resources that each social stratum ultimately receives.

Figure 9 illustrates the effects that social spending has on primary income distribution, measured as changes in the Gini coefficient. With the exception of Uruguay, in the countries with the highest levels of social spending (Argentina, Brazil and Costa Rica), its "deconcentrating" effect is more significant, even though household income is also high in regional terms. Social spending raises primary household income by around 31%

in Argentina, by approximately 30% in Brazil and by 26% in Costa Rica. Because of these countries' high social investment levels and the broad coverage of their social services, a large percentage of these resources reach the lower income strata, which has a significant impact on income distribution.⁷ The exception is Uruguay, where the deconcentration effect is less marked owing to the large proportion of social expenditure devoted to social security and the country's less unequal distribution of primary income.

Figure 9



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of national studies provided by the Inter-American Development Bank.

^a Calculated on the basis of household quintile groups.

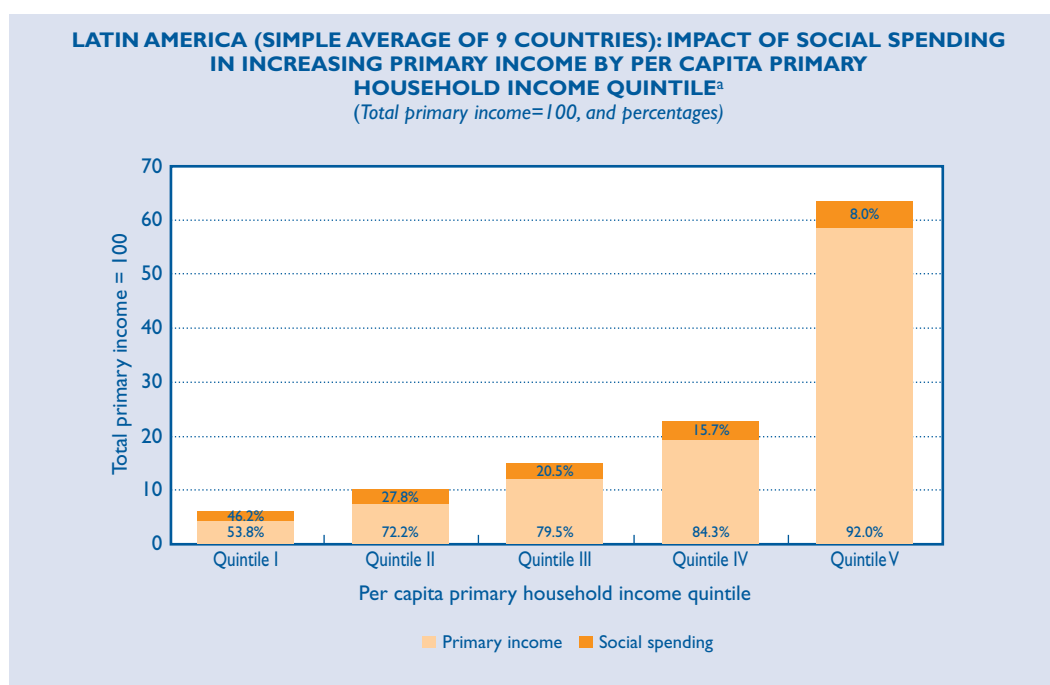
^b Does not include spending on housing, water and sewerage.

⁷ The social spending impact analysis only took into account that part of total spending that effectively reaches the population as goods or services or as monetary transfers. For most countries the quality of the information was such that it was possible to exclude administrative costs from this quantification.

In countries with mid-range and low per capita incomes, social spending levels are considerably lower than in the previous group. In Colombia and Mexico, items of social expenditure are equivalent to 13% and 12% of the primary distribution of income for households as a whole. The net effect of social spending on income redistribution is fairly slight: in Colombia, the Gini coefficient diminishes by 0.03 to stand at 0.50, while in Mexico it declines by 0.04 to 0.45. In countries with lower social spending levels (Bolivia, Ecuador and Guatemala), the effect on primary income is also limited, except in Bolivia, where income is so low that social spending increases the household income by 19%, whereas in Ecuador and Guatemala its contribution does not exceed 6%. Thus, in these three countries, the only effect is a slight correction of income concentration indices.

Social spending has a relatively limited effect on household income as a whole, but its impact is very significant in the case of the poorest households (see figure 10). Social spending raises primary income by 17% for all household, whereas, in the poorest quintile, the increase amounts to 86%. Proportionately, the contribution of social spending to the income of the poorest households is 5 times as high as the average for all households and 10 times as high as that of the richest quintile. These ratios are more or less the same in all the countries.

Figure 10

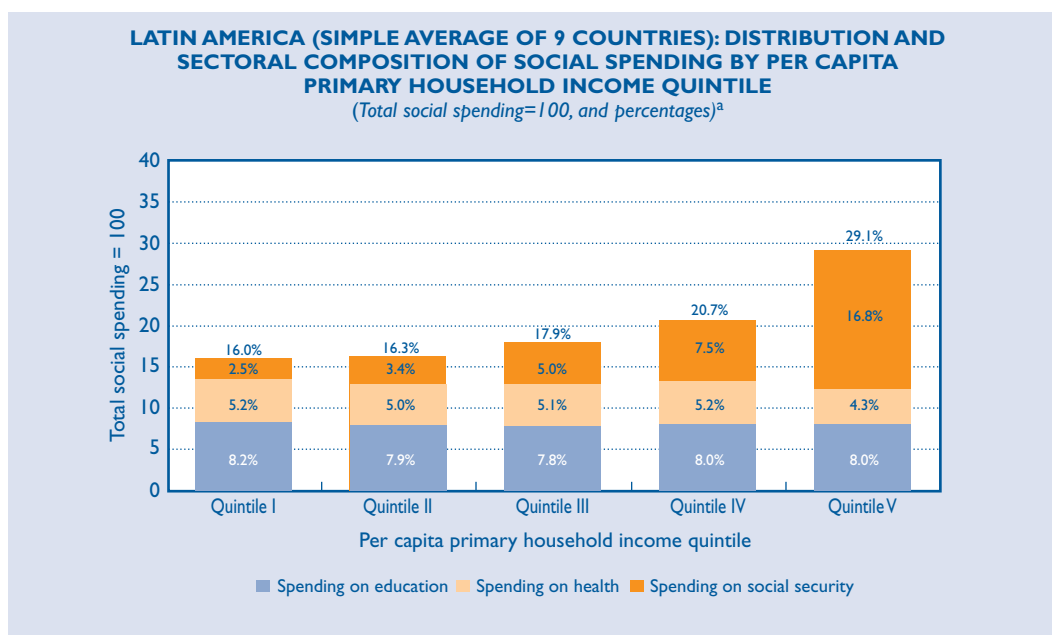


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of national studies provided by the Inter-American Development Bank.

^a Does not include spending on housing, water and sewerage.

The impact of social spending on household income is also influenced by the sectoral composition and progressiveness of the different items' distribution. The most important item for the 20% of households with the lowest incomes is education, which accounts for 52% of public social expenditure directed to this stratum; on the other hand, in the highest-income quintile, the corresponding figure is 27%. The situation is similar in the case of spending on health, which accounts for 33% of the total contribution in the poorest 20% of households and only 15% for the richest quintile (see figure 11). The situation is just the opposite in the case of social security, since while social spending represents only 16% of the contribution to the lowest quintile, it is equivalent to almost 58% of the public contribution to households in the highest quintile. This means that more than 80% of the contribution received by the lowest-income households comes in the form of spending on human capital (education and health). This category of expenditure represents a smaller share of total social spending in the case of higher-income households (42%), for which the largest percentage of the State's contribution corresponds to social security.

Figure 11



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of national studies provided by the Inter-American Development Bank.

^a The percentages in the bars are expressed with respect to the total accumulated in all the quintiles.

The fact that some countries' social expenditures have not been progressive and largely benefit high-income sectors cannot be interpreted as an indicator of a failure to target such funds. For example, a high proportion of social security benefits go to pensioned workers, who, based on their past and present income, are living above the poverty line. This does not necessarily signal that a government is unable or unwilling to assist lower-income sectors, but instead simply reflects the fulfilment of legal entitlements associated with the past and current operation of the labour market. In many cases, the

less progressive nature of spending on education and health is not attributable to the orientation of these services towards middle- and high-income strata, but rather to the fact that potential lower-income beneficiaries lack access to them because they do not know such services exist, live far away from the places where the services are provided, fail recognize the value of such services or are subject to a gradual process of social exclusion.

The increased targeting of social spending on the poorest strata depends as much on effective access for these strata to the relevant benefits as on the effort made to channel investment and social services to them. In addition, increases can be made in the more progressive items or in the progressiveness of current items by expanding the coverage of education and health services or the payment of pensions to the lowest-income sectors, which can raise income substantially and thereby increase the well-being of the poorest households.

Higher social spending in the 1990s and 2000s has been reflected in a real improvement, in particular, in expenditure on education and in an expansion of social assistance schemes. As illustrated in figure 4, a major part of the increase in funding has gone to investments in education. By expanding the coverage of lower-income strata, these expenditures can be made more progressive and will therefore have a greater influence on the well-being of the poorest households. In addition, although the increase in expenditure on social security and social welfare is three times the size of the increase in spending on human capital (education and health), its impact is not necessarily regressive, since the expansion of retirement benefits and pensions also benefits lower-middle- and low-income households and since welfare transfers and other social assistance mechanisms are linked to the implementation and strengthening of programmes for combating poverty.

Further efforts must be made to increase the material and social well-being of low-income sectors; this call for the continued prioritization of investment in social sectors and development of social services and the effective targeting of benefits towards the poorest sectors through improved access to such services. It also calls for a frontal assault on all the mechanisms through which poverty and social exclusion are perpetuated, together with a recognition of the need to use public resources more efficiently and to develop various instruments for managing and evaluating the implications of social policies and programmes. These objectives cannot be achieved if the prioritization of social spending on the poorest groups does not include an increase in such funding but instead consists exclusively of diverting funds from middle- and low-income sectors, which would involve dismantling many of the very social protection and promotion mechanisms that have increased their well-being in the first place.

DEMOGRAPHIC MANIFESTATIONS OF SOCIAL INEQUALITY: RECENT TRENDS, ASSOCIATED FACTORS AND POLICY GUIDELINES

DEMOGRAPHIC TRANSITION: TOWARDS CONVERGENCE?

The twentieth century was marked by a worldwide demographic transition as both mortality and fertility rates steadily declined. This process began in the late nineteenth century in countries that are now part of the developed world and later spread to the rest of the globe. Although, initially, economic and social modernization was cited as the main factor driving this transition, its spread has demonstrated that the dissemination of ideas, the appropriation of technologies and the deployment of specific sectoral policies have fostered it in quite different contexts of the economic and social modernization process. In Latin America and the Caribbean, the demographic transition has occurred at a rapid pace since the mid-1960s, to a greater or lesser extent, has spread to all the countries in the region and, within them, to practically all the territories, socio-economic strata and ethnic groups. Only among adolescents have fertility rates remained stubbornly high in several countries.

The demographic transition's general progression does not necessarily mean that intra-national social and territorial disparities in mortality and fertility rates are diminishing, since the reduction in such disparities depends on the rate of variation in mortality and fertility in the different socio-economic groups and geographical areas. In fact, according to data from specialized surveys, there is no clear trend towards a reduction in such inequalities between urban and rural areas or between groups with different levels of education, which contradicts an implicit assumption of convergence within the demographic transition process. The persistence or exacerbation of these inequalities is important for two reasons. The first is that there are international and regional commitments to that effect and many governments have expressed the wish to mitigate them through explicit policies; this means that they are convinced that disparities can be reduced or even eliminated through specific programmes, even in the presence of acute and persistent economic inequality. The second reason is that such inequalities have historically generated a build-up of disadvantages in terms of material assets and citizens' rights. This process is associated with a persistent pattern of higher mortality and fertility rates among poorer groups and territories. This places greater stress on these groups in relation to both time and resources, which contributes to the intergenerational reproduction of poverty. In addition, it makes it more difficult for socio-economic and ethnic groups to exercise fundamental rights, in particular those relating to life and reproduction.

The aim of chapter III is to provide up-to-date and systematic information on trends in inequality in the final decade of the twentieth century.⁸

DEMOGRAPHIC INEQUALITIES IN LATIN AMERICA AND THE CARIBBEAN: CONSEQUENCES IN THE FINAL DECADE OF THE TWENTIETH CENTURY

Infant mortality

The widespread reduction in infant mortality in the region between 1990 and 2003, when it dropped from 42.9 to 25.6 per thousand live births, was fairly independent of the ups and downs of the business cycle and has been one of the most important public health achievements in recent decades. Despite this progress, however, the gaps between countries have not diminished; indeed, as was emphasized in the region's report on progress towards fulfilment of the Millennium Development Goals, the greatest decreases in infant mortality over the last 15 years have occurred in the countries that had the lowest levels of infant mortality in 1990.⁹ Thus, the coefficient of variation for the region's 20-country series rose from 45% in 1990–1995 to 51% in 2000–2005. It is unlikely that these inter-country differentials will remain as wide as they are now, however, since the very low infant mortality rates (below 10 per thousand live births) that some countries have achieved make it improbable that they will continue falling rapidly; nevertheless, convergence in this area will depend on the poorer countries' success, over the next few years, in reducing their levels of infant mortality, which are still high.

As far as intra-national territorial disparities are concerned, although there is generally a statistical relationship between levels and trends in infant mortality and levels and trends in terms of their geographically-based inequality, this is mainly a reflection of the results for Costa Rica and Chile, where the decline in infant mortality has gone hand in hand with an increasing homogeneity among regions within those countries. On the other hand, in countries such as Brazil and Honduras, a significant decrease in infant mortality at the national level has occurred alongside an increase in the average disparity between regions within those countries. The other countries that were analysed showed no definite pattern.

The continued significance of socio-economic disparities in infant mortality rates is illustrated by the case of Brazil, which exhibits the widest differentials across socio-economic strata in the region (the ratio between infant mortality rates in the poorest and richest urban strata is above 4). The use of the concentration index, which

⁸ The number of countries included in the analysis depends on the availability of data corresponding to the censuses carried out in the 1990s and the 2000s on the basis of data from the Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC and on the quality of fertility and infant mortality estimates. For this purpose, the census microdata in REDATAM format, which CELADE has at its disposal, are widely used and different measurements are calculated to estimate inequality in levels of mortality, total fertility and adolescent fertility between territories, socio-economic quintiles and ethnic groups of various countries of the region.

⁹ See United Nations, *Millennium Development Goals: A Latin American and Caribbean Perspective* (LC/G.2331-P), J.L. Machinea, A. Bárcena and A. León (coords.), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), August 2005. United Nations publication, Sales No. E.05.II.G.107.

measures the trend of all the relevant socio-economic groups, indicates that inequalities have tended to diminish along with the decline in infant mortality (see table 2). The socio-economic inequality reflected in infant mortality rates has decreased in urban areas owing to the combined effect of the diminishing returns of health interventions within the context of the very low levels of infant mortality in the highest socio-economic quintile and the strong impact of interventions within the context of the high infant mortality rates found in the lower quintiles. The situation is different in rural areas; in fact, two countries saw an increase in social inequality in terms of infant mortality in rural areas, and in one the level of inequality remained practically unchanged; this indicates that progress in terms of children's survival in rural areas continues to be led by the higher socio-economic terciles.

Table 2

LATIN AMERICA AND THE CARIBBEAN (SELECTED COUNTRIES): TRENDS IN INFANT MORTALITY PER 1,000 LIVE BIRTHS AND IN THE SOCIO-ECONOMIC INEQUALITY OF INFANT MORTALITY RATES, 1990 AND 2000 CENSUS ROUNDS					
Country and area of residence	Census year	Infant mortality	Concentration index [1] (socio-economic strata)	Degree of variation in infant mortality ^a	Degree of social inequality in infant mortality ^a
Brazil, urban	1991	53.3	-0.2520	Sharp fall	Slight decline
	2000	37.7	-0.2312		
Brazil, rural	1991	69.1	-0.1438	Sharp fall	Slight decline
	2000	50.5	-0.1242		
Chile, urban	1992	19.7	-0.1420	Sharp fall	Sharp fall
	2002	12.4	-0.0714		
Chile, rural	1992	26.2	-0.0914	Sharp fall	Sharp fall
	2002	13.6	-0.0625		
Panama, urban	1990	18.7	-0.1440	Slight decline	Moderate decline
	2000	16.9	-0.1164		
Panama, rural	1990	42.4	-0.2443	Slight decline	Unchanged
	2000	38.7	-0.2368		
Honduras, urban	1988	55.0	-0.1884	Sharp fall	Unchanged
	2001	28.7	-0.1876		
Honduras, rural	1988	76.9	-0.0672	Sharp fall	Sharp increase
	2001	49.4	-0.0965		
Paraguay, urban	1992	46.8	-0.1661	Slight decline	Moderate decline
	2002	40.2	-0.1394		
Paraguay, rural	1992	48.8	-0.0817	Moderate decline	Moderate increase
	2002	40.6	-0.0955		

Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, special tabulations on the basis of census data.
^a Classification of the degree of change: 4% or less: unchanged; 5%–14%: slight; 15%–24%: moderate; 25% and over: sharp.

There are very few countries where it is feasible to compare the results of the 1990 and 2000 census rounds as a means of measuring the degree of social inequality, but available figures suggest that indigenous peoples in all countries except Chile have much higher infant mortality rates than the national averages. For ethnic groups residing in rural areas, the picture is even more serious, since these groups' infant mortality rates are very high (characteristic of pre-transition levels, as in the cases of Bolivia and Paraguay) or are indicative of a marked lack of equity (Ecuador, Mexico and Panama).

Fertility: intensity and timing¹⁰

Over the last 10 years, the steady decline in fertility in Latin America and the Caribbean (from 3.0 to 2.6 between 1990–1995 and 2000–2005 in the region as a whole) has been accompanied by a slight reduction in the average heterogeneity across countries, with the coefficient of variation for the 20-country group in the same period dropping from 28% to 26%. This is mainly due to a significant decrease in reproductive intensity in countries that had high reproductive rates in the early 1990s. The trends observed during the 1990s (which were foreshadowed by Cuba's total fertility rate of 1.8 in the 1980s) suggest that some countries are heading towards a convergence point that may be below the replacement level of approximately 2.1 children per woman. In the long term, this could result in a reduction and significant ageing of the population.

In terms of intra-national geographical disparities, there is no significant relationship, on average, between fertility levels and geographical differences. This is also reflected in the fact that, during the 1990s, when fertility decreased in all the countries and all the regions within them, the geographical heterogeneity of fertility rates declined in three countries, remained constant in one country and increased in five. In the countries where such heterogeneity increased, this trend was mainly attributable to the fact that the average decrease was smaller in the areas that had the highest initial fertility rates.

The trend in fertility differentials associated with socio-economic factors is mixed: there is an overall increase in inequality in relation to the number of children born to mothers up to the age of 25–29 (which is mostly attributable to early pregnancies), while parity among women aged 35 to 39 (towards the end of childbearing age) shows a decrease in inequality (see table 3). This suggests that, although the total number of children born to women from different social groups is tending to converge, the number of children born in the first phase of the child-bearing period is more socially differentiated than before. The lower socio-economic groups clearly initiate reproductive behaviour and have most of their children much earlier than other groups. This conclusion confirms the findings reported in the *Social Panorama of Latin America, 2004*, especially in relation to teenage fertility. That document outlined new challenges and priorities in terms of

¹⁰ Fertility intensity refers to the number of children per woman or per couple. Fertility schedule or timing refers to the age at which women have children.

Table 3

LATIN AMERICA AND THE CARIBBEAN (SELECTED COUNTRIES): OVERALL FERTILITY RATE AND LEVEL OF SOCIOECONOMIC INEQUALITY IN AVERAGE PARITY OF THE 30–34 AGE GROUP, 1990 AND 2000 ROUNDS OF CENSUSES							
Country and area of residence	Year of census	Index of concentration (socioeconomic stratum) of cumulative parity in three age groups		Overall fertility rate	Variation in social inequality of cumulative parity among 25–29 year olds ^a	Variation in social inequality of cumulative parity among 35–39 year olds ^a	Variation in overall fertility rate ^a
		25–29	35–39				
Brazil (urban areas)	1991	-0.1413	-0.1447	2.4	Moderate increase	Slight decrease	Slight decrease
	2000	-0.1716	-0.1322	2.2			
Brazil (rural areas)	1991	-0.0867	-0.1004	4.2	Slight decrease	No change	Moderate decrease
	2000	-0.0816	-0.1045	3.5			
Chile (urban areas)	1992	-0.0703	-0.0486	2.5	Sharp increase	Slight decrease	Moderate decrease
	2002	-0.1284	-0.0417	2.0			
Chile (rural areas)	1992	-0.0162	-0.0340	3.0	Sharp increase	Sharp decrease	Moderate decrease
	2002	-0.0323	-0.0218	2.3			
Panama (urban areas)	1990	-0.1355	-0.1044	2.4	Moderate increase	No change	No change
	2000	-0.1669	-0.1087	2.3			
Panama (rural areas)	1990	-0.1075	-0.1253	4.1	Slight increase	No change	Slight decrease
	2000	-0.1152	-0.1250	3.9			
Honduras (urban areas)	1988	-0.1015	-0.1085	3.7	Sharp increase	No change	Moderate decrease
	2001	-0.1299	-0.1040	2.9			
Honduras (rural areas)	1988	-0.0197	-0.0165	6.8	Sharp increase	Sharp increase	Sharp decrease
	2001	-0.0531	-0.0580	5.1			
Paraguay (urban areas)	1992	-0.1318	-0.1262	3.7	Slight increase	Slight decrease	Slight decrease
	2002	-0.1485	-0.1110	3.3			
Paraguay (rural areas)	1992	-0.0617	-0.0585	6.0	Slight decrease	Moderate increase	Slight decrease
	2002	-0.0566	-0.0693	5.3			
Venezuela (Bol. Rep. of) (urban areas)	1990	-0.1129	-0.1195	3.2	Sharp increase	Slight increase	Moderate decrease
	2001	-0.1542	-0.1276	2.7			
Venezuela (Bol. Rep. of) (rural areas)	1990	-0.0316	-0.0630	5.1	Sharp increase	Moderate increase	Moderate decrease
	2001	-0.0683	-0.0776	4.3			

Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, special tabulations based on census databases.
^a Classification of change: No change: 4% or less; slight: 5%–14%; moderate: 15%–24%; dramatic: 25% or more.

fertility in accordance with the reality of reproduction in the region and the focus proposed by the International Conference on Population and Development –an approach that was ratified last year as part of the commemoration of the tenth anniversary of the Conference. It is not enough to concern ourselves with total fertility; the timing of fertility is also significant, given that bearing children at a very early age makes it difficult to accumulate resources (especially in terms of human capital formation).

This could be the sign of a new distinction, whereby reproductive inequality among socioeconomic groups relates to the age at which women have children, more than the total number of children born. Furthermore, initiating reproduction early appears to have negative effects, which are well documented, although the conclusions to date are the subject of debate. Table 4 shows this new perspective on socioeconomic inequalities in terms of fertility in the region. As previously stated, teenage fertility rates were the only ones that did not drop steadily during the 1990s. This was because teenage fertility rose in the three lowest income quintiles, while the fertility rate in the highest quintile –which was already comparatively low– continued to fall in most countries analysed.

As far as ethnic inequalities are concerned, an analysis of the situation in five countries confirms the persistence of high fertility among indigenous peoples. This is due to a combination of cultural factors and social exclusion, and is reflected in the lack of access to sexual and reproductive health services. When ethnic groups are concentrated in certain areas, there tend to be pockets of high fertility. Indeed, one of the manifestations of the acculturation of indigenous populations is the reduction of reproduction indices (which nonetheless tend to be higher than among the non-indigenous urban population).

Table 4

LATIN AMERICA AND THE CARIBBEAN (SELECTED COUNTRIES): INDICATORS OF INEQUALITY IN TEENAGE FERTILITY, BY SOCIO-ECONOMIC STRATUM IN URBAN AREAS, 1990 AND 2000 CENSUS ROUNDS									
Country	Total and variation in urban areas and overall		Fertility rate per 1,000 15–19 year olds, by socio-economic stratum					Ratio of lower stratum to higher stratum	Concentration index
			1 (lowest)	2	3	4	5 (highest)		
Brazil	Total	1991	101.1	109.4	86.5	71.5	36	2.808	-0.1765
		2000	147.2	113.5	91.4	79.7	31.4	4.688	-0.2297
	Variation	Absolute difference	46.09	4.1	4.9	8.2	-4.6	Increase in fertility rate and inequality	
		%	45.6	3.7	5.7	11.5	-12.8		
	Urban areas	1991	117.7	91.3	53.5	72.8	29.1	4.042	-0.2069
		2000	154.6	108.4	71.8	75.9	27.6	5.601	-0.2519
Variation	Absolute difference	36.9	17.1	18.3	3.1	-1.5	Increase in fertility rate and inequality		
	%	31.4	18.7	34.2	4.3	-5.2			

Table 4

LATIN AMERICA AND THE CARIBBEAN (SELECTED COUNTRIES): INDICATORS OF INEQUALITY IN TEENAGE FERTILITY, BY SOCIO-ECONOMIC STRATUM IN URBAN AREAS, 1990 AND 2000 CENSUS ROUNDS									
Country	Total and variation in urban areas and overall		Fertility rate per 1,000 15–19 year olds, by socio-economic stratum					Ratio of lower stratum to higher stratum	Concentration index
			1 (lowest)	2	3	4	5 (highest)		
Chile	Total	1992	100.6	77.5	70.8	64.9	31.1	3.235	-0.171
		2002	93.5	76.9	68.7	49.8	22.2	4.212	-0.2158
	Variation	Absolute difference	-7.16	-0.63	-2.05	-15.1	-8.88	Slight decrease in fertility rate and rise in inequality	
		%	-7.1	-0.8	-2.6	-21.3	-13.7		
	Urban areas	1992	91.5	67.7	71.3	57.5	26.6	3.44	-0.1734
		2002	90.3	76.4	64.6	43.9	20.5	4.405	-0.2307
Variation	Absolute difference	-1.14	8.66	-6.7	-13.6	-6.1	Slight decrease in fertility rate and rise in inequality		
	%	-1.2	12.8	-9.4	-23.6	-22.9			
Panama	Total	1990	167.3	137.2	93.2	72.2	27.4	6.106	-0.2772
		2000	155	114	89.8	68.5	29	5.345	-0.251
	Variation	Absolute difference	-12.26	-23.12	-3.36	-3.66	1.6	Slight decrease in fertility rate and in inequality	
		%	-7.3	-16.9	-3.6	-5.1	5.8		
	Urban areas	1990	97.9	84.1	68.2	49.4	22.6	4.332	-0.2418
		2000	106.1	92	67.2	50.4	20.4	5.201	-0.2459
Variation	Absolute difference	8.1	7.8	-1	1.1	2.3	Increase in fertility rate and inequality		
	%	8.3	9.3	-1.5	2.2	-10			
Honduras	Total	1988	150.9	109.6	131.6	120.3	75.2	2.006	-0.0915
		2001	150.9	139.1	112.2	119	48.1	3.139	-0.1597
	Variation	Absolute difference	0	29.6	-19.5	-1.3	-27.1	Slight decrease in fertility rate and rise in inequality	
		%	0	27	-14.8	-1.1	-36.1		
	Urban areas	1988	103.2	104.1	95.3	79.8	44.1	2.34	-0.1409
		2001	132.1	121.3	94.8	69.7	34.5	3.833	-0.2223
Variation	Absolute difference	28.9	17.2	-0.5	-10.1	-9.6	Increase in fertility rate and inequality		
	%	28	16.6	-0.5	-12.6	-21.9			
Paraguay	Total	1992	157.3	121.8	80.3	117.9	48.7	3.23	-0.1768
		2002	159.7	82.4	116.2	80	39.2	4.074	-0.1952
	Variation	Absolute difference	2.43	-39.37	35.9	-37.92	-9.47	Decrease in fertility rate and rise in inequality	
		%	1.5	-32.3	44.7	-32.2	-19.4		
	Urban areas	1992	132.5	86.5	88.9	60.3	31.6	4.193	-0.2389
		2002	120.1	91.8	87.5	55.9	30	4.003	-0.2272
Variation	Absolute difference	-12.47	5.25	-1.44	-4.37	-1.63	Slight decrease in fertility rate and in inequality		
	%	-9.4	6.1	-1.6	-7.3	-5.2			

Table 4 (concluded)

LATIN AMERICA AND THE CARIBBEAN (SELECTED COUNTRIES): INDICATORS OF INEQUALITY IN TEENAGE FERTILITY, BY SOCIO-ECONOMIC STRATUM IN URBAN AREAS, 1990 AND 2000 CENSUS ROUNDS									
Country	Total and variation in urban areas and overall		Fertility rate per 1,000 15–19 year olds, by socio-economic stratum					Ratio of lower stratum to higher stratum	Concentration index
			1 (lowest)	2	3	4	5 (highest)		
Venezuela (Bol. Rep. of)	Total	1990	108.1	96.3	97.3	66.9	34.1	3.17	-0.1254
		2001	173.5	133.2	92.7	85.3	32.8	5.29	-0.2577
	Variation	Absolute difference	65.4	36.9	-4.6	18.4	-1.3	Increase in fertility rate and inequality	
		%	60.5	38.4	-4.8	27.5	-3.7		
	Urban areas	1990	101	84.2	85.2	60.5	27.2	3.713	-0.145884
		2001	155.6	105.5	90.8	80.1	28.9	5.377	-0.247119
Variation	Absolute difference	54.6	21.3	5.6	19.6	1.7	Increase in fertility rate and inequality		
	%	54	25.3	6.6	32.4	6.4			

Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, special tabulations based on census databases.

POLICY IMPLICATIONS AND RELATED FACTORS

This section considers some of the policy implications of the information studied, with particular emphasis given to multivariate analyses of socioeconomic and geographical inequalities in fertility and child mortality. The analysis was carried out on two levels: at the aggregate level, on the basis of indicators of census data grouped by smaller administrative divisions; and at the individual level, by studying the effects of women's personal characteristics, based on data from demographic surveys.

Analysis of the differentials across the smaller administrative divisions confirmed that women's formal education has an independent and even predominant effect as an explanatory variable for geographical differences in child mortality and fertility. The level of urbanization also has an effect in the expected direction in both cases, but not to the same extent as in bivariate relationships. This means that other variables associated with urbanization have independent explanatory power. These include the percentage of indigenous population, which shows significant effects on both mortality and fertility, independently from other factors. As for child mortality, the quality of housing is a major factor, in addition to the independent factor of unemployed head of household, even after controlling for socio-economic stratum.¹¹ Once the marriage rate has been controlled for (by the percentage of women living in union in each smaller administrative division), women's schooling, the percentage of indigenous women, the level of urbanization, and especially economic activity, have a clear and independent effect on fertility.

¹¹ Calculated using a new synthetic index of availability of goods (as included in census questionnaires).

Many of the independent variables studied in aggregate terms tend to be structural or slow-changing, such as the degree of urbanization, housing conditions, percentage of indigenous population and, to a lesser extent, schooling of teenage girls and women of child-bearing age. These variables may act as a guide for identifying and defining target groups for specific programmes helping to focus efforts and resources within countries. Other factors, such as socioeconomic group, women's employment rate and, above all, the unemployment of the head of household, can vary in the short and medium term as a result of economic cycles and effective poverty-reduction and job-creation programmes. If the aims of these programmes are achieved, they can help not only to improve the population's living conditions, but also to reduce sociodemographic inequalities at the national level.

In addition, analysis at the individual level generates similar results, in the sense that a significant and direct effect was observed for certain proximate determinants of fertility such as duration of union and initiation of sexual activity (that measure the risk of having children) and the use of contraceptives (which reflects the level of control over fertility). In relation to fertility and its proximate variables, the effect of associated socioeconomic factors was examined. Once age and duration of union have been controlled for, certain well-known and predictable relationships are confirmed, including lower fertility associated with increased formal education, the highest socioeconomic stratum and living in urban areas (as well as the desired number of children).

More specifically, and from a policy perspective, it should be pointed out that, independently of other variables, initiating sexual activity during adolescence is more common among new generations than it was among women who are now adults. Although there have been no substantial variations in the average rates of early maternity, most countries show a worsening of social inequalities in terms of teenage motherhood. The study also confirmed that socio-economic level exhibits an inverse relationship to both early fertility and early initiation of sexual activity, as well as a direct (positive) one to the use of contraceptives. These intermediate factors or proximate determinants can be targeted by policies and programmes aimed at reducing sociodemographic inequalities.

The above suggests that measures aimed at overcoming such disparities should include comprehensive programmes with activities designed to improve the living conditions of the population by means of improved labour participation for adults and direct transfers or subsidies for low-income and other disadvantaged groups (the indigenous population, for instance). This should be combined with measures conducive to increasing access to both education and –in the light of the significance of the intermediate or proximate determinants of demographic variables– to health services, especially sexual and reproductive health services. It is also vital to improve the quality of sanitation services, including basic public services, housing and drinking water. The latter is particularly

relevant to infant and child mortality. In addition to the improvements to the structural conditions referred to above, measures must also be adopted in response to the worrying persistence of teenage pregnancy, which has risen slightly rather than declining, both in the poorest groups and among the intermediate strata.

Clearly, the optimum combination of policies and other instruments varies from one country to another, depending on socioeconomic conditions, level of inequality, territorial distribution of disadvantaged population and the institutional framework for public policies. The ideal combination also varies according to the socioeconomic factors that are directly and indirectly associated with the demographic variables under consideration. Identifying these variables and their effects may make a valuable contribution to assessing policy options within countries' various national contexts.

REPRODUCTIVE HEALTH AND RIGHTS: HIV/AIDS IN THE CARIBBEAN AND GENDER EQUITY

The HIV/AIDS epidemic is a cause for growing concern for the governments of Caribbean countries, partly because the rate of infection continues to rise, particularly among women. Owing to the lack of gender equity, women are more vulnerable to contracting HIV, and the growing rates of infection among women have dramatic consequences in terms of morbidity and mortality, family and community health and well-being, and the risk of perinatal transmission.

It is essential to understand the gender problems that exacerbate the epidemic in the Caribbean in order to devise policies and programmes to halt the spread of the disease. The chapter on HIV/AIDS provides a brief summary of the situation in the Caribbean, and in particular the trends observed in the female population, and proceeds to study the gender dimension and how it is linked with the spread of HIV/AIDS in the subregion. The chapter then goes on to analyse how gender and gender relations affect women's ability to exercise their sexual and reproductive rights, which in turn increases their vulnerability to HIV.

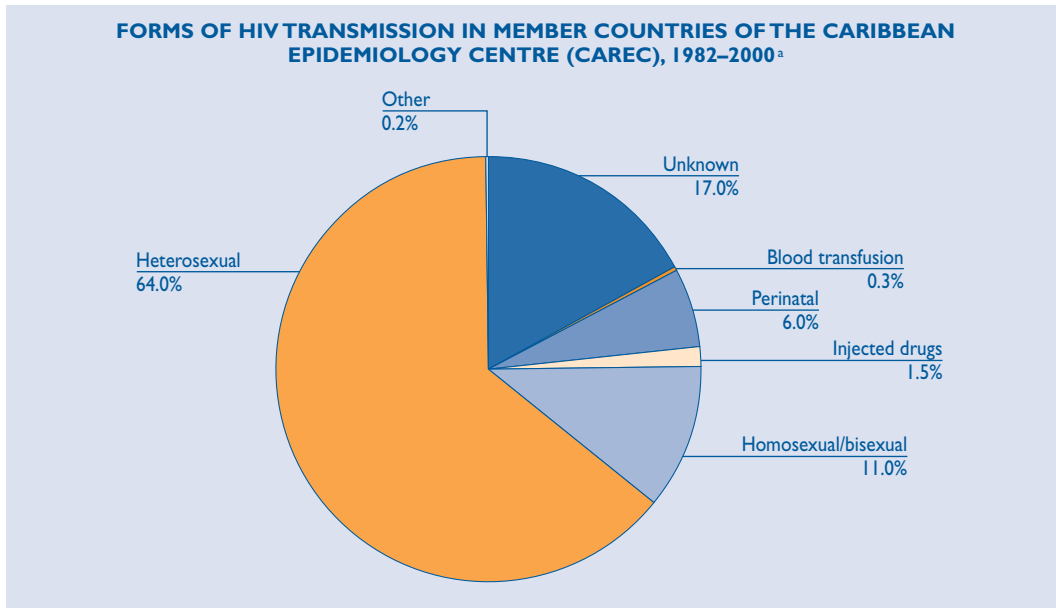
SUMMARY OF THE HIV/AIDS EPIDEMIC IN THE CARIBBEAN

According to estimates from the United Nations, at the end of 2003 there were 470,000 men, women and children living with HIV/AIDS in the Caribbean. The incidence of HIV/AIDS among adults in the Caribbean subregion was one of the highest in the world (between 1.9% and 3.1%), surpassed only by sub-Saharan Africa. The Caribbean Epidemiology Centre (CAREC) and its 21 member countries has carried out the most efforts in collecting information on HIV/AIDS. The number of AIDS cases reported by the Centre rose constantly during the 1980s and 1990s. In 2002, there were 52.43 cases of AIDS per 100,000 population, which is almost four times higher than the 13.6 cases per 100,000 in 1991. The annual incidence of HIV is a valuable indicator of

the spread of the epidemic: The rate among Caribbean women is between three and six times higher than among men.

The main mode of transmission of HIV in the Caribbean is heterosexual sexual relations (see figure 12).

Figure 12



Source: B. Camara, "An overview of the AIDS/HIV/STD situation in the Caribbean", *The Caribbean AIDS Epidemic*, Glenford Howe and Alan Cobley (eds.), Mona, University of the West Indies Press, 2000.

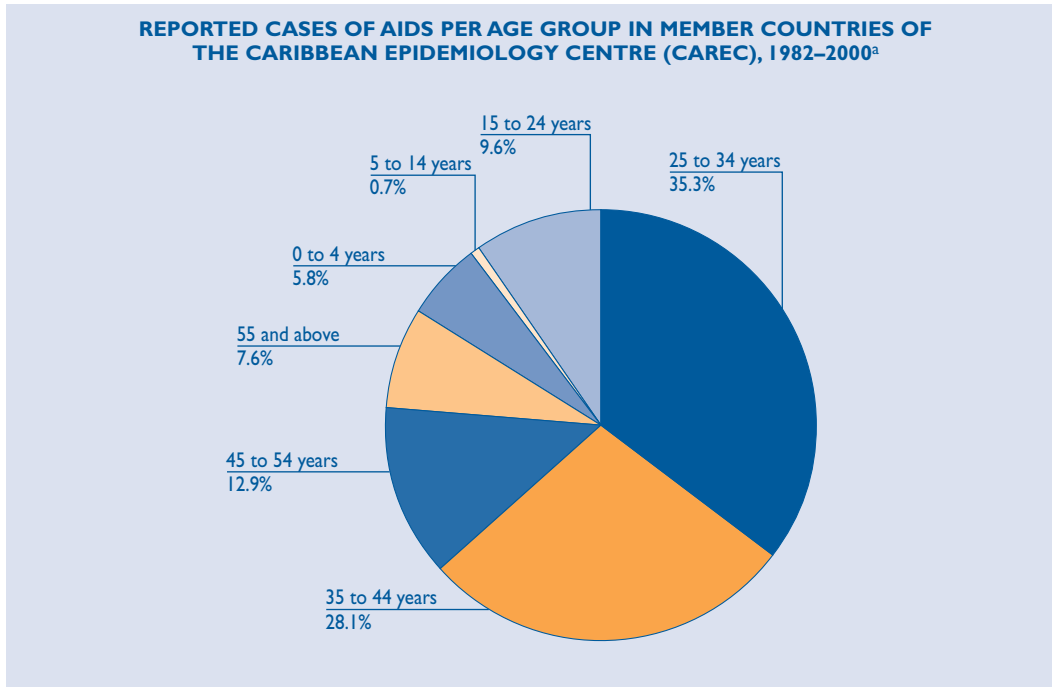
^a The member countries of CAREC are Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Netherlands Antilles, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos Islands (<http://www.carec.org/about/index.html>).

Young people are extremely vulnerable to HIV, as shown in figure 13. Data on CAREC member countries for the period 1982–2000 indicate that just over 70% of AIDS cases were diagnosed in people aged 15 to 44, 50% of which were concentrated in the 25 to 34 age group.

Owing to the fact that the epidemic is now mainly heterosexual, the infection rate among women has accelerated as a result of the narrowing of the gap between the number of new infections among men and among women. The Caribbean has one of the highest rates of AIDS among women in the Americas, and in some countries the average annual increase among women has doubled the rate among men (see figure 14).

There are also significant variations in the infection patterns between men and women, and in different age groups. Indeed, women aged 15–19 and 20–24 are increasingly vulnerable compared with men in the same age groups. In some cases, the proportion of men to women in the 15–19 age group has been completely reversed: women are now between three and seven more times more likely to be infected than men of the same age.

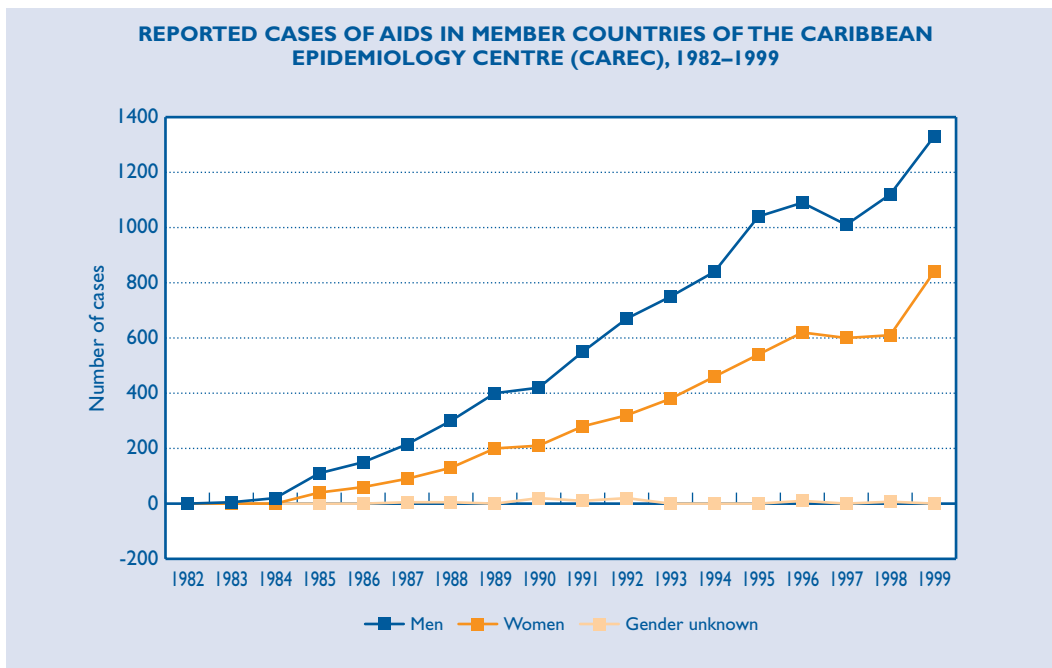
Figure 13



Source: B. Camara, "An overview of the AIDS/HIV/STD situation in the Caribbean", *The Caribbean AIDS Epidemic*, Glenford Howe and Alan Cobley (eds.), Mona, University of the West Indies Press, 2000.

^a The member countries of CAREC are Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Netherlands Antilles, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos Islands (<http://www.carec.org/about/index.html>).

Figure 14



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of World Health Organization (WHO)/Joint United Nations Programme on HIV/AIDS (UNAIDS), *Epidemiological Fact Sheets*, 2001.

SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS AND HIV/AIDS

Gender inequity, access to reproductive health, rights and implications for HIV/AIDS

Despite the guarantees of human rights enshrined in the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action, the reality of women's rights to sexual and reproductive health shows that women in general lack the independence to take decisions concerning their bodies, sexuality and fertility. In most societies, powerful forces affect the control women have over their bodies, usually on the basis of widespread concepts of gender, associated with ideas and beliefs regarding femininity and masculinity. Women's control over their bodies is fundamental to this gender construct, one that has allowed husbands, the State and other institutions to appropriate women's rights over their sexual and reproductive health. This very gender construct and its assumptions are what underlies women's lack of autonomy to make decisions regarding their bodies. A deep-seated part of this ideology is the notion that men are responsible for deciding when, where and how sexual intercourse will take place. Women are expected to surrender that authority, and therefore have little bargaining power when it comes to sex.

Accepted ideas about male and female sexuality also limit women's enjoyment of their sexual and reproductive rights. Girls and women are conditioned to live monogamously and their sexuality is protected in the family and supervised by other social structures, such as the community, religion and the law. As is the case in many parts of the world, Caribbean society privileges boys and men by valuing their overactive virility and male sexual capacity. Women's capacity to protect their sexual and reproductive rights are further eroded by the concepts of monogamy and procreation, which form the basis for the concept of marriage in the Caribbean. This being the case, sex within marriage is considered safe –whether or not this is true– and therefore spouses do not tend to practice safe sex. As a result, monogamy does not necessarily protect women from being infected with HIV.

The fact that procreation is a cultural expectation is a contributing factor to women's vulnerability to HIV infection. The traditional roles of wife and mother are deep-seated and highly valued concepts within the society. Having children enables women to obtain social benefits and recognition, and is sometimes their only option. This is a contributing factor to teenage pregnancies in particular.

The precise extent to which Caribbean women are able to negotiate safer sex or refuse sexual contact is not known; much more research is required on the basis of factors such as age, social class, ethnic group and religion. Research is also required to determine to what extent women in short-term or casual relationships are able to insist on safe sex.

Poverty; sexual and reproductive rights and health; and HIV/AIDS

Poor or economically dependent women are less likely to be able to negotiate on sexuality-related issues. This has been established by several studies carried out in the subregion. Although both men and women are affected by poverty, women suffer its effects in particular ways on account of gender inequities. Caribbean societies, like many others, are based on gender differentiation. This means that the bulk of housework, childcare and other domestic responsibilities continue to fall on women. This is probably the main factor in poor women being exposed to HIV infection. Poverty and the lack of job opportunities, for instance, have forced women and girls towards direct or indirect sexual work as a means of survival. The vulnerability of most female sex workers to HIV might have its origin in poverty, which is linked to the systemic class and gender inequities (as demonstrated by many studies carried out in the subregion).

Gender-based violence, access to sexual and reproductive health and rights, and HIV/AIDS

Gender-based violence is another manifestation of the gender inequity that affects women's ability to protect their sexual and reproductive health. The relationship between domestic violence and vulnerability to HIV infection is often an indirect one, and women in such situations are probably less likely to be able to negotiate on safe sex. There is also evidence to suggest that child abuse is often a precursor to prostitution among young girls and may foreshadow sexual behaviour that increases the risks of transmission. Trafficking in women and girl children, and the violence they suffer, also increase their vulnerability to HIV infection.

Adolescents, access to sexual and reproductive health and HIV/AIDS

Young people are the fastest growing group in terms of new HIV/AIDS infections, with young women throughout the region finding themselves increasingly vulnerable. Various studies have shown that young people in the Caribbean initiate sexual activity at a relatively early age: the vast majority of Caribbean young people have already had their first sexual experience by the time they turn 18. Condom use among the subregion's teenagers has been reported as low, and the levels of AIDS/HIV awareness do not appear to have had a significant impact on adolescent condom use. The early initiation of sexual activity has also emerged as a predictive indicator of HIV-1 status among women. Biological factors can also help to explain the growing vulnerability of young women. Recent evidence suggests that young girls have sex with older men in exchange for money to meet their material needs: a phenomenon known as "transactional sex" that occurs throughout the region. Unemployment and poverty may also be factors that lead to sex between young girls and older men. It is not uncommon for women in the Caribbean to adopt a pattern of serial relationships in order to ensure financial support for their children.

Although there may be other factors driving the sexual activity of male and female adolescents, gender and gender relations play a key role in the form this takes. In any event, more research is required on the basis of social class, religion, level of education and ethnic group in order to deepen our understanding of the vulnerability of male and female adolescents to HIV/AIDS.

Efforts to halt and reverse the spread of the epidemic in the Caribbean must focus on the structural and cultural factors underlying gender inequity, hence the importance of making this a fundamental component of HIV/AIDS policies and programmes and in all sectors.

THE SOCIAL AGENDA: NATIONAL HEALTH POLICIES AND PROGRAMMES IN LATIN AMERICA, 2005

Chapter V examines the health situation and health-care programmes in Latin American countries, on the basis of information from replies to an ECLAC health survey received from 17 ministries of health.

The information provided shows a fairly uneven situation in terms of governments' capacity to tackle health problems of the population. Most countries cite financial and management problems in terms of meeting health requirements. Also, inequality in health care is due less to sociocultural and geographical accessibility than to unequal income, which in turn generates living conditions that are inadequate when it comes to preventing the population's health problems and meeting their health needs.

HEALTH SECTOR REFORMS IN LATIN AMERICA

Since the 1980s, almost all Latin American countries have initiated health sector reforms that tend to encourage the participation of the private sector in managing public financing and providing services, thereby reducing the amount of State intervention. As a result, the last few decades have seen many countries set up fund administrators and private provider networks to treat the poorest sectors of society. However, the reform processes were implemented on the assumption that it was necessary to strengthen the regulatory capacity of the State in order to guarantee universal provision of a basic package of services to the entire population. Other aspects common to reforms in several countries included the decentralization of public establishments, separation between the funding and provision of public services, the introduction of contracts, and impetus for social participation.

According to the replies that national authorities sent in response to the ECLAC questionnaire, several countries have made progress in this direction by devising national health plans and objectives that involve the restructuring of national health policy and

other specific policies. These include reforms to health systems, social security (for health) and comprehensive health–care models.

However, countries have not introduced changes to legislation at the same pace. The transformations implemented to date have resulted in an expansion of the functions of health ministries to include environmental issues, and medical specialty advisory committees and project assessment committees have also been set up. Changes to management models have included a shift of security, catering and cleaning functions to the services sector in certain public hospitals and incentives for subnational and municipal governments to participate in solving the population’s health problems. Other legislative changes have been designed to amend regulations on the organization and functioning of services, to seek consensus between the private and public sectors and to transform the demands, competencies and resources for providing services. These initiatives include a concern to provide basic universal health coverage, and some countries have made explicit public commitments in terms of access, coverage and basic health guarantees for the population.

THE AUTHORITIES’ PERCEPTION OF HEALTH PROBLEMS

The main health problems identified by the authorities include high morbimortality for infants, infectious vector–borne disease, chronic–degenerative diseases and injury and death by external causes. The range of priorities in the above–mentioned problems depends on the coverage and quality of countries’ health services and the different phases of demographic and epidemiological transition that they have reached (see table 5).

The main problems of the health–care system reported by the region’s national authorities included various aspects of the precarious public health institutions and the lack of equity and efficiency in health systems. These problems do not affect the various sectors of the population in the same way: almost all authorities surveyed agreed that they do not affect middle– and high–income groups, as these have more ability to pay and better access to specialized public services and the private sector (health plans and insurance, social security coverage).

Table 5

LATIN AMERICA AND THE CARIBBEAN (16 COUNTRIES): MAIN HEALTH PROBLEMS IN ORDER OF IMPORTANCE			
Country	Health problems		
	Primary importance	Secondary importance	Tertiary importance
Argentina	Diseases of the circulatory system (heart failure)	Malignant tumors (trachea, bronchi and lungs)	Respiratory disease (acute respiratory insufficiency)
Bolivia	Child and maternal mortality	Chronic infectious disease	Undernutrition
Brazil	Non-transmissible conditions	Transmissible infectious conditions	Injury by external causes
Chile	Prevalence of risk factors for chronic disease	Accidents and violence	Mental health disorders
Colombia	Chronic degenerative diseases	Intentional and unintentional injury from external causes	Vector-borne infectious diseases Sexually transmitted diseases
Costa Rica	Diseases of the circulatory system	Tumours	Injury from external causes (violence)
Ecuador	Vector-borne infectious diseases	Chronic degenerative diseases	Sexually transmitted diseases, HIV/AIDS
El Salvador	Infectious diseases	Injury by external causes	Transmissible and non-transmissible chronic diseases
Guatemala	Child and maternal mortality	Vector-borne infectious diseases	Nutritional diseases
Honduras	Infectious diseases	Transmissible diseases	Emerging diseases
Nicaragua	Child and maternal mortality and perinatal mortality	Vector-borne infectious diseases	Chronic diseases
Panama	Chronic diseases	Sexually transmitted diseases	
Paraguay	Preventable diseases affecting vulnerable groups	Chronic degenerative diseases	Emerging diseases, road accidents and violence
Peru	High child and maternal mortality Infectious diseases	Transmissible and chronic diseases	Child and maternal malnutrition Maternal mortality
Uruguay	Cardiovascular disease	Cancer	Accidents
Venezuela (Bol. Rep. of)	Road accidents and violence	Cardiovascular disease	Cancer-related diseases

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of replies sent in by health ministries in response to the ECLAC survey on national health programmes (2005).

NATIONAL HEALTH POLICIES AND PROGRAMMES

In most of the region's countries, public spending on the health sector rose in the context of a regional reform agenda that seeks to improve equity, efficiency and the quality of services provided. However, many countries in the region still allocate an extremely low fraction of GDP to the health sector, indeed even lower than at the beginning of the 1990s.

Although countries are now progressing towards the creation of a basic, explicit and guaranteed universal basket of health services, health authorities report that inequalities persist in several areas.

Owing to the lack of coordination and linkages between the public and private sectors in terms of health services, their coverage is distinctly uneven. This makes it impossible to have a common vision and hampers the efficient use of resources and the achievement of acceptable levels of equity in accessing and using services. Other problems include the absence of a defined model of service provision, lack of resources for prevention, wide variation in the quality of service, poor human resources planning and weak technology regulation.

Lastly, although Latin American countries offer programmes intended to meet the needs of different age groups and their specific health problems, there is a lack of programmes targeting the extrasectoral factors that affect people's health: environmental programmes; housing improvement; education; drinking water; and food security, all coordinated with health plans to encourage behaviour and habits that prevent disease and promote health. In addition, the fact that poor people are spread out in regions with varying levels of economic development makes it essential to implement differentiated policies in food, health, education, social security and environmental sustainability.



Recent advances in poverty reduction

A. POVERTY TRENDS

Thanks to Latin America's favourable economic performance in the past biennium and the success that some countries have had in reducing poverty, the poverty and indigence rates projected for 2005 are below 41% and 17%, respectively, the lowest levels in 25 years. Thus, the number of poor persons in the region could decline to 213 million (a similar figure to that observed in 2001), including 88 million indigents.

1. ECONOMIC SITUATION

In 2004, GDP growth in the economies of Latin America and the Caribbean stood at 5.9% and per capita GDP growth was 4.4%. This favourable regional trend reflects the positive performance of a number of the economies, since in 2004, all countries in the region recorded per capita GDP growth except for El Salvador (-0.2%) and Haiti (-5.5%). The highest growth rates were recorded in the Bolivarian Republic of Venezuela (15.8%), Uruguay (11.5%) and Argentina (8.0%), all of which continued the recovery started in 2003, following the crisis of the preceding years. Increases in per capita GDP equivalent to, or higher than, the regional average were also recorded in Chile (4.9%), Ecuador (5.4%) and Panama (4.4%). The weakest growth rates were seen in Bolivia (1.3%), Dominican Republic (0.3%), Guatemala (0.1%) and Paraguay (1.5%) (see table 1 of the statistical appendix).

Against the background of a slowdown in world economic growth, regional GDP in 2005 is expected to be of the order of 4.7%, less than in 2004, but still higher than the average for the last few years. Per capita GDP in Latin America grew on average by 1.1% in the 1990s and by a mere 0.7% in the period 2000–2004 (see table I.1).

The recovery had a positive impact on labour markets: urban unemployment diminished from 10.7% in 2003 to 10.0% in 2004, although labour supply continued to trend upwards, moving from 52.2% of the working age population in 2003 to 52.8% in 2004 (ECLAC, 2005a). Nevertheless, urban unemployment for the period 2000–2004 exceeded 15% in six countries of the region (Argentina, Bolivarian Republic of Venezuela, Colombia, Dominican Republic, Panama and Uruguay) and in 12 out of 19 countries exceeds the average for the 1990s (see table I.1). At the same time, the worrying trend towards informal

employment and casualization of labour is continuing in the region: between 1990 and 2003, the share of low-productivity sectors in urban employment

increased from 42.8% to 46.7%, and the percentage of wage-earners contributing to the social security system declined from 66.6% to 63.6% (ILO, 2004).

Table I.1

LATIN AMERICA (20 COUNTRIES): SELECTED SOCIO-ECONOMIC INDICATORS, 1990–2004									
Country	Per capita GDP (annual average rate of variation) ^a	Urban unemployment	Real average wage ^c	Real urban minimum wage ^d	Country	Per capita GDP (annual average rate of variation) ^a	Urban unemployment	Real average wage ^c	Real urban minimum wage ^d
Year		Simple average for the period ^b (percentages)	Annual average rate of variation		Year		Simple average for the period ^b (percentages)	Annual average rate of variation	
Argentina					Honduras				
1990–1999	2.7	11.9	0.9	0.8	1990–1999	-0.2	6.1	...	0.6
2000–2004	-0.9	16.6	-1.2	5.5	2000–2004	1.3	6.9	...	3.4
Bolivia					Mexico				
1990–1999	1.6	5.3	3.0	7.4	1990–1999	1.5	3.6	1.0	-4.7
2000–2004	0.3	8.5	2.4	2.9	2000–2004	1.1	2.9	3.2	0.0
Brazil					Nicaragua				
1990–1999	0.2	5.6	-1.0	-0.4	1990–1999	0.6	14.0	8.0	-0.2
2000–2004	1.1	9.8	-3.3	3.9	2000–2004	1.0	10.4	0.8	2.5
Chile					Panama				
1990–1999	4.6	7.6	3.5	5.9	1990–1999	3.5	16.7	...	1.5
2000–2004	2.8	8.9	1.6	3.6	2000–2004	1.3	15.7	...	2.2
Colombia					Paraguay				
1990–1999	0.9	11.6	2.2	-0.4	1990–1999	-0.3	6.3	0.3	-1.6
2000–2004	1.1	17.0	1.4	0.9	2000–2004	-1.2	11.3	-1.7	1.3
Costa Rica					Peru				
1990–1999	2.8	5.4	2.2	1.1	1990–1999	1.3	8.5	-0.8	1.4
2000–2004	1.2	6.3	0.7	-0.6	2000–2004	1.8	9.2	0.9	3.5
Cuba					Dominican Rep.				
1990–1999	-2.8	6.9	...	...	1990–1999	2.8	16.9	...	2.6
2000–2004	3.0	3.4	...	...	2000–2004	1.5	16.2	...	-5.6
Ecuador					Uruguay				
1990–1999	0.3	9.4	5.3	0.9	1990–1999	2.5	9.9	0.5	-5.9
2000–2004	2.7	10.8	...	3.3	2000–2004	-1.3	15.2	-5.1	-5.3
El Salvador					Venezuela (Bolivarian Rep. of)				
1990–1999	2.8	7.8	...	-0.5	1990–1999	0.2	10.3	-4.0	-3.0
2000–2004	0.0	6.5	...	-1.4	2000–2004	-0.6	15.3	-5.6	0.2
Guatemala									
1990–1999	1.7	4.0	5.4	-9.8					
2000–2004	0.1	3.2	1.2	4.1					
Haiti					Latin America				
1990–1999	-1.9	...	...	-8.3	1990–1999	1.1	7.7	1.0	2.3
2000–2004	-2.6	...	...	-4.2	2000–2004	0.7	10.3	-0.7	2.5

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official figures.

^a Based on the per capita GDP value in dollars, in constant 2000 prices. The 2004 figure is a preliminary estimate.

^b In Bolivarian Republic of Venezuela, Chile, Dominican Republic, Guatemala and Nicaragua, the figure refers to total national unemployment. In addition, the period 1991–1999 was used for Cuba instead of 1990–1999.

^c In general, the coverage of this indicator is very incomplete. In most countries, it refers only to formal sector workers in industry. The figure shown for 2004 is a preliminary estimate.

^d In the case of Nicaragua, the starting year for the period is 1992.

The rate of inflation declined from 8.5% in 2003 to 7.3% in 2004, maintaining the downward trend shown since 2002, with positive effects on the purchasing power of poor persons. Annual variations in the consumer price index were below 10% in all countries, except the Bolivarian Republic of Venezuela, Costa Rica, Dominican Republic and Haiti.

The economic recovery had very little impact on real average wages in the formal sector in 2004 (they rose by an average of just 0.8%); this may be due mainly to the persistence of unemployment rates which are still high from a historical perspective. The exception was Argentina, where real wages increased by more than 10%, despite which average wages still have not recovered the purchasing power they had prior to the crisis at the beginning of the decade (see table 1 of the Statistical annex). Lastly, in 2004, Argentina and the Bolivarian Republic of Venezuela applied an active wage policy, which consisted essentially in granting high increases in the minimum wage (+54.5% and +14.5%, respectively) in order to reduce poverty and stimulate domestic demand. In early 2005, Uruguay also raised the minimum wage substantially (+22%). Nevertheless, most countries continued to apply a policy of greater wage restraint, as a result of which the simple average increase in urban minimum wages in the region was just 5.7% in 2004. For the period 2000–2004, the purchasing power of minimum wages increased on average by only 2.5% and declined in five countries (Costa Rica, Dominican Republic, El Salvador, Haiti and Uruguay) (see table I.1).

2. OUTLOOK FOR POVERTY IN THE REGION¹

According to poverty measurements up to the year 2002, 44.0% of the population in Latin America were living in poverty, while 19.4% were not just poor but extremely poor or indigent. The number of poor and indigent persons in the region stood at 221 million and 97 million, respectively (see table I.2 and figure I.1).

These figures show a slight increase compared with the 1997 levels, revealing a lack of progress in the living conditions of the population in the five-year period. Poverty and indigence in 2002 varied by 0.5 and 0.4 percentage points, respectively, compared with the beginning of the period. In turn, the number of poor persons increased by 17 million, including 8 million extremely poor persons. During this period, the year 2000 was the only exception both in terms of the relative incidence of these phenomena and in terms of the number of persons affected, since, instead of increasing steadily, poverty and indigence actually declined perceptibly compared with 1999.

Notwithstanding the lack of progress in the period under consideration, the situation observed in 2002 continued to be more favourable than that of 1990. Both the poverty and the indigence rate decreased –by 4.3 and 3.1 percentage points, respectively. This decline in percentage terms was not sufficient to counter the population growth, so that in 2002, there were 21 million more poor persons and 4 million more indigents than in 1990.

¹ ECLAC is currently reviewing the methodology used for poverty measurement. Thus, most of the poverty and indigence figures presented in this chapter for the period 2003–2005 come from projections and not from new estimates. Calculations for the years 2003 or 2004 are available only in the cases of Argentina, Brazil, Chile, Mexico and Peru.

Poverty projections up to the year 2003, based on the economic performance observed in the countries, suggest that that year did not result in any significant variation. The poverty rate is estimated to be 0.3 percentage points higher than in the previous year, while the extreme poverty rate is estimated to have declined slightly: by 0.2 percentage points. In terms of numbers, this means an increase of five million poor persons, including a million indigents, over the number recorded in 2002.

The healthier economic situation in 2004 and the decline in poverty rates observed in a few countries (which are described below) point to a break in the trend that had been developing. The

poverty rate is estimated to be 41.7%, with a 2.6 percentage point decrease with respect to the previous year, while the indigence rate is calculated at 17.4%, 1.8 percentage points less than in 2003. These variations also imply a decrease of approximately 10 million in the number of poor persons, including some eight million indigents.²

Lastly, the poverty and indigence rates are expected to continue to diminish in 2005, with declines of up to 1.1 percentage points in the first case and 0.6 of a percentage point in the second. This should at least ensure that the number of poor and indigent persons does not increase and could even mean a slight decrease.

Table I.2

LATIN AMERICA: POVERTY AND INDIGENCE RATES, 1980–2002 ^a						
	Percentage of population					
	Poor ^b			Indigents ^c		
	Total	Urban	Rural	Total	Urban	Rural
1980	40.5	29.8	59.9	18.6	10.6	32.7
1990	48.3	41.4	65.4	22.5	15.3	40.4
1997	43.5	36.5	63.0	19.0	12.3	37.6
1999	43.8	37.1	63.7	18.5	11.9	38.3
2000	42.5	35.9	62.5	18.1	11.7	37.8
2001	43.2	37.0	62.3	18.5	12.2	38.0
2002	44.0	38.4	61.8	19.4	13.5	37.9

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

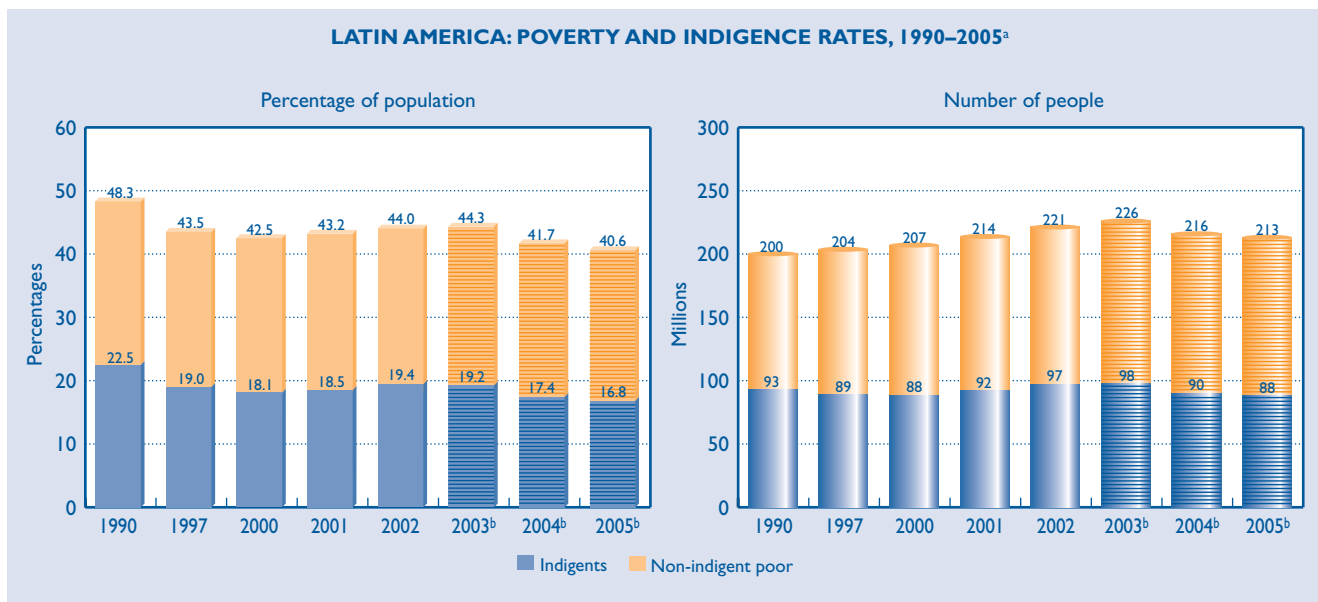
^a Estimate for 18 countries in the region plus Haiti.

^b Percentage of the population with income below the poverty line. Includes people living in indigence.

^c Percentage of the population with income below the indigence line.

² Current poverty and indigence projections for 2003 and 2004 are based on more recent data relating to GDP growth in each country than those used in the *Social Panorama of Latin America 2004*, as well as on some household surveys not available earlier. Since some countries performed better than forecast, the new poverty and indigence figures are lower than those reported in that edition. This is evident especially with regard to 2004, earlier projections for which put poverty and indigence rates at 42.9% and 18.6%, respectively, and actual numbers of persons at 222 million and 96 million.

Figure I.1



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Estimate for 18 countries in the region plus Haiti. The figures on the orange sections of the bars represent the percentage and total number of poor persons (indigents plus non-indigent poor).

^b Projections.

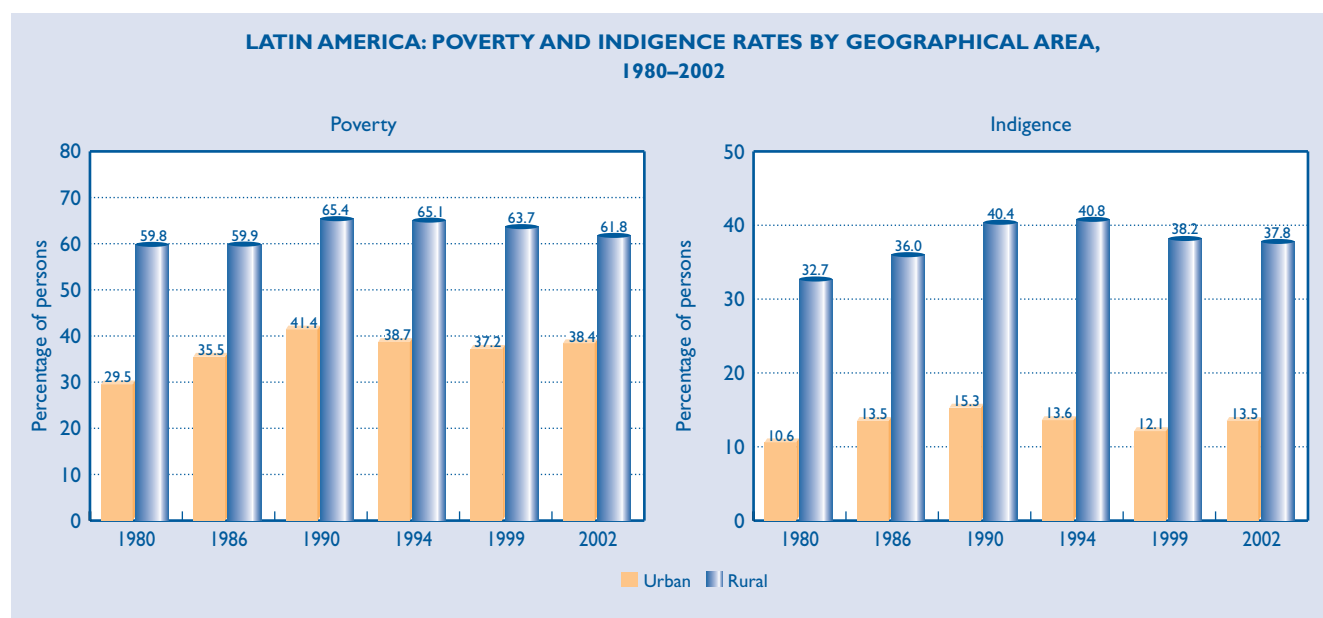
In terms of fulfilling the first target of the Millennium Development Goals, which is to halve the rate of extreme poverty between 1990 and 2015, the figures forecast for the year 2005 correspond to a 51% advance for the region. While this progress is encouraging, it remains insufficient since 60% of the period set for fulfilment of the goal has already elapsed, that is, 15 years of a total of 25 years.

Historically, the incidence of poverty and indigence has been higher in rural than in urban areas. In 1980, the poverty rate in rural areas was double that in urban areas and the ratio was three to one in the case of indigence. In the case of poverty, the gap between these two areas has remained practically constant since 1986, with the incidence in rural areas being between 1.6 and 1.7 times higher than in urban areas. In the case of extreme poverty, there have been wider fluctuations in the difference between urban and rural areas and no clear trend towards a decline or an increase has emerged. In

1994 and 1999, the situation was similar to that of 1980, with the rural indicator three times as high as the urban indicator, while in 1986, 1990 and 2002, rural indigence was approximately 2.7 times as high as the urban rate (see figure I.2).

In spite of this, the proportion of poor and indigent persons residing in urban areas has been rising constantly as a result of the rural–urban migration trend. This trend was particularly marked in the 1980s, when the number of poor and indigent people in urban areas practically doubled, increasing from 63 million to 122 million and from 23 million to 45 million, while the numbers in the rural areas grew much more slowly, the poor increasing by six million and indigents, by eight million. While this trend has continued to the present, its rate is considerably lower. In 2002, 66% of the poor population and 53% of the indigent population resided in urban areas, compared with percentages of 61% and 48%, respectively in 1990 (see table I.3).

Figure I.2



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

Table I.3

LATIN AMERICA: POOR AND INDIGENT POPULATION, 1980–2002 ^a						
	Millions of people					
	Total	Poor ^b		Indigents ^c		
		Urban	Rural	Total	Urban	Rural
1980	135.9	62.9	73.0	62.4	22.5	39.9
1990	200.2	121.7	78.5	93.4	45.0	48.4
1997	203.8	125.7	78.2	88.8	42.2	46.6
1999	211.4	134.2	77.2	89.4	43.0	46.4
2000	207.1	131.8	75.3	88.4	42.8	45.6
2001	213.9	138.7	75.2	91.7	45.8	45.9
2002	221.4	146.7	74.8	97.4	51.6	45.8

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Estimate for 18 countries in the region plus Haiti.

^b People with income below the poverty line. Includes people living in indigence.

^c People with income below the poverty line.

METHOD USED FOR POVERTY MEASUREMENT

The method used in this report to estimate poverty classifies a person as "poor" when the per capita income of the household in which he or she lives is below the "poverty" line or the minimum income the members of a household must have in order to meet their basic needs. Poverty lines are expressed in each country's currency and are based on the calculation of the cost of a particular basket of goods and services, employing the "cost of basic needs" method.

Where the relevant information was available, the cost of a basic food basket covering the population's nutritional needs was estimated for each country and geographical area, taking into account consumption habits, the effective availability of foodstuffs and their relative prices, as well as the differences between metropolitan areas, other urban areas and rural areas. To the value of this basket, which constituted the "indigence line", was then added an estimate of the resources households need to satisfy their basic non-nutritional needs, to make up the total value of the poverty line. For this purpose, the indigence line was multiplied by a constant factor of 2 for urban areas and 1.75 for rural areas.^a According to the most recent calculations, the monthly equivalent in dollars of the poverty lines varies between 45 dollars and 141 dollars in urban areas, and between 32 dollars and 88 dollars in rural areas; the figure for indigence lines varies between 23 dollars and 71 dollars in urban areas, and between 18 and 51 dollars in rural areas (in all cases, the lower values relate to Bolivia and the higher values to Mexico (see table 5 of the statistical appendix).^b

In most cases, data concerning the structure of household consumption, of both foodstuffs and other goods and services, came from surveys on household budgets conducted in the respective countries.^c Since these surveys were carried out before the poverty estimates were prepared, the value of the poverty lines was updated according to the cumulative variation in the consumer price index.

The data on family income were taken from household surveys conducted in the respective countries, in the years that correspond to the poverty estimates contained in this publication. In line with the usual practice at ECLAC, both missing answers to certain questions on income—in the case of wage-earners, independent workers and retirees—and probable biases arising from underreporting were corrected. In the latter case, this was done by comparing the survey entries for income with figures from an estimate of the household income and expenditure account of each country's system of national accounts (SNA), prepared for this purpose using official information. Income was understood to consist of total current income; i.e., income from wage labour (monetary and in kind), from independent labour (including self-supply and the consumption value of home-made products), from property, from retirement and other pensions and from other transfers received by households. In most of the countries, household income included the imputed rental value of owner-occupied dwellings.

^a The sole exceptions to this general rule were Brazil and Peru. For Brazil, the study used new indigence lines estimated for different geographical areas within the country, in the framework of a joint project conducted by the Brazilian Institute of Geography and Statistics, the Brazilian Institute of Applied Economic Research and ECLAC. For Peru, the indigence and poverty lines used were estimates prepared by the National Institute of Statistics and Informatics under the programme to improve surveys on living conditions in Latin America and the Caribbean (MECOVI) in Peru.

^b The exchange rate used is the average rate from the reference month used to compile information on income by means of household surveys.

^c When data from the processing of a recent survey of this type were not available, other information on household consumption was used.

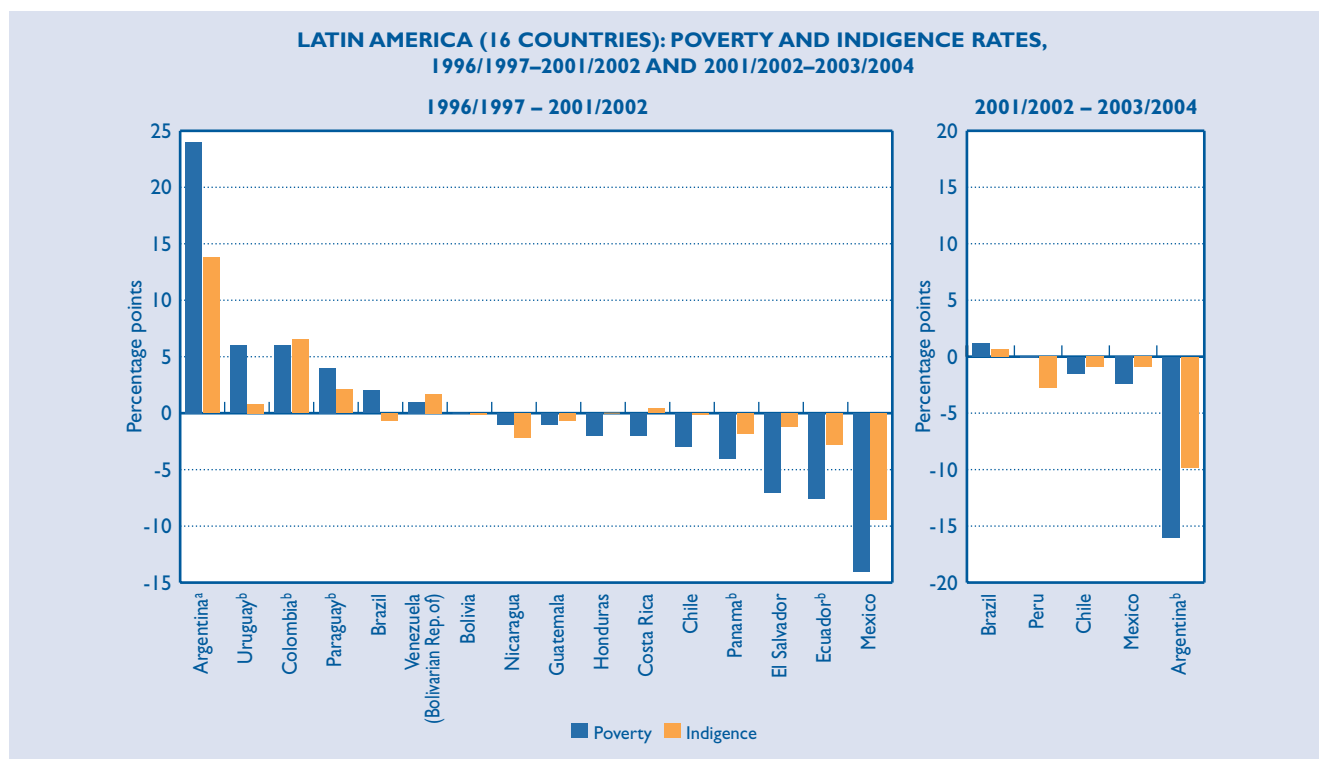
3. POVERTY IN THE COUNTRIES

Poverty trends in the countries of the region reveal widely varying patterns in the five-year period between 1996–1997 and 2001–2002. While poverty escalated considerably in Argentina, Colombia and Uruguay, in six countries the variations were insignificant and in five others, there

were marked reductions, in particular, in Ecuador, El Salvador and Mexico. A similar scatter of indigence rates was observed in the same period. Indeed, indigence increased substantially in Argentina and Colombia, varying by two percentage points or less (either upwards or downwards) in eleven countries, and only declined significantly in Mexico (see figure I.3, table I.4 and table 4 of the statistical appendix).³

³ A brief analysis of the poverty and indigence situation in the countries of the Caribbean is presented in box I.3.

Figure I.3



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Greater Buenos Aires.

^b Urban areas.

The changes referred to above altered slightly the comparative panorama of the countries in terms of the poverty situation. In 1996–1997, as well as in 2001–2002, the group of countries with the highest poverty rates (60% and over) included Bolivia, Guatemala, Honduras and Nicaragua. The countries where poverty rates remained between 40% and 59% in 1996–1997 were the Bolivarian Republic of Venezuela, Colombia (urban areas), Ecuador (urban areas), El Salvador and Paraguay (urban areas); these were joined by Argentina (urban areas) in 2002. Mexico became part of the group with poverty rates between 20% and 39%, together with Brazil, Chile, Costa Rica and Panama (urban areas), and only Uruguay (urban areas) recorded figures below 20% in both periods.

The new poverty and indigence measurements for the years 2003–2004 available for Argentina, Brazil, Chile, Mexico and Peru reflect favourable trends in most cases. Following the serious economic crisis in Argentina at the beginning of the decade,

the poverty rate in Argentina (urban areas) rose from 23.7% in 1999 to 45.4% in 2002, while indigence increased from 6.7% to 20.9% in the same period. Measurements for 2004 showed a significant recovery as the poverty rate diminished by 16.0 percentage points to stand at 29.4% and the indigence rate was 11.1%, 9.8 percentage points less than in 2002. Indeed, while an improvement in social conditions were foreseeable given the country's economic performance, the extent of the reductions in poverty and indigence rates far exceeded expectations (see table I.4).

Mexico showed a new reduction in the rates of poverty and indigence between 2002 and 2004, continuing the downward trend observed since 1996. In this case, the reductions were of 2.4 percentage points for poverty and 0.9 percentage points for indigence. It is interesting to note that the trend described was concentrated in the rural areas. Indeed, while poverty in urban areas increased by 0.4 of a percentage point in relation to 2002 (from

32.2% to 32.6%), in rural areas, it was down by 7.1 percentage points (from 51.2% to 44.1%). In turn, the indigence rate was up by 0.1 of a percentage point in urban areas (from 6.9% to 7.0%) but in rural areas, it fell by 2.5 percentage points (from 21.9% to 19.4%) (see table 4 of the statistical appendix).⁴

Chile was another country where poverty and indigence rates declined compared with 2000, by 1.6 percentage points and 0.9 of a percentage point, respectively. This case, which is examined more fully in ECLAC (2005c) is the only one in the region where poverty has been declining steadily since 1990.

In the case of Peru, there have not been advances in poverty alleviation, but there has been progress in reducing indigence. While poverty rates remained practically constant between 2001 and 2003 (moving from 54.8% to 54.7%), indigence fell from 24.4% to 21.6% (2.8 percentage points). As in Mexico, the improvements tended to be concentrated in the rural areas. Poverty and indigence diminished significantly in these areas, by 1,3 and 5,6 percentage points, respectively, while in urban areas, indigence declined by 2,4 percentage points and poverty actually increased by 1.1 percentage points.

Lastly, the figures for Brazil for the year 2003 show an increase in poverty and indigence levels with respect to 2001. Poverty rates increased from 37,5% to 38,7% (1.2 percentage points), while indigence rose from 13,2% to 13,9% (0.7 percentage points). The trend in rural areas in Brazil was more favourable also as the rates there showed a clear decline (1.6 percentage points in the case of poverty

and 1.0 in the case of indigence), while the variation in urban areas was in the opposite direction (up 0.7 of a percentage point and 0.6 of a percentage point, respectively).

Special mention should be made of the role played by income transfer programmes in reducing poverty and especially indigence in Argentina and Mexico in 2004. According to data reported by the National Institute of Statistics and Censuses of Argentina (INDEC, 2005), the female and male heads of households plan was instrumental in reducing the indigence rate by 21%. Applied to ECLAC figures, this is equivalent to a contraction of 2.4 percentage points (from 13.5% to 11.1%). The impact on poverty was much more limited at 2%, that is 0.5 of a percentage point.

The Opportunities and Procampo programmes in Mexico led to a 1.1 percentage point reduction in extreme poverty at the national level; indeed, without them the percentage of indigents would stand at 12.8% instead of 11.7% as reported in table I.4. The effect of these programmes is higher in the rural areas, where most of the beneficiaries are concentrated.⁵ Indigence rates were reduced by 2.6 percentage points in rural areas, as a result of the transfers (which, in relative terms represents 13% of the rural indigence rate), while in urban areas it declined by 0.3 of a percentage point (4% of the urban indigence rate). As in Argentina, these programmes had less of an impact on the poverty rate. In fact, if the amounts received in the context of the Opportunities and Procampo programmes are excluded from household income, the poverty rate would show a 0.7 percentage point increase at the national level (in relative terms, 2% of the poverty rate).⁶

⁴ It should be noted that the modifications introduced in the sample design of the National household income and expenditure survey (ENIGH) in 2002 may affect the comparability of the results in a broader time frame, especially as far as the low-density (rural) areas are concerned (see box I.4 of the *Social Panorama of Latin America, 2002–2003*).

⁵ In 2004, two programmes benefited 4.7 million Mexican households, including 547,000 in urban areas and 4,113,000 in rural areas; in percentage terms, this implies that 43% of rural households receive monetary transfers, compared with 3% in urban areas.

⁶ The transfers made through the Procampo programme are different from those made through the Opportunities programme, since the former are intended specifically for the promotion of agricultural production and do not contemplate financing consumer spending.

The Bolivarian Republic of Venezuela is another country in which social policy is reportedly contributing to a substantial reduction in poverty. According to figures released by the Statistical Institute of Venezuela, poverty and indigence diminished substantially in 2004.⁷ This is attributable to the economic upturn coupled with the mass

implementation of social programmes in recent years. It is important to note that, in this case, public action tends to prioritize the direct provision of free or subsidized services and transfers in kind through social inclusion programmes referred to as "social missions", rather than monetary transfers.

Table I.4

LATIN AMERICA (18 COUNTRIES): POVERTY AND INDIGENCE INDICATORS, 1990–2001/2004 ^a									
(Percentages)									
Country	Year	Households and population below the:							
		Poverty line ^b				Indigence line			
		H		PG	FGT ₂	H		PG	FGT ₂
		Households	Population			Households	Population		
Argentina ^c	1990 ^d	16.2	21.2	7.2	3.4	3.5	5.2	1.6	0.8
	1997 ^d	13.1	17.8	6.2	3.1	3.3	4.8	1.5	0.7
	1999	16.3	23.7	8.6	4.3	4.3	6.6	2.1	1.1
	2002	34.9	45.4	21.1	12.8	13.9	20.9	8.4	4.6
	2004	21.7	29.4	12.2	6.9	7.5	11.1	4.2	2.2
Bolivia	1989 ^e	48.9	52.6	24.5	15.0	21.9	23.0	9.7	6.1
	1997	56.7	62.1	33.6	22.8	32.7	37.2	18.6	12.1
	1999	54.7	60.6	33.9	24.1	32.1	36.4	20.3	14.7
	2002	55.5	62.4	34.4	23.8	31.7	37.1	19.5	13.5
Brazil	1990	41.4	48.0	23.5	14.7	18.3	23.4	9.7	5.5
	1996	28.6	35.8	16.7	10.4	10.5	13.9	6.2	4.0
	1999	29.9	37.5	17.0	10.2	9.6	12.9	5.3	3.3
	2001	29.9	37.5	17.3	10.7	10.0	13.2	5.8	3.8
	2003	30.7	38.7	17.8	10.9	10.4	13.9	5.9	3.7
Chile	1990	33.3	38.6	14.9	8.0	10.6	13.0	4.4	2.3
	1996	19.7	23.2	7.8	3.9	4.9	5.7	1.9	1.1
	2000	16.3	20.2	7.0	3.7	4.5	5.6	2.1	1.2
	2003	15.3	18.7	6.3	3.2	3.9	4.7	1.7	1.0
Colombia	1994	47.3	52.5	26.6	17.5	25.0	28.5	13.8	9.1
	1997	44.9	50.9	22.9	13.8	20.1	23.5	9.7	5.8
	1999	48.7	54.9	25.6	15.7	23.2	26.8	11.2	6.9
	2002 ^c	44.6	50.6	24.1	15.0	20.7	23.7	10.0	6.3
Costa Rica	1990	23.6	26.3	10.7	6.5	9.8	9.9	4.8	3.4
	1997	20.2	22.5	8.5	4.9	7.4	7.8	3.5	2.3
	1999	18.2	20.3	8.1	4.8	7.5	7.8	3.5	2.3
	2002	18.6	20.3	8.4	5.2	7.7	8.2	3.9	2.7
Ecuador ^c	1990	55.8	62.1	27.6	15.8	22.6	26.2	9.2	4.9
	1997	49.8	56.2	23.9	13.5	18.6	22.2	7.7	4.1
	1999	58.0	63.5	30.1	18.2	27.2	31.3	11.5	6.3
	2002	42.6	49.0	20.8	11.8	16.3	19.4	6.9	3.7
El Salvador	1995	47.6	54.2	24.0	14.3	18.2	21.7	9.1	5.6
	1997	48.0	55.5	24.4	13.9	18.5	23.3	8.3	4.0
	1999	43.5	49.8	22.9	14.0	18.3	21.9	9.4	5.8
	2001	42.9	48.9	22.7	14.0	18.3	22.1	9.5	5.7
Guatemala	1989	63.0	69.1	35.9	23.1	36.7	41.8	18.5	11.2
	1998	53.5	61.1	27.3	15.4	26.1	31.6	10.7	5.1
	2002	52.8	60.2	27.0	15.4	26.9	30.9	10.7	5.5

⁷ According to the National Statistical Institute, the recovery is approximately equivalent to the deterioration that had occurred in 2002 and 2003. Thus, indigence is two percentage points below the level observed in 2001, while poverty levels are similar to those of that year.

Table I.4 (concluded)

LATIN AMERICA (18 COUNTRIES): POVERTY AND INDIGENCE INDICATORS, 1990–2001/2004 ^a									
(Percentages)									
Country	Year	Households and population below the:							
		Poverty line ^b				Indigence line			
		H		PG	FGT ₂	H		PG	FGT ₂
		Households	Population			Households	Population		
Honduras	1990	75.2	80.8	50.2	35.9	53.9	60.9	31.5	20.2
	1997	73.8	79.1	45.6	30.8	48.3	54.4	25.4	15.4
	1999	74.3	79.7	47.4	32.9	50.6	56.8	27.9	17.5
	2002	70.9	77.3	45.3	31.2	47.1	54.4	26.6	16.2
Mexico	1989	39.0	47.7	18.7	9.9	14.0	18.7	5.9	2.7
	1996	43.4	52.9	21.8	11.7	15.6	22.0	7.1	3.3
	2000	33.3	41.1	15.8	8.1	10.7	15.2	4.7	2.1
	2002	31.8	39.4	13.9	6.7	9.1	12.6	3.5	1.4
	2004	29.8	37.0	13.2	6.5	8.7	11.7	3.5	1.6
Nicaragua	1993	68.1	73.6	41.9	29.3	43.2	48.4	24.3	16.2
	1998	65.1	69.9	39.4	27.3	40.1	44.6	22.6	15.1
	2001	62.9	69.4	36.9	24.3	36.3	42.4	19.0	11.7
Panama ^c	1991	33.6	39.9	17.9	10.9	13.9	16.2	7.3	4.7
	1997	24.6	29.7	12.1	6.9	8.6	10.7	4.3	2.5
	1999	20.8	25.7	9.9	5.4	6.6	8.1	3.1	1.8
	2002	21.4	25.3	10.0	5.6	8.0	8.9	3.3	1.8
Paraguay	1990 ^f	36.8	43.2	16.1	8.0	10.4	13.1	3.6	1.5
	1996 ^c	39.6	46.3	18.5	9.8	13.0	16.3	5.0	2.4
	1999	51.7	60.6	30.2	19.0	26.0	33.8	14.5	8.5
	2001	52.0	61.0	30.3	19.5	26.5	33.2	15.4	9.6
Peru	1997	40.5	47.6	20.8	12.0	20.4	25.1	10.1	5.7
	1999	42.3	48.6	20.6	11.7	18.7	22.4	9.2	5.1
	2001 ^g	46.8	54.8	...	...	20.1	24.4	...	...
	2003 ^g	46.7	54.7	...	...	17.1	21.6	...	...
Dominican Republic	2000	43.0	46.9	22.1	13.9	20.6	22.1	10.1	6.7
	2002	40.9	44.9	20.5	12.9	18.6	20.3	9.3	6.3
Uruguay ^c	1990	11.8	17.9	5.3	2.4	2.0	3.4	0.9	0.4
	1997	5.7	9.5	2.8	1.2	0.9	1.7	0.5	0.2
	1999	5.6	9.4	2.7	1.2	0.9	1.8	0.4	0.2
	2002	9.3	15.4	4.5	1.9	1.3	2.5	0.6	0.2
Venezuela (Bolivarian Republic of)	1990	34.2	39.8	15.7	8.5	11.8	14.4	5.0	2.4
	1997	42.3	48.0	21.0	12.0	17.1	20.5	7.4	3.8
	1999	44.0	49.4	22.6	13.7	19.4	21.7	9.0	5.5
	2002	43.3	48.6	22.1	13.4	19.7	22.2	9.3	5.7
Latin America ^h	1990	41.0	48.3	...	...	17.7	22.5	...	...
	1997	35.4	43.5	...	...	14.4	19.0	...	...
	1999	35.4	43.9	...	...	14.1	18.7	...	...
	2000	34.5	42.5	...	...	13.8	18.1	...	...
	2001	35.0	43.2	...	...	13.9	18.5	...	...
	2002	36.1	44.0	...	...	14.6	19.4	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

Note: H = headcount index; PG = poverty gap; FGT₂ = Foster, Greer and Thorbecke index.

^a See box I.2 for the definition of each indicator. The PG and FGT₂ indices are calculated on the basis of the distribution of the poor population.

^b Includes households (individuals) living in indigence or extreme poverty.

^c Urban areas.

^d Greater Buenos Aires.

^e Eight departmental capitals plus El Alto.

^f Asunción metropolitan area.

^g Figures from the National Institute of Statistics and Informatics (INEI) of Peru. These figures are not comparable to data from earlier years because of a change in the household survey sample frame.

^h Estimate for 18 countries of the region plus Haiti.

INDICATORS FOR MEASURING POVERTY

The process of measuring poverty encompasses at least two stages: (i) the *identification* of the poor, and (ii) the *aggregation* of poverty into a synthetic measurement. The first stage, which is described in box 1.1, consists in identifying the population whose per capita income is lower than the cost of a basket of items that satisfy basic needs. The second stage consists in measuring poverty using indicators that synthesize the information into a single figure.

The poverty measurements used in this document are in the family of parametric indices proposed by Foster, Greer and Thorbecke (Foster, Greer and Thorbecke, 1984), which are obtained from the following equation:

$$FGT_{\alpha} = \frac{1}{n} \sum_{i=1}^q \left(\frac{z - y_i}{z} \right)^{\alpha} \quad (1)$$

where n represents the size of the population, q denotes the number of people with income below the poverty line (z), and the parameter $\alpha > 0$ assigns varying weights to the difference between the income (y) of each poor or indigent individual and the poverty or indigence line.

When $\alpha = 0$ equation (1) corresponds to what is known as the *headcount index* (H), which represents the proportion of the population with income lower than the poverty or indigence line:

$$H = q/n \quad (2)$$

Because it is easy to calculate and interpret, this indicator is the one most commonly used in poverty studies. However, the headcount index provides a very limited view of poverty, since it offers no information on "how poor the poor are", nor does it consider income distribution.

When $\alpha = 1$, however, the equation yields an indicator that measures the relative income shortfall of poor people with respect to the value of the poverty or indigence line. This indicator is known as the *poverty gap* (PG), or the indigence gap:

$$PG = \frac{1}{n} \sum_{i=1}^q \left[\frac{z - y_i}{z} \right] \quad (3)$$

The poverty or indigence gap index is considered more complete than the headcount index because it takes into account not only the proportion of poor or indigent people, but also the difference between their incomes and the poverty or indigence line. In other words, it adds information about the depth of poverty or indigence.

Lastly, an index that also considers the degree of disparity in the distribution of income among the poor or indigent is obtained when $\alpha = 2$. This indicator also measures the difference between the poverty or indigence line and each person's income, but it squares that difference in order to give greater relative weight in the final result to those who fall farthest below the poverty or indigence line:

$$FGT_2 = \frac{1}{n} \sum_{i=1}^q \left(\frac{z - y_i}{z} \right)^2 \quad (4)$$

The values of the FGT_2 index are not as simple to interpret as those of the H and PG indices. Since the values obtained from this index are more complete, however, they are the most suitable for use in designing and evaluating policies and in comparing poverty between geographical units or social groups.

All three of these indicators have the "additive decomposability" property, meaning that a population's poverty index is equal to the weighted sum of the indices of the different subgroups of which it is composed. Accordingly, the national poverty and indigence indices contained in this publication were calculated by averaging the indices for different geographical areas, weighted according to the percentage of the population living in each area.

Source: James Foster, Joel Greer and Erik Thorbecke, "A class of decomposable poverty measures", *Econometrica*, vol. 52, 1984.

POVERTY, INEQUALITY AND VULNERABILITY IN THE CARIBBEAN

The measurement of poverty and inequality continues to be a major challenge for the countries of the Caribbean. Although several of the countries of the subregion have continuous household survey programmes, which focus mainly on employment (Bahamas, Barbados, Belize, Cuba, Jamaica, Netherlands Antilles, Puerto Rico, Saint Lucia and Trinidad and Tobago), there are only a few (Dominican Republic, Guyana, Jamaica and Puerto Rico) which have two or more estimates of poverty that are comparable time-wise.

The most recent information available on poverty and inequality in the subregion was examined using a procedure similar to that used in the 2000–2001 and 2002–2003 editions of the *Social Panorama*. The data come from very diverse sources and methodologies, and as such, extreme caution must be exercised in comparing them with each other and with ECLAC estimates for Latin America –except the Dominican Republic. The comparability of the poverty and inequality estimates of the countries of the Caribbean and those of ECLAC is affected by factors such as the type of indicator selected for household resources (income or expenditure) and their conceptual scope, the criteria used to determine the nutritional requirements and to prepare the basic consumption basket and the way of incorporating the non-nutritional needs in the value of the poverty line.

A few general conclusions may nevertheless be drawn concerning poverty and inequality in the Caribbean. Haiti is the country with the highest incidence of poverty and indigence not only in the Caribbean, but probably in the entire region. This situation has been dominated by two major phenomena. On the one hand, political instability and poor macroeconomic management caused a deep and prolonged economic recession: in 2002, per capita gross domestic product (GDP) had shrunk to approximately 60% of the 1980 figure. On the other, rapid urbanization of the country resulted in huge numbers of people swarming to the outskirts of cities, where they live in subhuman and extremely vulnerable conditions.

Other countries with high poverty rates in the Caribbean are Dominica, Dominican Republic, Grenada, Guyana, Saint Kitts and Nevis, Saint Vincent and the Grenadines and Suriname. At the other end of the spectrum, Antigua and Barbuda, Barbados, and the Bahamas have particularly low levels of absolute poverty which are similar to those of countries that enjoy a high degree of economic development. Special mention should be made of Cuba and Puerto Rico. In Cuba, poverty is measured by using the concept of "population at risk", which refers to the sectors with insufficient income to purchase a basic basket of food and non-food goods, but who at the same time enjoy guaranteed access to education, health care, and free and subsidized social security and welfare. According to this method, in 1999, 20% of the urban population of Cuba were "at risk". In Puerto Rico, the poverty rate is based on the official poverty line of the United States Federal Government, which, in 1999, was US\$ 13,290 per year for a three-person family. The use of a parameter from a high-income country accounts for the high estimate of the incidence of poverty on the island (48%).

The values of the poverty gap –which vary between 2.3% in Barbados and 31.4% in Suriname– and of the Gini index –with a minimum of 0.23 in the British Virgin Islands and a maximum of 0.65 in Haiti– are generally lower in the Caribbean than in the Latin American countries. Thus, the share of the poorest quintile in national income or consumption, which ranges from 2.9% in Puerto Rico and Dominican Republic to 10% in the British Virgin Islands, is low but not as low as in Latin America.

In terms of poverty trends, according to the available data, poverty declined substantially in the 1990s at least in Guyana, where it diminished from 43% in 1993 to 35% in 1999, in Jamaica, where it fell from 28% in 1990 to 18% in 2002 and in Puerto Rico, where the decline was from 59% to 48%. In the Dominican Republic –where the changes introduced in the household survey in 2000 did not allow for comparisons with previous years (see box I.3 of the *Social Panorama 2002–2003*)– poverty declined from 47% in 2000 to 45% in 2002.

Exogenous economic shocks –such as the rise in oil prices– or natural disasters –such as hurricanes, storms or volcanic eruptions– can adversely affect the prospects of continuing to reduce poverty not only in these four countries but also in the other small and vulnerable countries of the Caribbean.

POVERTY, INEQUALITY AND VULNERABILITY IN THE CARIBBEAN

DEMOGRAPHIC, POVERTY AND INEQUALITY INDICATORS IN SELECTED CARIBBEAN ECONOMIES^a

Economies	Population 2005	Year of estimation of the poverty and inequality indicators	Poverty rate	Indigence rate	Poverty gap	Gini index	Proportion of consumption/national income corresponding to:	
	(thousands of persons)		(percentage of persons)		(percentage of the poverty line)		the 20% poorest of the population (%)	the 20% richest of the population (%)
Anguilla	12	2002	23.0	2.0	6.9	0.31	6.5	39.7
Antigua and Barbuda	81	Beginning of decade 1990	12.0	...	...	0.53	...	...
Bahamas	323	2001	9.3	...	...	0.46	4.4	42.0
Barbados	270	1997	13.9	1.0	2.3	0.39	...	...
Belize	270	2002	33.5	10.8	11.1	0.40	...	...
Cuba	11 369	1999	20.0 ^b	...	4.3 ^c	0.38 ^d	...	...
Dominica	79	2002	39.0	15.0	10.2	0.35	7.6	44.6
Grenada	103	1998	32.1	12.9	15.3	0.45	...	...
Guyana	751	1993	43.2	20.7	16.2	0.40	6.3	46.9
		1999	35.0	21.3	12.4	0.43	4.5	49.7
Haiti	9 151	2001	75.0	56.0	10.0	0.65	...	...
British Virgin Islands	22	2002	22.0	1.0	4.1	0.23	10.0	36.0
Jamaica	2 651	1990	28.4	...	7.9	0.42	6.0	48.4
		2002	18.2	...	4.6 ^e	0.38 ^e	6.1 ^e	45.9 ^e
Puerto Rico	3 955	1989	58.9 ^f	...	...	0.51	2.9	53.2
		1999	48.2 ^f	...	...	...	...	...
Dominican Republic	9 100	2000	46.9	22.1	22.1	0.55	2.7	59.5
		2002	44.9	20.3	20.5	0.54	2.9	58.6
Saint Kitts and Nevis	43	2000 (Saint Kitts)	30.5	11.0	2.5	0.40	...	...
		2000 (Nevis)	32.0	17.0	2.8	0.37	...	...
Saint Vincent and the Grenadines	119	1996	37.5	25.7	12.6	0.56	...	...
Saint Lucia	161	1995	25.1	7.1	8.6	0.43	5.2	48.3
Suriname	449	2000	69.2	...	31.4	0.46	...	...
Trinidad and Tobago	1 305	1992	21.2	11.2	7.3	0.40	5.5	45.9

Source: United Nations, *The Millennium Development Goals: A Latin American and Caribbean Perspective* (LC/G.2331-P), J.L. Machinea, A. Bárcena and A. León (coords.), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), August 2005. United Nations publication, Sales No. E.O5.II.G.107; and Haiti/UNDP, (United Nations Development Programme), *Rapport national sur les objectifs du millénaire pour le développement*, Port au Prince, 2004.

^a The Caribbean subregion includes the 23 States and non-independent territories that participate in the Caribbean Development and Cooperation Committee. Of these 23 countries and non-independent territories, the only ones for which no information was available on poverty and inequality are Aruba, Montserrat, the Netherlands Antilles and the United States Virgin Islands.

^b Only urban areas; refers to population at risk of falling into poverty.

^c 1996.

^d 1996–1998; urban areas.

^e 2001.

^f Official poverty line established by the Federal Government of the United States of America.

B. MULTIPLE DIMENSIONS OF POVERTY

In evaluating the satisfaction of certain needs considered essential, various situations are observed. A high percentage of people in Latin America now have an indoor toilet and electricity in the home, but most are affected by other problems, such as overcrowding and the absence of a proper sewage disposal system. In comparison with the early 1990s, both access to basic services –drinking water, sanitation and electricity– and the conditions of education and health have tended to improve; however, huge inequalities persist between different social groups within each country and these must be resolved.

Poverty is increasingly being recognized both theoretically and empirically as a complex phenomenon encompassing a wide spectrum of dimensions of human well-being. Interest in obtaining a better understanding of the multidimensionality of poverty has been manifested, on the one hand in the search for appropriate conceptual frameworks for analysing the issue and, on the other, in the development of new methodologies that may be useful for quantifying trends and for the formulation and follow-up of public policies.

One of the conceptual frameworks that has received the most attention in this regard is undoubtedly that of "capabilities and functionings" proposed by Amartya Sen. According to this approach, a person's standard of living should be assessed on the basis of the freedom he has

(capabilities) to be and to act as he decides (functionings), and not on the objects that he owns or the utility that these have for him; therefore, in this context, poverty is defined as the absence of certain basic capabilities. There are a number of studies on the most important capabilities for analysing well-being and how these should be applied to the study of poverty, an issue on which a generalized consensus still seems to be remote (see Alkire, 2002). It should be noted that the Human Development Index and the Human Poverty Index are the best known indicators based on this approach.

The conception of poverty as a violation of people's social and economic rights is also a possibility which is being used increasingly as an approach to the multidimensionality of well-being.

In this context, "poverty may be defined as a human condition characterized by sustained or chronic deprivation of the resources, capabilities, choices, security and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economic, political and social rights" (United Nations Committee on Economic, Social and Cultural Rights, 2001).⁸

Various challenges arise when attempting to measure the "multidimensionality" of poverty. Some are similar to those posed by measuring well-being based on a single variable, for example the determination of minimum satisfaction thresholds for each dimension. New questions also arise as to whether the information on different dimensions should be added in a synthetic indicator and in each case how relative weightings can be established for each of them.⁹ The greatest advantage of the multidimensional approach stems precisely from the fact that the different dimensions can be analysed separately, which is not feasible when the information is presented in a single index.

The *Social Panorama* usually evaluates social progress in the different countries by reporting on its multiple dimensions through the incidence of basic deficiencies in the population in areas such as housing, access to drinking water and sanitation, and education. For this, the main frame of reference is the method of unmet basic needs, which has been widely applied in the different countries of Latin America for several decades.

The multidimensional approach of the unmet basic needs method presents similarities and differences compared with poverty measurement based on household income. The similarities arise

because household income is to a great extent a synthetic indicator of multiple aspects of well-being, since this income allows members to satisfy needs in different spheres. In this case, the weighting that each dimension receives depends implicitly on the relative prices of the goods available in the market.

In turn, two important differences between the unmet basic needs method and the income method should be considered. The first is that while income determines the capacity to satisfy needs, indicators of critical deficiencies reveal whether or not the needs have effectively been met. The second discrepancy has to do with the behaviour of indicators over time. While income poverty is strongly affected by changes in the economic situation, the satisfaction of basic needs is usually characterized by slow but steady progress. This is due to the fact that the government continues as usual to invest in infrastructure and the expansion of basic social services. While this suggests that certain basic needs can, to some extent, be satisfied during isolated economic crises, at the same time, a very great effort is needed to ensure significant improvements in the short term.

1. BASIC NEEDS OF HOUSEHOLDS

The basic needs considered in this section are those usually measured in household surveys conducted in countries of the region and are related for the most part to the quality and standard of housing with respect to features such as type of floor, access to drinking water (availability of piped water and water from the mains), access to sanitary fixtures (availability of sanitation, connection to a sewerage system), availability of electricity and overcrowding.

⁸ Even though the present section refers only to material dimensions of the standard of living, one should not overlook the fact that multiple dimensions of well-being exceed this sphere and encompass factors such as emotion or personal satisfaction with life, topics usually addressed in studies on subjective perceptions of quality of life. See, for example, Frey and Stutzer (2002).

⁹ In recent years, various research studies have appeared on these issues from an economic perspective. See, for example, Silber and Deutsch (2005) or the articles presented at the International Conference on The Many Dimensions of Poverty (Brasilia, 29–31 August 2005), available at the site <http://www.undp-povertycentre.org/md-poverty/>.

Deficiencies in the area of education are assessed by non-attendance at an educational establishment by school-age children as well as by an indicator based on the number of years of schooling completed by the adult population. Box I.4 provides a detailed reference of the selected indicators and minimum levels of satisfaction.

In order to determine the increase in the level of unmet basic needs, it is advisable to look at the percentages of the national population that show some needs as well as at the comparison between the incidence of such needs and the levels of extreme poverty in each country.¹⁰ Thus, it can be noted that the two unmet needs with the lowest average incidence in the region are non-attendance at school and the lack of sanitation facilities in the home.

In 13 out of 16 countries, non-attendance at an educational establishment among children in the 7–12 age group is less than 5% and in two other cases, the percentage does not exceed 12%. Bolivia is the only country where the level of non-attendance among school-age children is of the order of 41% (see table I.5). On the other hand, the incidence of this need is considerably lower than the national indigence rate of the relevant reference

group: in this case, children between 7 and 12 years of age (see figure I.4).

As far as the lack of sanitation facilities is concerned, in 12 out of 16 countries, less than 10% of the population suffers this deprivation and in 7 of them the percentage is below 5%. In all the cases analysed, the incidence of this unmet need is lower than the national indigence rate.

Non-availability of electricity and lack of an adequate drinking water supply are other needs that affect relatively small percentages of the population.¹¹ In more than half of the countries under consideration (9 out of a total of 15), less than 10% of the population live without electricity. Nevertheless, in countries such as Bolivia, Honduras and Nicaragua, a higher percentage of the population (over 30%) is affected. In five countries (out of a total of 12), less than 10% are without an adequate water supply and in no case is the incidence of this problem higher than 30% at the national level.¹² The percentage of persons without access to these services is lower than the extreme poverty rate in each country, with the indisputable exception of Peru.

¹⁰ It should be borne in mind that information based on the surveys refer only to access to certain services and not to their quality. The use of criteria relating to meeting basic needs which include quality considerations, would undoubtedly reveal higher incidences of needs than reported in this study.

¹¹ In many countries, a significant set of households that have access to electricity have only a precarious supply since they are connected illegally to the public grid. Unfortunately, the information taken from the surveys does not reveal these characteristics.

¹² The figures reported do not correspond exactly to the indicator of "access to drinking water" which appears further on in the section on social indicators, since they are based on different information sources and definitions. The same applies to the indicator on "access to sanitation", which comes up in the following section.

INDICATORS OF UNMET BASIC NEEDS

The unmet basic needs of households were evaluated using as reference the scheme that has traditionally been applied in the region. This contemplates the dimensions of access to housing, determined according to the construction materials used for walls, floor and roof as well as an indicator relating to overcrowding; access to basic services, in particular drinking water and sewage disposal; access to education, linked to the children's attendance at an educational establishment; and earning power, based on the number of years of schooling of the head of household and the demographic dependency rate (Feres and Mancero, 2001).

The scheme mentioned applied with certain modifications. First, it was decided not to use an indicator based on the materials used in the walls and roof of the dwelling since the different ways of recording them in the surveys made it difficult to arrive at comparable categories between countries. Similarly the use of an earning power indicator was ruled out since its use is justifiable only in the absence of information on household income. In turn, in order to evaluate the education dimension, the indicator of years of schooling of the adult population was used as a complement to the indicator of school attendance by children, since the results of the latter differ little between countries.

The satisfaction thresholds for each indicator are also similar to those used in former applications of the method. When considered relevant, different thresholds are established for urban and rural areas. In this way, the indicators used and their criteria for unmet basic needs are as follows:

- Housing quality: dwellings with mud floors (urban and rural areas).
- Running water in the home: mains water outside of the dwelling (urban areas), or outside of the dwelling and property (rural areas) (this indicator is not shown owing to the lack of information for an important set of countries).
- Source of water: any other than the public network (urban areas) or river, gully, rain, etc. (rural areas).
- Toilet: lack of a toilet (urban and rural areas).
- Sewage disposal system: any except toilet connected to sewerage system (urban areas), or connected to a sewer or septic tank (rural areas).
- Electricity: having no electricity either public or private (urban and rural areas).
- Overcrowding: more than three persons per room, excluding passages, bathrooms and kitchen (urban and rural areas).
- Non-attendance at school: Children between the ages of 7 and 12 who do not attend an educational establishment.
- Years of schooling: persons 18 years and over with less than 5 years of education. In addition, the threshold of three years of education was used, but this is used only in constructing the aggregate UBN (unmet basic needs) index.
- In order to illustrate the point, an aggregate UBN indicator at the household level, which takes into account information on the type of floor of the dwelling, the water source, the presence of a toilet and electricity, whether there is overcrowding and the existence of adults with three or less years of schooling.

Lastly, it should be noted that surveys used to carry out this analysis are the same as those used for poverty estimates, except in the case of Argentina (2002 instead of 2004), Brazil (2001 instead of 2003), Colombia (1999 instead of 2002), Mexico (2002 instead of 2004) and Peru (1999 instead of 2003).

Source: Juan Carlos Feres and Xavier Mancero, "El método de las Necesidades Básicas Insatisfechas (NBI) y sus aplicaciones en América Latina", *Estudios estadísticos y prospectivos series*, No. 7 (LC/L.1491-P), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 2001. United Nations publication, Sales No.: S.01.II.G.31.

Table I.5

LATIN AMERICA (18 COUNTRIES): INCIDENCE OF SELECTED UNMET BASIC NEEDS IN THE POPULATION, CIRCA 2002								
Percentage of the population with unmet basic needs	Non-attendance at an educational establishment ^a	Lack of sanitary facilities	Lack of electricity	Inadequate supply of drinking water	Mud floor	5 years or less of schooling ^b	Overcrowding	Inadequate sewage disposal system
0% – 4.9%	Argentina ^c Brazil Chile Costa Rica Ecuador ^c Guatemala Honduras Mexico Panama Paraguay Peru Uruguay ^c Venezuela (Bolivarian Rep. of)	Argentina ^c Chile Costa Rica Ecuador ^c Paraguay Dominican Rep. Uruguay ^c	Argentina ^c Brazil Chile Costa Rica Ecuador ^c Mexico Venezuela (Bolivarian Rep. of)	Chile Costa Rica Uruguay ^c	Chile Costa Rica Ecuador ^c Dominican Rep. Venezuela (Bolivarian Rep. of)		Uruguay ^c	Argentina ^c
5.0% – 9.9%	Colombia	Brazil Colombia El Salvador Mexico Venezuela (Bolivarian Rep. of)	Colombia Paraguay	Colombia Venezuela (Bolivarian Rep. of)	Colombia	Argentina ^c Ecuador ^c		
10.0% – 19.9%	El Salvador	Nicaragua Peru	El Salvador	Ecuador ^c Honduras Paraguay	Mexico	Chile Costa Rica Panama Uruguay ^c Venezuela (Bolivarian Rep. of)	Colombia Costa Rica	Chile Colombia
20.0% – 29.9%		Honduras	Guatemala ^d Peru	Bolivia El Salvador Nicaragua Peru	El Salvador Paraguay	Bolivia Colombia El Salvador Honduras Nicaragua Paraguay Peru Dominican Republic	Brazil Dominican Republic	Mexico
30.0% – 39.9%		Bolivia	Bolivia Honduras Nicaragua		Bolivia Honduras	Brazil Guatemala	Ecuador ^c Mexico Venezuela (Bolivarian Rep. of)	Costa Rica Ecuador ^c Uruguay ^c Venezuela (Bolivarian Rep. of)
40.0% – 100%	Bolivia				Nicaragua Peru		Bolivia El Salvador Guatemala ^d Honduras Nicaragua Paraguay	Bolivia Brazil El Salvador Guatemala ^d Honduras Nicaragua Paraguay Peru Dominican Republic

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

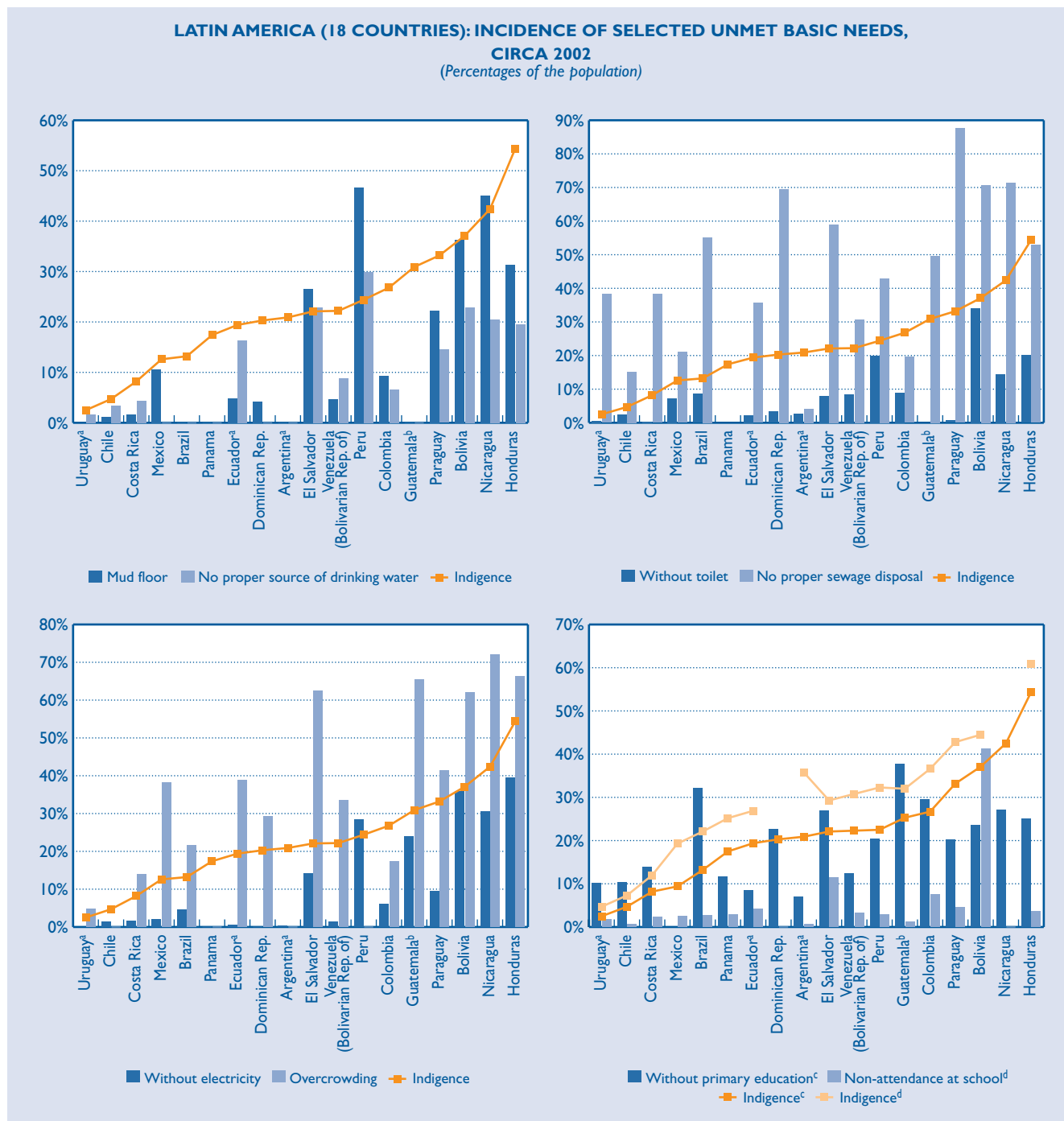
^a Population in the 7–12 age group.

^b Population 18 years or over.

^c Urban areas.

^d Population 7 years or over.

Figure 1.4



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a Urban areas.
- ^b The incidence of unmet basic needs refers to the population 7 years or over.
- ^c Population 18 years or over.
- ^d Population in the 7–12 age group.

Even though there is an important group of countries in which there is a relatively low percentage of people living in dwellings with a mud floor, there are cases in which this indicator is very high. In six countries, less than 10% of the population live with this type of floor; in Bolivia and Honduras, the percentage is between 30% and 40%, while in Nicaragua and Peru, it is above 40%. There are only three countries where the incidence of this unmet need exceeds the indigence rate: El Salvador, Nicaragua and Peru.

Having completed only five or less years of schooling (which corresponds in most countries to non-completion of the primary education cycle) is the disadvantage for which there is the least variance among countries, since in almost all the cases analysed, between 10% and 30% of the population were in that situation. In nine countries, including those with higher relative development, the incidence of this need is lower than the percentage of indigent persons, while in eight countries, the opposite situation prevails.

The two basic needs that are the most evident in the region are overcrowding and the lack of an appropriate sewage disposal system. Overcrowding—three or more persons per room— affects more than 30% of the population in nine countries (out of a total of 14). A similar percentage of the population in 13 out of 17 countries is not connected to the public sewerage system (or, where such a system does not exist as in the rural areas, to a septic tank). These two deficiencies affect at least 10% of the population in all countries of the region (excepting Uruguay, in the first case, and Argentina, in the second, although the information is limited to urban areas only). As is to be expected, the incidence of both needs is higher than the indigence rate in almost all cases (the only exceptions being Colombia

in the case of overcrowding, and Argentina, Colombia and Honduras in the case of the sewage disposal system).¹³

Whether poverty is assessed in monetary terms or on the basis of the failure to meet certain basic needs, the outcome is the identification of situations in which the standard of living is beneath socially acceptable levels. Hence, it is expected that the extreme poverty levels recorded in the countries will be closely related to the incidence of specific unmet needs. In addition, it is to be expected that that link will be presented both at the aggregate level in comparing countries and within countries in comparing poor and non-poor individuals.

From an aggregate perspective, the countries with the highest extreme poverty levels, such as Bolivia, Guatemala, Honduras, Nicaragua and Paraguay, are among those with the greatest incidence of unmet basic needs (the lower cells of table I.5). Chile, Costa Rica and Uruguay, which are characterized by their lowest extreme poverty levels, are also in the first places in terms of satisfaction of basic needs.

Nevertheless, one should not expect to have a perfect match between poverty, as measured by insufficient income, and the incidence of unmet basic needs. Poverty levels are known to be subject to the economic environment, which can affect household income in a relatively short space of time, while the second type of indicator is much more structural in nature. In Argentina, for example, the low percentages of the population with unmet needs suggest a more favourable situation than what emerges from their indigence rate; Peru, despite not being among the countries with the highest indigence levels, is among the countries with the highest incidence of unmet basic needs (see figure I.4).

¹³ To a certain extent, it is to be hoped that the lack of a proper sewage disposal system affects high percentages of the population, owing to the more stringent criteria used for the indicator, since two requirements need to be met: having a toilet in the dwelling and having a proper connection for disposal. In turn, the indicator relating to overcrowding is somewhat more demanding than those used in some poverty maps of the Latin American countries, in which the requirement used to be "more than 3" or "4 and more" persons per room. ECLAC (2005c) states that even though advances have been made in some hardship dimensions, the factors linked to poverty continue to be practically the same as at the beginning of the 1990s.

The link between unmet needs and poverty is clear within each country; the percentage of poor people lacking some basic facility is generally much higher than the percentage of non-poor people with the same deficiency. This is clear when comparing the size of the orange bars in figure I.5, where the darker bars, corresponding to poor people with some unmet basic need are longer than the lighter-coloured bars. It should be noted that the differences do not show up with the same intensity

in all countries and that indeed there are some significant exceptions, particularly in the needs that have the greatest impact on the total population, such as having less than six years of schooling or living in a household without a proper sewage disposal system, when this occurs in countries with relatively low poverty levels. In addition, most people who do not have a specific basic need usually have incomes above the poverty line (in figure I.6), the light blue bars are usually longer than the dark blue ones).

Figure I.5

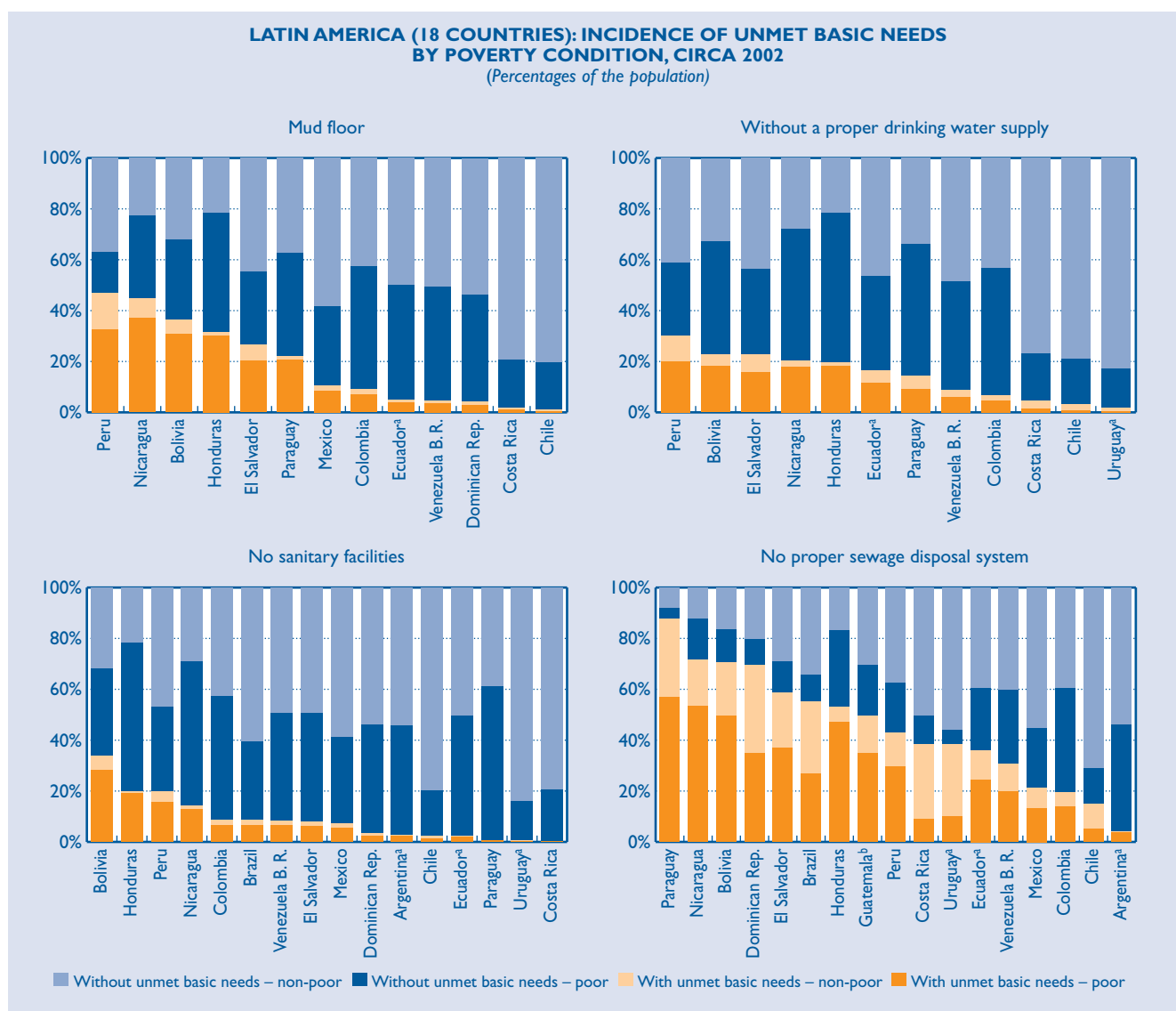
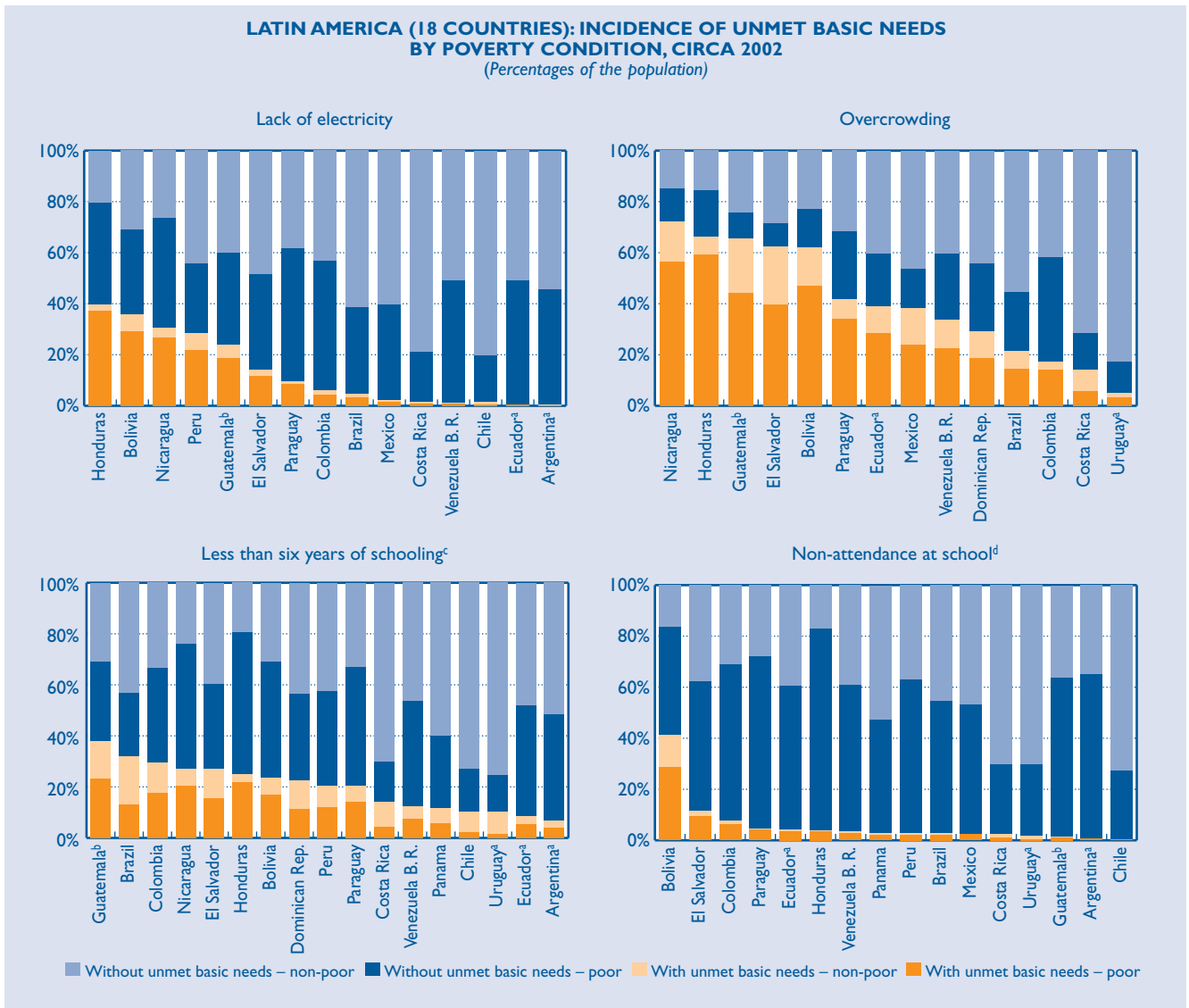


Figure 1.5 (concluded)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- a Urban areas.
- b Population 7 years or over.
- c Population 18 years or over.
- d Population aged 7–12 years.

The incidence of unmet basic needs per geographical area is known to be greater in the rural areas. This observation is corroborated by the data provided with very few exceptions. This pattern occurs even when several of the indicators show less rigorous satisfaction thresholds for rural areas, in keeping with the lower possibilities of access to certain basic facilities, such as piped water or a public sewerage system.

Moreover, as suggested at the beginning of this section, there is an overall tendency towards a reduction in the level of unmet basic needs. If figures for around 2002 are compared with those for the early 1990s, it can be seen that the percentage of persons with critical needs decreased in all the dimensions analysed, both in urban and rural areas. Even though the number of countries with comparable information for both periods is not very

high, the trends observed are representative for most Latin American countries, as corroborated by the variations in various social indicators shown below.¹⁴

It is difficult to evaluate unmet basic needs for the period 1990–2002 owing to the lack of comparable information, since many of the surveys around the 1990s are less comprehensive than those conducted in the current decade. In addition, it is not easy to have a single rating for the different data relating to each country. Even within the same country unmet basic need indicators can prove to be inconsistent. For example, Bolivia records the greatest decrease in indicators of lack of sanitary facilities and lack of a proper drinking water supply, yet, at the same time, shows a significant deterioration in school attendance. The extent of the variations can be very different even if these are expressed as a percentage and not in absolute terms. For example, in Brazil, lack of sanitation facilities decreased by 3%, overcrowding by 21% and lack of electricity by 69%.

Nevertheless, it is also possible to identify some similarities between countries with comparable information during the period under consideration. If reductions in critical needs are expressed in absolute terms (the value for 2002 less the figure for 1990), the highest values usually arise for countries that recorded the highest incidences of those needs at the beginning of the 1990s. Thus, Guatemala and Honduras stand out as the countries with the best performance in the areas under consideration. There are also obvious exceptions, such as Mexico and Chile, which record the largest reductions in the lack of a proper sewage disposal system, despite the fact that the incidence of this problem in these countries was already among the lowest in 1990 (see figures I.6 and I.7).

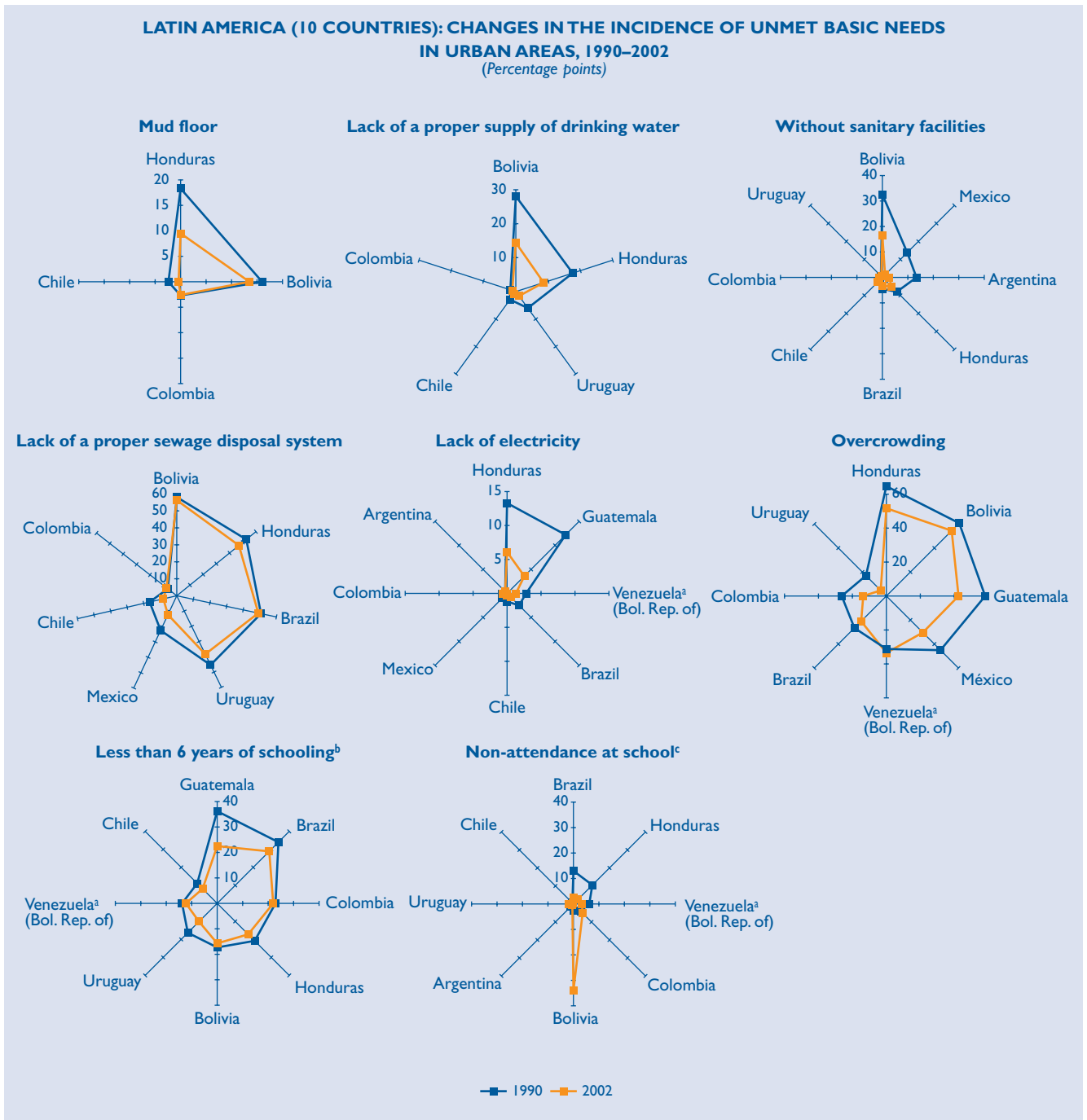
If, on the other hand, variations are expressed in relative terms (as a percentage change in the rate of incidence), the best performance tends to be presented in countries with the lowest incidence in each critical area. In this case, Chile, Mexico and Uruguay are the countries that have achieved the most progress during the decade. In this case also there are a few exceptions, notably Honduras, where substantial progress has been recorded in indicators for mud floors, lack of a proper drinking water supply, lack of electricity and non-attendance at school, although the incidence of these indicators in 1990 was higher than in many other countries.

When urban areas are compared with rural areas in terms of the changes in unmet needs, rural areas tend to show greater declines in absolute terms with some exceptions, such as the indicator of "less than six years of schooling" or overcrowding in Guatemala and Honduras. If the variations are expressed in relative terms, they are usually more significant in urban areas. In any case, the information used only allows comparisons between geographical areas in five countries.

The trends described do not show any clear link with the changes in other context variables, such as the incidence of poverty or per capita GDP growth in each country. In some cases, for example the incidence of the lack of a proper sewage disposal system, there is a significant correlation with the changes in the variables mentioned, but this does not seem to fit in with a generally applicable pattern. There are various cases in which changes in unmet basic needs have run counter to changes in context indicators; the most obvious is Argentina, which, despite an increase of around 20 percentage points in the urban poverty rate, recorded improvements in its critical needs indicators.

¹⁴ ECLAC (2005c) states that even though advances have been made in some hardship dimensions, the factors linked to poverty continue to be practically the same as at the beginning of the 1990s. It should be stressed that all the indicators presented in table I.6, with the exception of the life expectancy indicator, are used in the follow-up of the Millennium Development Goals. The Statistical appendix contains a section devoted to the Goals, based on methodologies and information sources used by ECLAC and the other United Nations agencies in Latin America in the regional follow-up report published by the United Nations (2005).

Figure I.6



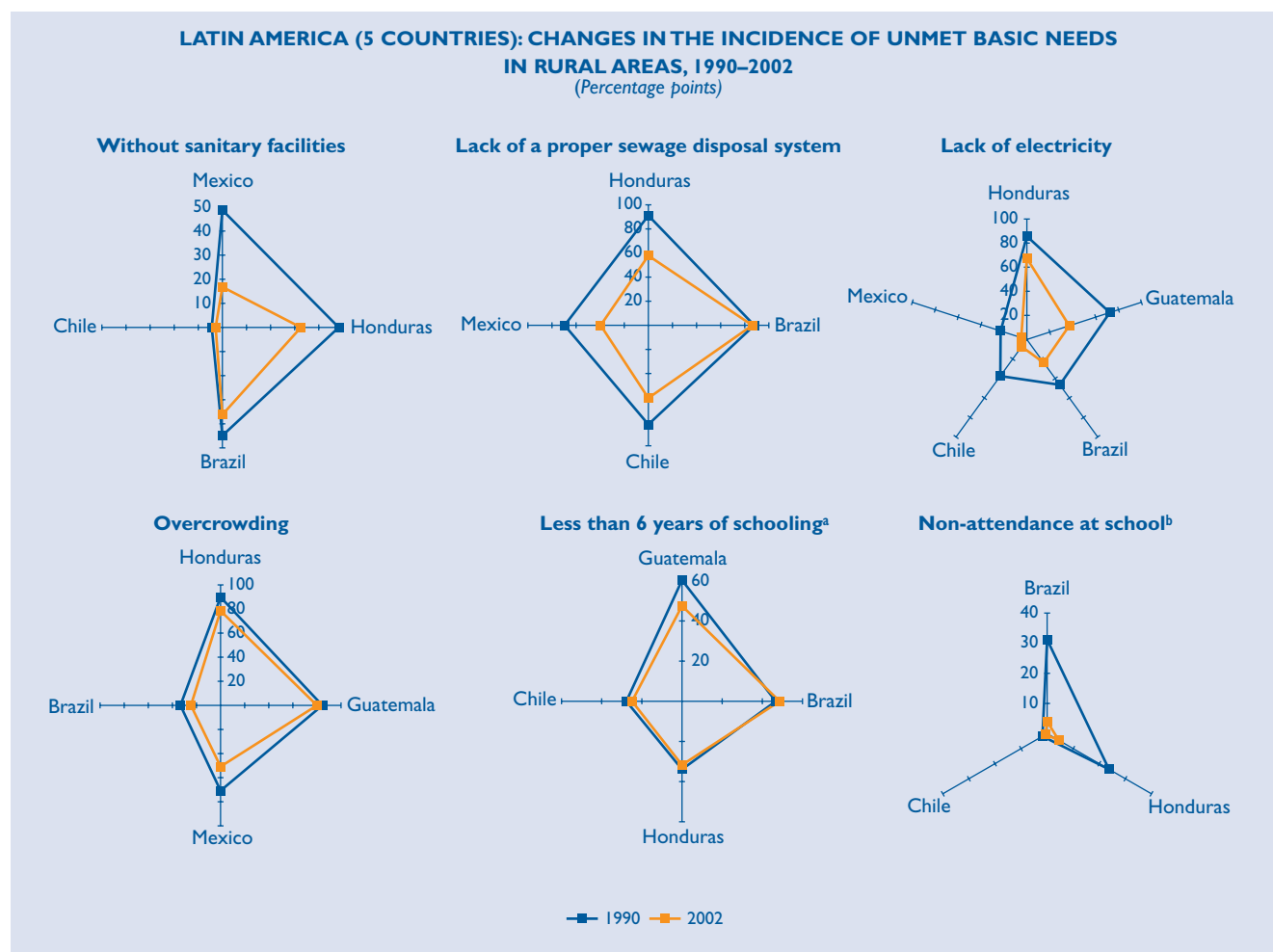
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a National total.

^b Population 18 years or over.

^c Population in the 7–12 age group.

Figure I.7



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the relevant countries.

^a Population 18 years or over.

^b Population in the 7–12 age group.

As mentioned at the beginning of this section, one of the major challenges of multidimensional measurement has to do with the addition of results in a single synthetic index, which allows comparisons on poverty levels and trends. The results described above give an idea of the difficulties involved in constructing an indicator which integrates in a coherent way the different levels and trends presented by each dimension being analysed.

The percentage of households that have a predetermined number of unmet basic needs is usually used as a synthetic indicator. If it is assumed

that the persons who have at least one unmet need are those to be identified as "poor", the resulting incidences range from 15% in Argentina (urban areas) to 84% in Nicaragua. These values are high when compared with the poverty rates reported in table I.4. When stricter criteria for measuring deprivation are used, such as having at least two or three unmet basic needs, the incidence of poverty is reduced considerably, as can be appreciated in the table I.6. Note that the change in criterion does not only affect the percentages but also the relative ranking of the countries.

One of the main disadvantages of this approach to aggregation is precisely the variability of the results in comparison with the number and type of basic needs under consideration. Thus, if minor modifications are made in the construction of the indicator of "at least one basic need", such as omitting the variable on overcrowding or the variable on years of study, then the incidences and ranking of countries are altered. For example, if the variable on

overcrowding is excluded, the percentage of critical deficiencies of Mexico decreases from 36% to 14% and it becomes the top country (in spite of being in fifth place according to the complete indicator). Similarly, omitting the variable relating to years of schooling, which is one of those with the highest incidence, improves the regional panorama considerably (see table I.6).

Table I.6

LATIN AMERICA (17 COUNTRIES): HOUSEHOLDS BASED ON THE NUMBER OF UNMET BASIC NEEDS, CIRCA 2002 (Percentages)									
Without excluding indicators ^a			Excluding the overcrowding indicator	Excluding the education indicator					
1 or more unmet needs	2 or more unmet needs	3 or more unmet needs	1 or more unmet needs	1 or more unmet needs					
Argentina ^b	15.2	Argentina ^b	0.8	Uruguay ^b	0.1	Mexico	14.2	Argentina ^b	2.6
Uruguay ^b	19.4	Uruguay ^b	1.1	Argentina ^b	0.1	Argentina ^b	15.2	Uruguay ^b	4.2
Chile	21.3	Chile	3.1	Chile	0.7	Uruguay ^b	17.6	Chile	7.1
Costa Rica	35.8	Costa Rica	7.3	Costa Rica	1.6	Chile	21.3	Costa Rica	14.6
Mexico	35.8	Mexico	9.6	Mexico	2.4	Ecuador ^b	30.5	Brazil	22.8
Ecuador ^b	46.3	Brazil	14.3	Dominican Rep.	2.9	Costa Rica	30.9	Colombia	25.3
Colombia	48.6	Dominican Rep.	15.5	Brazil	3.9	Venezuela (Bolivarian Republic of)	34.9	Dominican Rep.	26.6
Venezuela (Bolivarian Republic of)	48.7	Venezuela (Bolivarian Republic of)	17.4	Ecuador ^b	5.8	Colombia	43.9	Venezuela (Bolivarian Republic of)	33.8
Brazil	52.9	Colombia	18.2	Venezuela (Bolivarian Republic of)	7.0	Dominican Rep.	44.4	Mexico	35.8
Dominican Rep.	54.3	Ecuador ^b	18.2	Colombia	8.4	Brazil	45.1	Ecuador ^b	38.9
Peru	63.8	Paraguay	29.9	Paraguay	13.3	Paraguay	54.1	Paraguay	48.5
Paraguay	65.0	Peru	43.7	Guatemala	19.3	Peru	63.8	Peru	54.4
El Salvador	75.9	El Salvador	51.3	El Salvador	28.3	Bolivia	65.9	El Salvador	62.0
Bolivia	78.0	Guatemala	52.7	Peru	30.2	El Salvador	67.9	Guatemala	64.1
Honduras	79.2	Bolivia	55.2	Honduras	37.7	Honduras	68.2	Honduras	68.3
Guatemala	81.8	Honduras	55.6	Bolivia	39.6	Guatemala	71.0	Bolivia	71.7
Nicaragua	84.3	Nicaragua	63.5	Nicaragua	41.4	Nicaragua	74.4	Nicaragua	76.1

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Takes into account the following variables: mud floor, lack of a proper water supply, lack of sanitary facilities, lack of electricity, overcrowding and adult population with 3 or less years of schooling.

^b Urban areas.

There is an ever-increasing number of methodologies available for constructing synthetic indicators, which are generally more complex than the one used in this example, but they come up against a series of constraints that are difficult to overcome. For example, allocating relative weights to each dimension or the number and type of variables to take into consideration, implies the use of arbitrary criteria, which will be difficult to agree on. Thus, it is important to emphasize that the advantage of a multidimensional approach to measuring and describing poverty resides precisely in the multiplicity of points of view that it provides; this advantage diminishes if a single indicator is used. It is precisely this multiplicity that is required in policy design, since public interventions must be appropriate to every area of need.

2. SOCIAL INDICATORS

The multiple dimensions of the social development of countries are also reflected in the aggregate social indicators commonly produced by the countries of Latin America in areas such as education, health, housing, access to water and sanitation, among others. This type of variable is precisely part of the set of official indicators used to follow up on the different Millennium Development Goals and targets.¹⁵

As in the case of indicators of unmet basic needs, the results of these indicators are largely consistent

with the levels of poverty based on income insufficiency. The countries with the lowest poverty levels show almost without exception better social indicators than the rest and vice versa. Nevertheless, there are a few dimensions of well-being –life expectancy, infant mortality and under-five mortality– which are closely related to income poverty and other indicators –such as access to sanitation– which are less associated with it (ECLAC, 2004).

In Latin America, social indicators improved over the last 10 to 15 years, continuing the trend observed in the previous decades. Between the five-year periods 1990–1995 and 2000–2005, life-expectancy at birth of the inhabitants of the region increased in almost three years and now stands at 72 years; meanwhile, between 1990 and 2003, the infant mortality rate declined from 43 to 26 per thousand live births and the under-five mortality rate fell from 56 to 33 per thousand live births. Similarly, the malnutrition rate declined from 13% in 1990–1992 to 10% in 2000–2002. In the field of education also, important improvements were seen; between 1992 and 2004, the percentage of persons between 15 and 19 years who had completed primary education went up from 84% to 90% and between 1990 and 2005, the illiteracy rate of the population 15 years and over fell from 15% to 10%. Lastly, between 1990 and 1992, sustainable access to improved drinking water sources and to sanitation increased by six percentage points (see table I.7 and table 3 of the statistical appendix).

¹⁵ It should be stressed that all the indicators presented in table I.6, with the exception of the life expectancy indicator, are used in the follow-up of the Millennium Development Goals. The Statistical appendix contains a section devoted to the Goals, based on methodologies and information sources used by ECLAC and the other United Nations agencies in Latin America in the regional follow-up report published by the United Nations (2005a).

Table I.7

LATIN AMERICA (20 COUNTRIES): CHANGES IN SELECTED SOCIAL DEVELOPMENT INDICATORS, 1990/1995–2000/2005								
Country	Life expectancy at birth (in years)		Infant mortality rate (per 1 000 live births)		Under five mortality rate (per 1 000 live births)		Malnourished persons (as a percentage of total population)	
	1990–1995	2000–2005	1990	2003	1990	2003	1990–1992	2000–2002
Argentina	72	74	26	15	30	17	2	2
Bolivia	60	64	83	55	113	70	28	21
Brazil	68	71	47	27	60	33	12	9
Chile	74	78	16	8	19	10	8	4
Colombia	69	72	38	25	52	33	17	13
Costa Rica	76	78	16	10	19	12	6	4
Cuba	75	77	16	6	19	8	8	3
Ecuador	70	74	50	25	65	29	8	4
El Salvador	67	71	47	26	64	34	12	11
Guatemala	64	69	61	38	85	48	16	24
Haiti	55	59	89	61	133	97	65	47
Honduras	68	71	48	32	67	44	23	22
Mexico	72	73	36	20	44	24	5	5
Nicaragua	66	70	57	30	76	40	30	27
Panama	73	75	28	20	36	27	21	26
Paraguay	69	71	45	37	56	45	18	14
Peru	67	70	62	33	86	55	42	13
Dominican Republic	67	70	50	34	71	48	27	25
Uruguay	73	75	21	13	25	15	6	4
Venezuela (Bolivarian Republic of)	72	73	25	17	30	21	11	17
Latin America	69	72	43 ^a	26 ^a	56 ^a	33 ^a	13 ^a	10 ^a
Country	Persons who have completed primary education (percentage of persons in the 15–19 age group)		Illiteracy rate of the population 15 years or over (percentage of the population of the same age)		Access to improved drinking water supply (percentage of total population)		Access to sanitation (percentage of total population)	
	1992	2004 ^b	1990	2005	1990	2002	1990	2002
Argentina	97 ^c	96 ^c	4	3	94	...	82	...
Bolivia	67	82	22	12	72	85	33	45
Brazil	82	91	18	11	83	89	70	75
Chile	96	98	6	4	90	95	85	92
Colombia	86	91	12	7	92	92	82	86
Costa Rica	85	92	6	4	...	97	...	92
Cuba	...	...	5	3	...	91	98	98
Ecuador	90	92	12	7	69	86	56	72
El Salvador	69	76	28	19	67	82	51	63
Guatemala	52	58	39	28	77	95	50	61
Haiti	...	...	60	45	53	71	15	34
Honduras	62	71	32	22	83	90	49	68
Mexico	87	93	13	7	80	91	66	77
Nicaragua	60	65	37	32	69	81	47	66
Panama	89	95	11	7	...	91	...	72
Paraguay	78	88	10	6	62	83	58	78
Peru	85	92	15	8	74	81	52	62
Dominican Republic	76	86	21	15	86	93	48	57
Uruguay	96 ^c	96 ^c	4	2	...	98	...	94
Venezuela (Bolivarian Republic of)	88	91	11	6	...	83	...	68
Latin America	84	90	15 ^a	10 ^a	83 ^a	89 ^a	69 ^a	75 ^a

Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC (life expectancy at birth, infant mortality and under-five mortality); Economic Commission for Latin America and the Caribbean (ECLAC): completion of primary education; Food and Agriculture Organization of the United Nations (FAO) (malnutrition); United Nations Children's Fund (UNICEF)/World Health Organization (WHO): (water and sanitation), United Nations Educational, Scientific and Cultural Organization (UNESCO): illiteracy rates.

^a Including the Caribbean countries.

^b The data refer to the closest year to 2004.

^c Only urban areas.

The trends described above suggest that by 2015, the countries of the region will have achieved several of the targets incorporated in the Millennium Development Goals. The region will have succeeded in halving the proportion of people who suffer from hunger, reducing by two thirds the under-five mortality rate, and halving the proportion of people without sustainable access to safe drinking water. However, in the case of the termination of a complete cycle of primary education and halving the proportion of people without sustainable access to sanitation, it is estimated that progress has been insufficient (ECLAC, 2005b).

While important improvements in regional averages have been recorded, social indicators in various countries reflect a considerable delay in terms of development. In fact, there are very marked differences between countries in Latin America. While life expectancy is 78 years in Chile and Costa Rica, it is 64 years in Bolivia and as low as 59 years in Haiti. As much as 95% of persons aged 15 to 19 have succeeded in completing primary education in Chile, Panama and in the urban areas of Argentina and Uruguay, compared with 58% in Guatemala. The under five mortality rate in Haiti, 97 per thousand live births is 13 times higher than that of Cuba, which is 8 per thousand.

National averages tend to mask important differences between different social groups or geographical areas within countries. Evidence shows that access to services and results in the area of health and education varied considerably according to the income level of households. Among the poor, the rates of infant mortality and rates of mortality and malnutrition among children under the age of five are systematically higher than the average, while the rates of immunization, treatment of childhood diseases and qualified care during childbirth are lower (see table I.8).¹⁶

In addition, rates of school attendance and rates of completion of primary school among the poor are lower than among the rich. In urban areas, the rate of attendance at school by children and young people from households of the highest income quintiles always exceeds those of the poorest quintile. In the 7–12 age group, corresponding to primary school, the greatest difference between socio-economic groups is observed in El Salvador (14 percentage points); in Honduras, in the 13–19 age group, school attendance rates of the young people in the richest quintiles are 36 percentage points higher than in the poorest quintile; and in Uruguay, there is a 60 percentage-point difference between rates of attendance in tertiary institutes of 20–24 year olds in the richest quintile and those of the poorest quintile (see table 29 of the statistical appendix). Moreover, primary education completion rates of the richest quintile are higher than those of the lowest-income quintile, although the size of the gap varies considerably according to the country. In Chile and in urban areas of Argentina and Uruguay, the gap does not exceed 10 percentage points, while in Bolivia, El Salvador, Guatemala, Honduras, Nicaragua and Paraguay, it is more than 30 percentage points (UNESCO, 2004).

Inequalities based on ethnic or racial background are also observed in the area of health and education. Data from the 2000 round of censuses reveal that infant mortality rates are higher among the indigenous population than among the non-indigenous population in countries such as Bolivia, Ecuador, Guatemala, Mexico and Panama (ECLAC, 2005b). In addition, on the basis of household surveys, rates of primary school completion by girls and boys belonging to indigenous groups are lower than those of other young people: the differences range from two percentage points in Chile to 40 percentage points in Panama (UNESCO, 2004) (see figure I.8).

¹⁶ In this analysis, the quintiles are established on the basis of the ownership of assets according to information from demographic and health surveys (Gwatkin and others, various years). It should be borne in mind that the differences between geographical areas can reflect inequalities associated with other characteristics of their inhabitants. For example, belonging to an ethnic group is a variable that accounts for a good deal of the discrepancies in a regression analysis on the probability of a household's falling into poverty. Difficulties of access in certain geographical areas may, however, be the primary factor leading to inequalities, especially with respect to infrastructure endowment.

Table I.8

LATIN AMERICA (9 COUNTRIES): INEQUALITIES IN ACCESS TO MEDICAL SERVICES AND IMPACT ON HEALTH, 1990–2001									
Country	Infant mortality rate (per 1 000 live births)			Under-five mortality rate (per 1 000 live births)			Under-five malnutrition rate (percentage) ^a		
	Quintile 1 (poorest)	Quintile 5 (richest)	Average	Quintile 1 (poorest)	Quintile 5 (richest)	Average	Quintile 1 (poorest)	Quintile 5 (richest)	Average
Bolivia (1998)	107	26	74	147	32	99	17	3	9
Brazil (1996)	83	29	48	99	33	57	12	3	6
Colombia (2000)	41	16	31	52	24	37	15	3	8
Guatemala (1998/1999)	57	35	57	89	38	79	35	7	27
Haiti (2000)	94	74	87	163	106	141	39	10	28
Nicaragua (2001)	51	26	45	69	30	56	18	4	12
Paraguay (1990)	43	16	36	57	20	47	6	1	4
Peru (2000)	78	20	50	110	22	68	17	1	8
Dominican Republic (1996)	67	23	49	90	27	61	13	1	6
Country	1 year olds vaccinated against measles (percentage)			Medical treatment for acute respiratory infections in children under five (percentage)			Childbirth attended by specialized health personnel (percentage)		
	Quintile 1 (poorest)	Quintile 5 (richest)	Average	Quintile 1 (poorest)	Quintile 5 (richest)	Average	Quintile 1 (poorest)	Quintile 5 (richest)	Average
Bolivia (1998)	45	66	51	28	70	43	20	98	57
Brazil (1996)	78	90	87	33	65	46	72	99	88
Colombia (2000)	77	90	84	34	68	49	61	98	85
Guatemala (1998/1999)	70	88	75	28	73	41	9	92	35
Haiti (2000)	40	65	48	9	36	17	24	78	46
Nicaragua (2001)	78	90	86	45	74	58	33	92	65
Paraguay (1990)	48	69	58	...	...	...	41	98	66
Peru (2000)	78	92	86	36	56	46	14	97	56
Dominican República (1996)	70	88	78	39	60	48	89	98	95

Source: Economic Commission for Latin America and the Caribbean (ECLAC) on the basis of D.R. Gwatkin and others, *Socio-economic Differences in Health, Nutrition and Population in Selected Countries*, Washington, D.C., World Bank, various years.

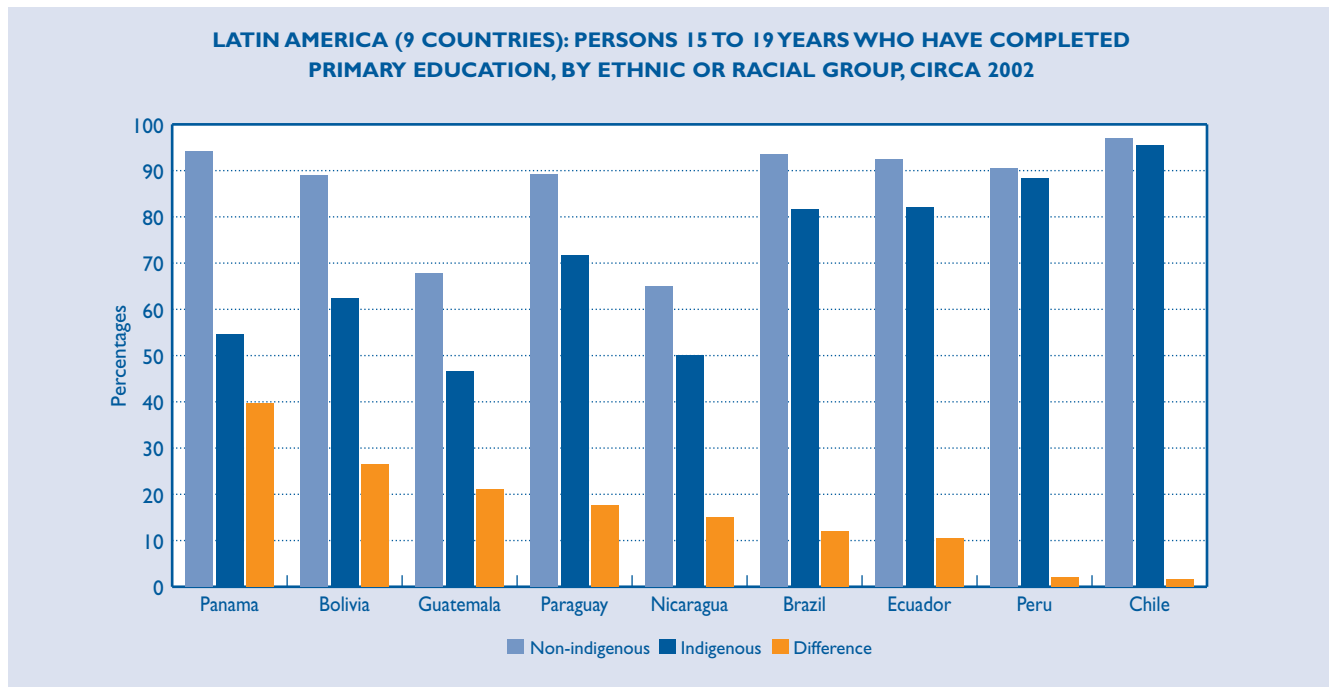
^a Moderately underweight children.

Lastly, inequalities in the areas of health and education –as in access to drinking water and sanitation– are observed to a great extent on the basis of the area of residence of persons.¹⁷ Infant mortality is much higher in rural than in urban areas (ECLAC, 2005b), while opportunities for children living in rural areas to complete primary education are much lower than for those living in urban areas. In fact, the rate of non-completion of primary education in rural areas is between double (Costa Rica, Dominican Republic, Ecuador and Mexico) and five times (Bolivia and Panama) higher than in

the urban areas (UNESCO, 2004). In addition, regional averages over the percentages of persons with access to drinking water (89%) and sanitation (75%) for the year 2002 mask major differences between geographical areas. Some 95% of the population of Latin America and the Caribbean in urban areas had sustainable access to better sources of water supply, compared with 69% in rural areas; similarly, 84% of the urban population had access to improved sanitation services, compared with 44% in rural areas. These figures reveal the need to expand the coverage of services in rural areas (ECLAC, 2005b).

¹⁷ It should be borne in mind that the differences between geographical areas can reflect inequalities associated with other characteristics of their inhabitants. For example, belonging to an ethnic group is a variable that accounts for a good deal of the discrepancies in a regression analysis on the probability of a household's falling into poverty. Difficulties of access in certain geographical areas may, however, be the primary factor leading to inequalities, especially with respect to infrastructure endowment.

Figure 1.8



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations Educational, Scientific and Cultural Organization (UNESCO), *Universal primary completion in Latin America: are we really so near the goal?*, Santiago, Chile, UNESCO Regional Office for Education in Latin America and the Caribbean, 2004.

C. IMPACT OF REMITTANCES ON POVERTY AND INCOME DISTRIBUTION

In recent years, the flows of remittances to Latin America and the Caribbean increased significantly and in 2004 stood at US\$ 45 billion. These resources caused different effects on the economy of countries as well as on the living conditions of their inhabitants. In particular, they enable a high percentage of remittance-receiving households to overcome indigence and poverty and, in some cases, substantially improve income distribution in that group. Nevertheless, since remittance-receiving households account for only a small percentage of total households, remittances only have a small impact on poverty and inequality levels of the population as a whole.

Since the second half of the 1990s, there has been growing interest in evaluating the effect of remittances on the economic and social development of countries. According to the considerable evidence compiled on the macroeconomic impact of remittances, monetary transfers from abroad have a significant effect on general economic performance in some countries of the region and their advantages and risks have been studied in depth. Nevertheless, little effort has been made to analyse in a systematic way the impact of remittances on the well-being of recipient households, particularly with respect to the issues of poverty and income distribution.

This section contains an overall review of the impact of remittances on the countries of Latin America and the Caribbean at two levels. First, it focuses on the overall volume of the remittances in the economic sphere, and the percentages they represent of other aggregates, such as GDP and

exports. Second, data from household surveys from 11 countries of the region for the years 2001 and 2002 are examined to determine the importance of these remittances as a source of household income. In particular, data are supplied on the amount of remittances received by the households as well as on the impact of these monetary flows on poverty rates and on the pattern of income distribution.

1. MAGNITUDE, CHANGES AND DISTRIBUTION OF REMITTANCES

In the international context, Latin America and the Caribbean is one of the regions with the highest remittance inflows. According to data published by the World Bank, the region accounted for almost 30% of flows generated throughout the world in the year 2004. Moreover, it was noted that the amounts of remittances have increased steadily, particularly between 2000 and 2004, and that those directed

towards Asia and Latin America and the Caribbean were those that showed the highest growth.¹⁸

The flow of remittances into the region in 2004 was close to US\$ 45 billion, a figure that exceeded inflows of foreign direct investment (FDI) or official

development aid (ODA) received by Latin American and Caribbean countries. Moreover, the remittances received in that year were 18% higher than in the preceding year and have practically doubled in the current decade, compared with the 2001 figure of US\$ 24 billion (see table I.9).¹⁹

Table I.9

LATIN AMERICA AND THE CARIBBEAN (23 COUNTRIES): FAMILY REMITTANCES TO THE REGION, 2001–2004				
<i>(Millions of current dollars)</i>				
Country	2001	2002	2003	2004
Argentina	100	184	225	270
Belize	...	...	73	77
Bolivia	103	104	340	422
Brazil	2 600	4 600	5 200	5 624
Colombia	1 756	2 431	3 067	3 857
Costa Rica	80	135	306	320
Cuba ^a	930	1 265	1 296	1 296
Ecuador	1 430	1 575	1 657	1 740
El Salvador	1 911	2 206	2 316	2 548
Guatemala	584	1 690	2 106	2 681
Guyana	90	119	137	143
Haiti	810	932	978	1 026
Honduras	460	770	862	1 134
Jamaica	968	1 229	1 426	1 497
Mexico	8 895	10 502	13 266	16 613
Nicaragua	660	759	788	810
Panama	...	...	220	231
Paraguay	...	...	...	506
Peru	930	1 265	1 295	1 360
Dominican Republic	1 807	2 112	2 217	2 438
Trinidad and Tobago	41	59	88	93
Uruguay	...	...	42	105
Venezuela (Bolivarian Republic of)	136	225	247	259
Latin America and the Caribbean	24 291	32 162	38 152	45 050

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of data from the Inter-American Development Bank/Multilateral Investment Fund (IDB/MIF) (<http://www.iadb.org/mif/remittances/index.cfm>).

^a The figures for Cuba for 2001 to 2003 correspond to M. Orozco. "Remesas a América Latina y el Caribe: temas y perspectivas en materia de desarrollo" (GRIC/SIRG, GRIC inf 5/04), report commissioned by the Organization of American States (OAS), Washington, D.C., October 2004. For the year 2004, the value is assumed to be the same as in 2003.

¹⁸ The World Bank also reports that remittances to developing countries increased by almost 50% between 2001 and 2004 (World Bank, 2005). More than one third of remittances goes to three countries, namely, India, Mexico and the Philippines.

¹⁹ The calculation of remittances is subject to various constraints, which are usually dealt with using different methodologies. Thus, the figures of the international organizations and those of the central banks tend to diverge considerably. In order to use a unified source, the data used come from the Inter-American Development Bank/Multilateral Investment Fund (IDB/MIF), supplemented, when deemed necessary, with figures from the International Monetary Fund (IMF). In accordance with the figures of the United States Office of Immigration Statistics (2004), in 2003, 17.8 million Latin American and Caribbean immigrants resided legally in the United States –5% more than the figure reported in 2002– of whom more than half were of Mexican origin. The Immigration Office of Spain reported that in 2003, more than half a million Latin American migrants, mostly from Ecuador, Colombia and Peru, were living in that country, which meant an increase of 41% compared with the previous year.

The constant increase in emigration is one of the main factors behind the increase in remittances, since the two phenomena are closely interrelated. Thus, while the world economy (and particularly that of the United States) continues to expand and in the absence of economic and social incentives to discourage the exodus of people in emigrants' home countries, it is to be hoped that remittances will continue to increase over the coming years.²⁰

Migration trends are not a new phenomenon and their dynamic is influenced by very different factors. In general, individuals emigrate to improve their level of well-being or that of their families. This means reducing their economic vulnerability through better-paid jobs or simply to escape from unemployment or to avoid exposure to socially unstable situations, such as armed conflicts. The deterioration in social conditions due to the recurrent economic crises in Latin America during the 1990s led to a surge in emigration. Another element that can prompt people to leave their countries of origin is the demand for less skilled labour abroad; this is especially high in the United States, where some states regularly incorporate vast numbers of temporary workers into the agricultural labour force, usually during harvest seasons.²¹ Highly skilled migrants are attracted by the better employment conditions and opportunities for professional development offered in industrialized countries.²²

The regional distribution of remittances reflects a pattern associated with migration trends, especially

for the countries closest to the United States. Of the US\$ 45 billion that flowed into the region in 2004, around 54% was concentrated in Mexico and the Central American countries. Mexico, the country with the highest number of nationals living beyond its borders, is the top recipient of remittances in the region with inflows of close to US\$ 17 billion in 2004. Four Central American countries accounted for US\$ 7.8 billion, Guatemala and El Salvador being the recipients of the largest volumes. For their part, the countries of South America received overall US\$ 14.1 billion (31% of total remittances to the region), of which US\$ 5.6 billion were received by Brazil –coming mainly from their immigrants based in Japan and Spain– and US\$ 3.9 billion by Colombia. For their part, the Caribbean countries received US\$ 6.5 billion (see figure I.9).

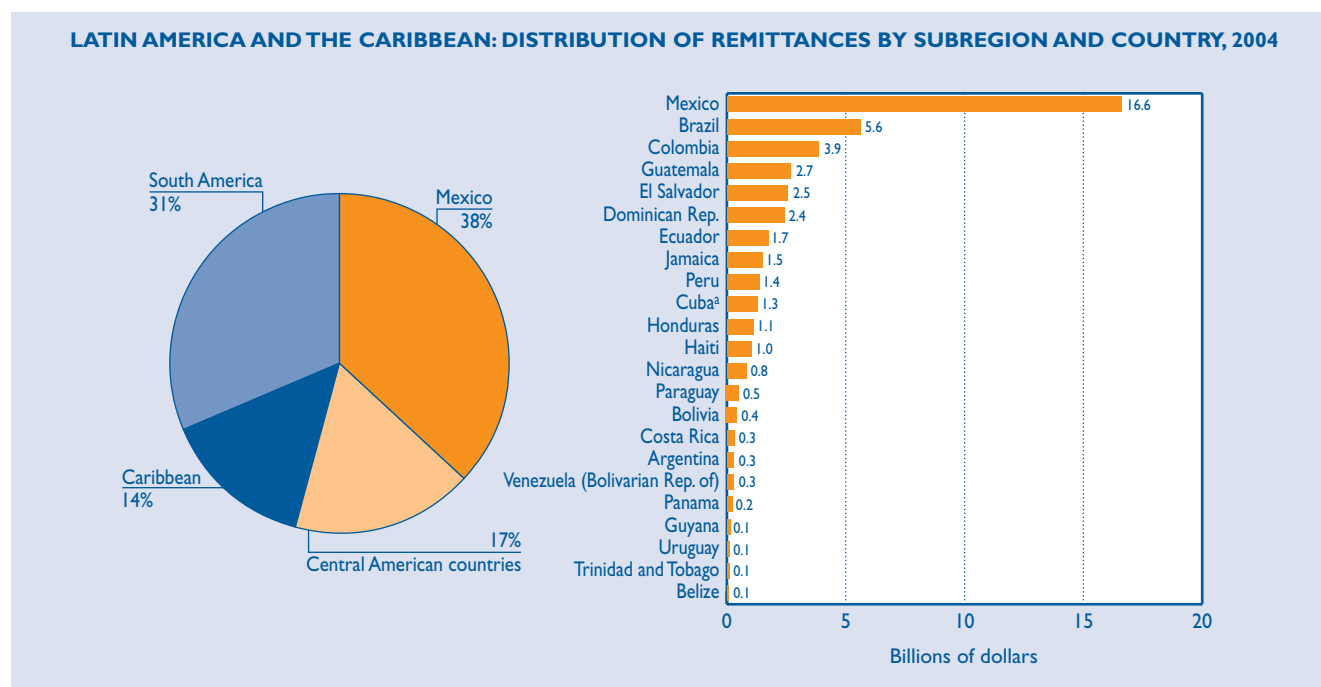
The volume of remittances in the macroeconomic context of each nation shows the importance of this source of income for several of the Latin American and Caribbean countries. On the one hand, there are several countries for which remittances received in 2004 are equivalent to at least 10% of their gross domestic product, which reflects the significance of these flows as an engine of economic growth. Among them, the highest figures are those recorded for Haiti (29%), Nicaragua (18%), Guyana and Jamaica (17%) and El Salvador (16%). At the other extreme, in countries such as Argentina, Brazil, the Bolivarian Republic of Venezuela, Trinidad and Tobago and Uruguay, remittances account for less than 1% of GDP (see figure I.10).

²⁰ In accordance with the figures of the United States Office of Immigration Statistics (2004), in 2003, 17.8 million Latin American and Caribbean immigrants resided legally in the United States –5% more than the figure reported in 2002– of whom more than half were of Mexican origin. The Immigration Office of Spain reported that in 2003, more than half a million Latin American migrants, mostly from Ecuador, Colombia and Peru, were living in that country, which meant an increase of 41% compared with the previous year.

²¹ The United States authorities recognize this situation and have established agreements to facilitate the legal entry of temporary workers (CESOP, 2004). Solimano (2005) analyses the characteristics of the "international mobility of talent", evaluates the factors that determine their effect on world development and proposes some lines of research in that regard. The notion of "talent" encompasses various professional spheres, which in the article are classified as technical, academic, medical, business and administration, staff of international organizations and artistic talent (Solimano, 2005).

²² Solimano (2005) analyses the characteristics of the "international mobility of talent", evaluates the factors that determine their effect on world development and proposes some lines of research in that regard. The notion of "talent" encompasses various professional spheres, which in the article are classified as technical, academic, medical, business and administration, staff of international organizations and artistic talent (Solimano, 2005).

Figure I.9



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Inter-American Development Bank/Multilateral Investment Fund (IDB/MIF) (<http://www.iadb.org/mif/remittances/index.cfm>).

^a The data for Cuba relate to the year 2003 and correspond to Manuel Orozco, "Remesas a América Latina y el Caribe: temas y perspectivas en materia de desarrollo", (XXXVI GRIC/SIRG, GRIC inf 5/04), report commissioned by the Office for the Summit Process of the Organization of American States (OAS), Washington, D.C., October 2004.

On the other hand, in six countries, the remittances received in 2004 were equivalent to more than 50% of export earnings. Haiti is the only case where they actually exceeded export earnings (by approximately 2.7 times); in El Salvador, Guatemala, Jamaica and Nicaragua, remittances range between 75% and 95% of the value of exports; in the case of Cuba, Dominican Republic and Honduras, remittances are equivalent to around half of export earnings and in Belize, Colombia, Ecuador and Guyana, they amount to between one fifth and one quarter (see figure I.10).

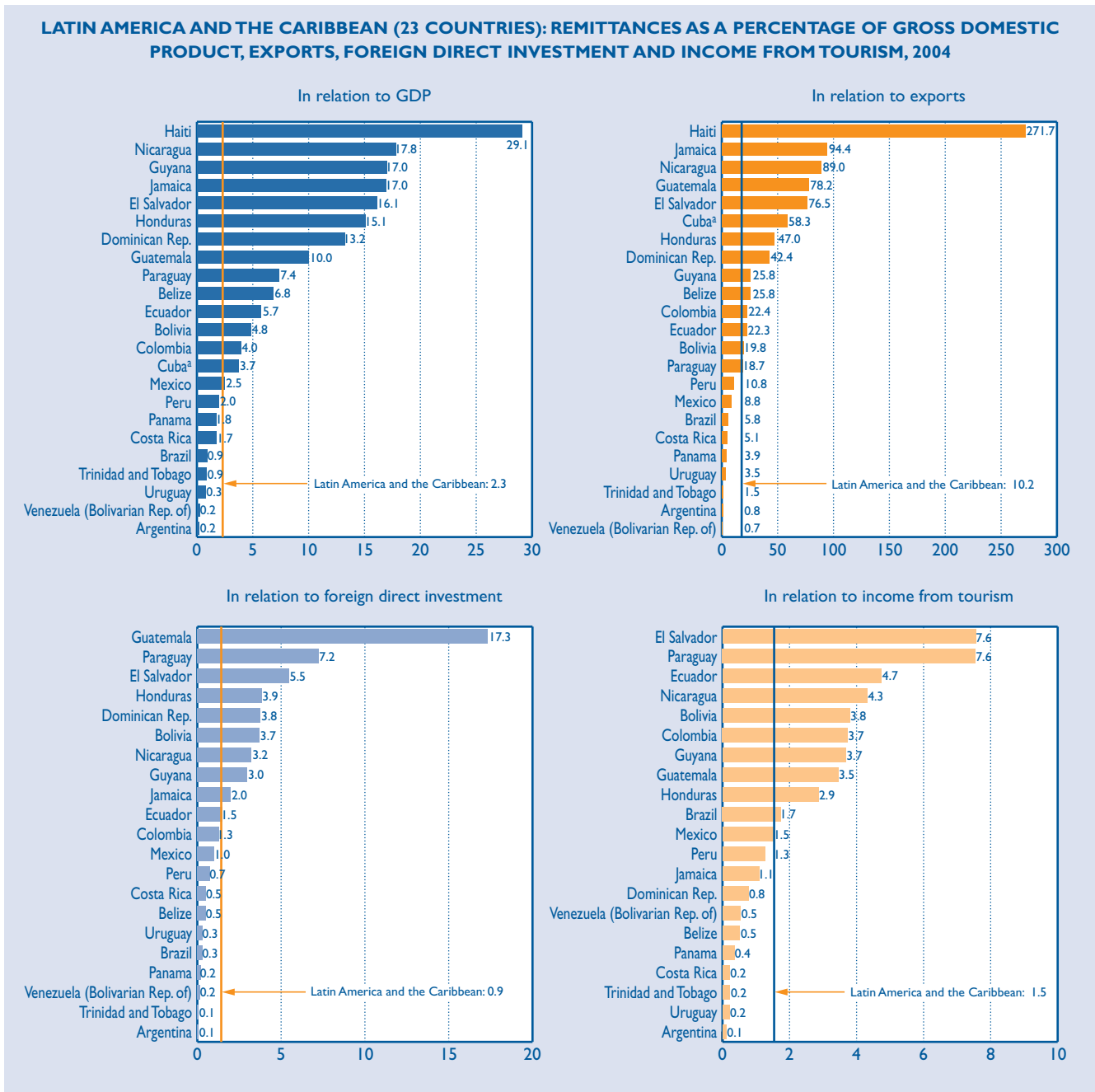
Another way of weighting the importance of remittances as a source of income for the economies of the region is to compare them with FDI inflows. In 2004, for ten of the countries under consideration, remittance income was considerably higher than FDI inflows. Haiti's position is again remarkable: indeed, remittances were 174 times higher than foreign investment, since the latter were very low. Next, in order of magnitude are Guatemala (17.3 times), Paraguay (7.2 times) and El Salvador (5.5

times). In contrast, there are nine countries in which the amount received as remittances in 2004 proves to be lower than FDI (see figure I.10)

A complementary perspective is provided by comparing remittance amounts with income from tourism. In some countries of the region, the tourism sector plays a central role as a productive activity and generator of foreign exchange. This is the case in the Dominican Republic, Guatemala and Mexico, which have become poles of attraction for millions of tourists from different regions of the world. In spite of this, it may be noted that in Guatemala and Mexico, remittances exceeded tourism income by 3.5 and 1.5 times, respectively, while in the Dominican Republic, they were equivalent to 80% of tourism earnings.

At the macroeconomic level, remittances have the advantage of being a more stable source of resources than capital flows, which means that their behaviour may be more predictable and that countries' vulnerability to variations in these inflows

Figure I.10



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Inter-American Development Bank/Multilateral Investment Fund (IDB/MIF) (<http://www.iadb.org/mif/remittances/index.cfm>) and data from the International Monetary Fund (IMF, 2005).

^a The data for Cuba relate to the year 2003 and correspond to Manuel Orozco, "Remesas a América Latina y el Caribe: Temas y perspectivas en materia de desarrollo", (XXXVI GRIC/SIRG, GRIC inf 5/04), report commissioned by the Office for the Summit Process of the Organization of American States (OAS), Washington, D.C., October, 2004.

may be less significant. Nevertheless, these flows can also generate undesired sequels in economic development. In fact, an abundant supply of foreign currency within a country exerts pressure on the

exchange rate, leading to an overvaluation of the local currency, which detracts from export incentives and triggers an increase in imports.²³ To the extent that exports lose competitiveness, this

²³ ECLAC (2000) reports on the presence of this phenomenon, known as "Dutch disease" in the Central American Subregion.

process can become a vicious circle leading to a deterioration in the production infrastructure, disincentives for domestic investment and, consequently, a rise in unemployment and informality, all of which encourage migration.²⁴ Hence, the greatest challenge facing countries that receive remittance inflows is to ensure that these resources are invested in increasing productivity through the stimulus to domestic savings and the productive enterprise of households.

2. ANALYSIS OF REMITTANCES BASED ON HOUSEHOLD SURVEYS

The household surveys of various countries of

Latin America collect information on transfers received by households, including remittances from abroad. While such surveys are an imperfect mechanism for a detailed analysis of remittances owing basically to the fact that the target population of their study universe is not made up of the families that receive these inflows, they still provide useful inputs for describing the relationship between these inflows and the living conditions of the population, particularly as regards their impact on poverty and income distribution levels (see box I.5).²⁵

In most cases, the remittance amounts measured by the household surveys for 2001 or 2002 differ significantly from the total reported by IDB/MIF.²⁶ The ratio of the survey value to the balance of

Box I.5

CALCULATING REMITTANCES ON THE BASIS OF HOUSEHOLD SURVEYS

Caution must be exercised in using household surveys to calculate the amount of remittances received by households and account must be taken of the objectives and technical elements of the statistical design of this type of studies.

Household surveys are designed to fulfil two different purposes; generally, their main purpose is to assess the rate of open unemployment and to describe the changes in the broad set of indicators linked to the labour market. Thus, the sample designs define all the dwellings as the target population and the selection process does not establish any special conditions for choosing groups of households with the specific characteristic of being recipients of remittances. Since the geographical distribution of the unemployment phenomenon does not necessarily match that of the remittance-receiving households, there is nothing to guarantee that the latter will be adequately represented in the sample of the employment survey.

As shown in the figures in table I.10, the total remittance amounts estimated using the surveys are lower than those that appear in the balance of payments, although the underreporting differs considerably from one country to the next. It may be surmised that the fact that Bolivia or Paraguay, among other countries, present higher percentages of coverage than others could be due to the fact that a high number of households selected in the sample are from cities with a high concentration of recipient households.

If the aim is to ensure that surveys collect more accurate information on remittances and to reduce the gap compared with balance-of-payments data, the sampling criteria must be modified in order to select a larger number of dwellings in geographical areas in which the recipient households are concentrated. Moreover, it is essential to alter the content of the questionnaires and to design special modules to register the different modalities of remittances, as well as to expand the registration and reference period so as to be able to analyse the seasonality of flows, linking them to the times of year when emigrants regularly return to their places of origin.

²⁴ Amuedo-Dorantes and Pozo (2004) use data for 13 countries of Latin America between the years 1979 and 1998 to demonstrate that remittances cause an appreciation of the real exchange rate (by approximately 22% in the countries studied), which results in a loss of competitiveness of their exports (Amuedo-Dorantes and Pozo, 2004). In addition, Funkhouser illustrates the positive as well as the negative effects of remittances on the labour market with data from El Salvador and Nicaragua, since while they cause a decline in labour force participation rates, they also encourage self-employment (Funkhouser, 1992).

²⁵ In addition, it must be borne in mind that the analysis is limited given the very small number of observations, particularly in cases like Uruguay, where the remittance-receiving households account for less than 0.5% of total households.

²⁶ It should be stressed that, in turn, the data from the Inter-American Development Bank/Multilateral Investment Fund differ from other aggregate sources of data relating to remittances, for example those of the International Monetary Fund. If the latter source is used, the discrepancy with respect to the household surveys would be somewhat less than that indicated in the text, particularly in the cases of Bolivia, Paraguay, Peru and Nicaragua.

payments value was above 65% in only three countries: Bolivia, Honduras and Paraguay. Conversely, in the eight other countries, the amount reported in the surveys is 35% lower than that reported in the balance of payments. The lowest values relate to Ecuador, Nicaragua and Uruguay (see table I.10).

The comparisons conducted reveal that the household surveys are not suitable instruments for measuring remittances. Nevertheless, it should be noted that the balance of payments accounts are not a suitable source either for obtaining an accurate picture of these flows and that their bias (towards an under- or overestimation) is not clearly identifiable. On the one hand, indications are that remittances can be underestimated. Indeed, the calculations produced by the central banks are based on

information reported by the commercial banks and remittance companies, which fail to report a considerable amount of operations, such as self- or hand-carried remittances, in-kind remittances and the purchase of air-tickets.²⁷ On the other, the fact that records received by central banks make no distinction between family transfers and those intended as capital investments and payment of goods and services introduces a bias towards overestimation.

The 11 countries studied represent a total of 44.9 million households, of which only 6.5% report monetary inflows of remittances. The simple average of the percentage of recipient households in the countries under consideration is 8.2%. This means that around 2.9 million households benefited from resources that arrived from abroad (see table I.10).

Table I.10

LATIN AMERICA (11 COUNTRIES): AMOUNT OF REMITTANCES BASED ON HOUSEHOLD SURVEYS, CIRCA 2002								
Country	Year	Amount of remittances according to balance of payments (millions of dollars) (a)	Amount of remittances according to survey (millions of dollars) (b)	Ratio of survey figure/balance of payments figure (b)/(a)*100	Receiving households according to survey	Percentage of receiving households in relation to total households	Monthly average of remittances by receiving household (dollars)	Remittances as percentage of current income of receiving household
Bolivia	2002	104	79	76.0	66 057	3.4	99.6	27.3
Ecuador	2001	1 430	277	19.4	120 205	5.9	192.2	35.9
El Salvador	2001	1 911	457	23.9	253 807	17.2	150.0	34.1
Guatemala	2002	1 690	421	24.9	262 924	11.4	133.4	29.2
Honduras	2002	770	514	66.8	147 468	11.1	293.0	33.6
Mexico	2002	10 502	3 631	34.6	1 401 986	5.7	215.0	35.6
Nicaragua	2001	660	101	15.3	148 975	15.3	56.3	26.7
Paraguay	2001	140 ^a	103	73.5	64 609	5.2	132.7	41.9
Peru	2001	930	255	27.4	187 277	3.2	113.5	19.3
Dominican Rep.	2002	2 112	558	26.4	252 233	11.4	184.2	29.7
Uruguay	2002	36 ^a	7	19.7	2 532	0.3	299.9	45.0
Total		20 285	6 403	34.1	2 908 073	8.2	170.0	32.6

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of data from household surveys conducted in the relevant countries and the Inter-American Development Bank/Multilateral Investment Fund (IDB/MIF).

^a Data from the International Monetary Fund (IMF).

²⁷ This type of flow tends to increase significantly during festivities or religious ceremonies, in particular Holy Week and Christmas, and when migrants return home.

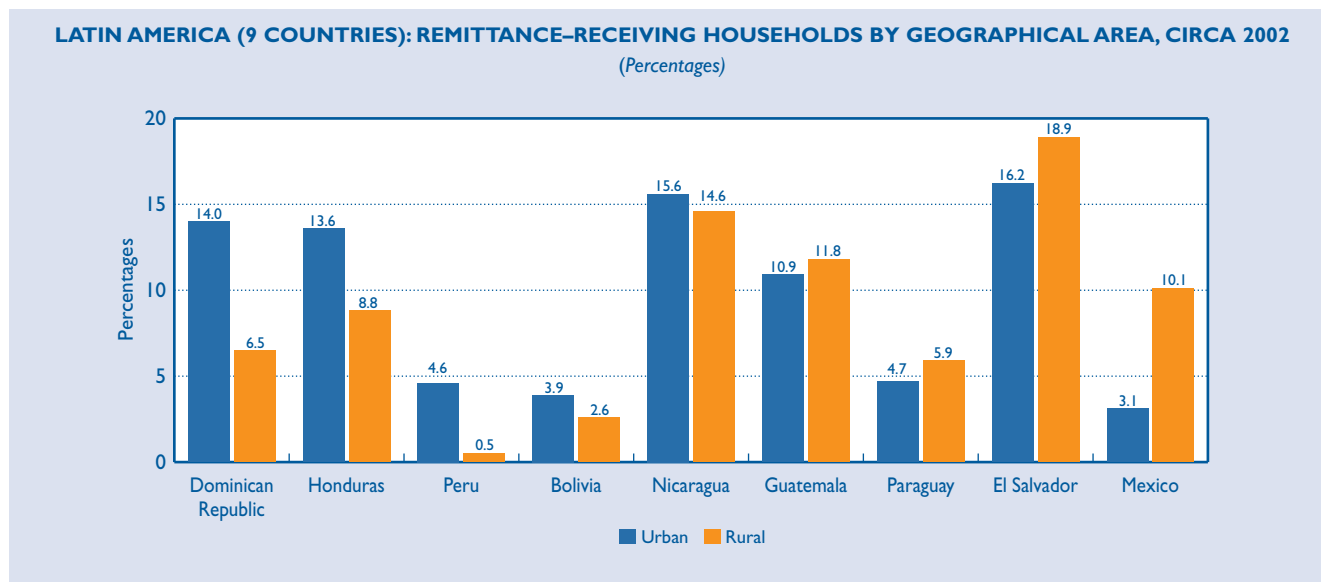
In terms of the distribution by country of remittance-receiving households, Mexico leads with 1.4 million households, which helps to explain why it is also the leader in terms of the amount received. Next come Guatemala, El Salvador and the Dominican Republic, in that order, with approximately 250,000 recipient households. A considerably smaller number is observed in Bolivia, Paraguay and, in particular, Uruguay; in the last case, less than 3,000 families reported income from remittances.

The percentage of recipient households is highest in El Salvador and Nicaragua, where they account for 17% and 15%, respectively, of total households, while the figure is 11% in the Dominican Republic, Guatemala and Honduras. In the six remaining countries, less than 6% of households receive remittances, the lowest figure being that of Uruguay (0.3%) (see table I.10).²⁸

There is no definite pattern as regards the geographical distribution of the remittance-receiving households. Moreover, there is a higher proportion in urban areas than in rural areas in five countries with differences that range from one percentage point in Nicaragua to 7.5 percentage points in the Dominican Republic. Four other countries have higher percentages of receiving households in rural areas than in urban areas and the differences range from 0.9 of a percentage point in Guatemala to 7.0 percentage points in Mexico (see figure I.11).²⁹

The average monthly amount received by the households of the countries analysed is US\$ 170 although the values are widely scattered around the average value.³⁰ The range of variation is between a minimum value of US\$ 56, which corresponds to the situation in Nicaragua, and a maximum of US\$ 300 in urban areas in Uruguay. This country, together

Figure I.11



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

²⁸ As will be seen below, the fact that only 0.3% of Uruguayan families receive remittances should not be interpreted as meaning that their contributions are not significant. Uruguay is the country that receives the highest average remittances per household and per capita.

²⁹ In the case of Mexico, practically all 32 states in the country receive remittances. Nevertheless, six of the 10 main recipients are considered as having the highest levels of marginality (Cortina, de la Garza and Ochoa-Reza, 2005).

³⁰ The coefficient of variation of average income per household is 44%, which accounts for the wide scattering around the average in the group of countries studied.

with Honduras and Mexico, are the only ones where the average amount per household exceeds US\$ 200. Bolivia and Nicaragua are the only countries where the monthly inflow of remittances is below US\$ 100 (see figure I.12).

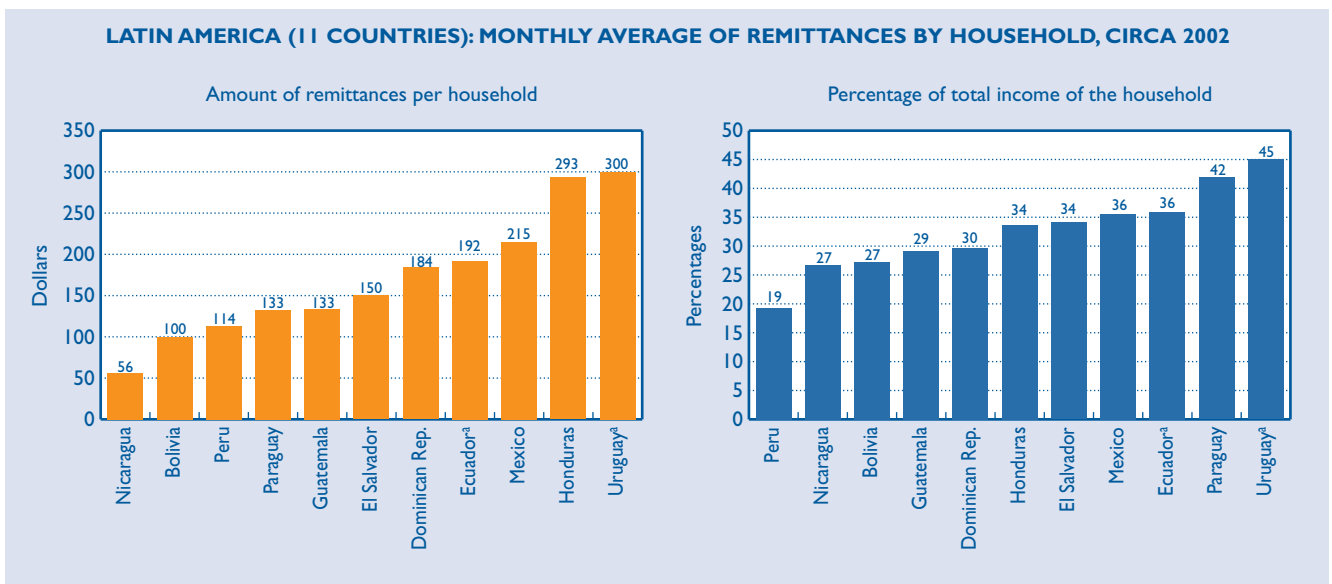
Lastly, it has been demonstrated that remittances account on average for approximately one third of the total income of receiving households in the countries under consideration. Paraguay and Uruguay (urban areas) are the countries where remittances account for the highest relative proportion of income, since more than 40% of the income of receiving households in these countries comes from abroad. In the other countries, this source of income accounts for between 27% and 36% of total income, except for Peru, where the percentage is below 20%. In addition, it should be noted that the relative importance of remittances for receiving households is not directly related to its amount in absolute terms. For example, although in

Honduras, the average value of remittances is the second highest in the region, they account for a smaller share of the income of receiving households than in several other countries including Paraguay, where the average amount of remittances is less than half that of Honduras (see figure I.12).

3. DEMOGRAPHIC PROFILE OF REMITTANCE-RECEIVING HOUSEHOLDS

Some demographic indicators may be used to corroborate some preconceived notions relating to remittance-receiving households. First, unlike poor households, remittance-receiving households are smaller than the average. The number of members differs by at least 0.6 per household in Nicaragua, Paraguay and Uruguay, and by approximately 0.3 per household in Bolivia and Ecuador (urban areas). There are no significant contrasts in the other

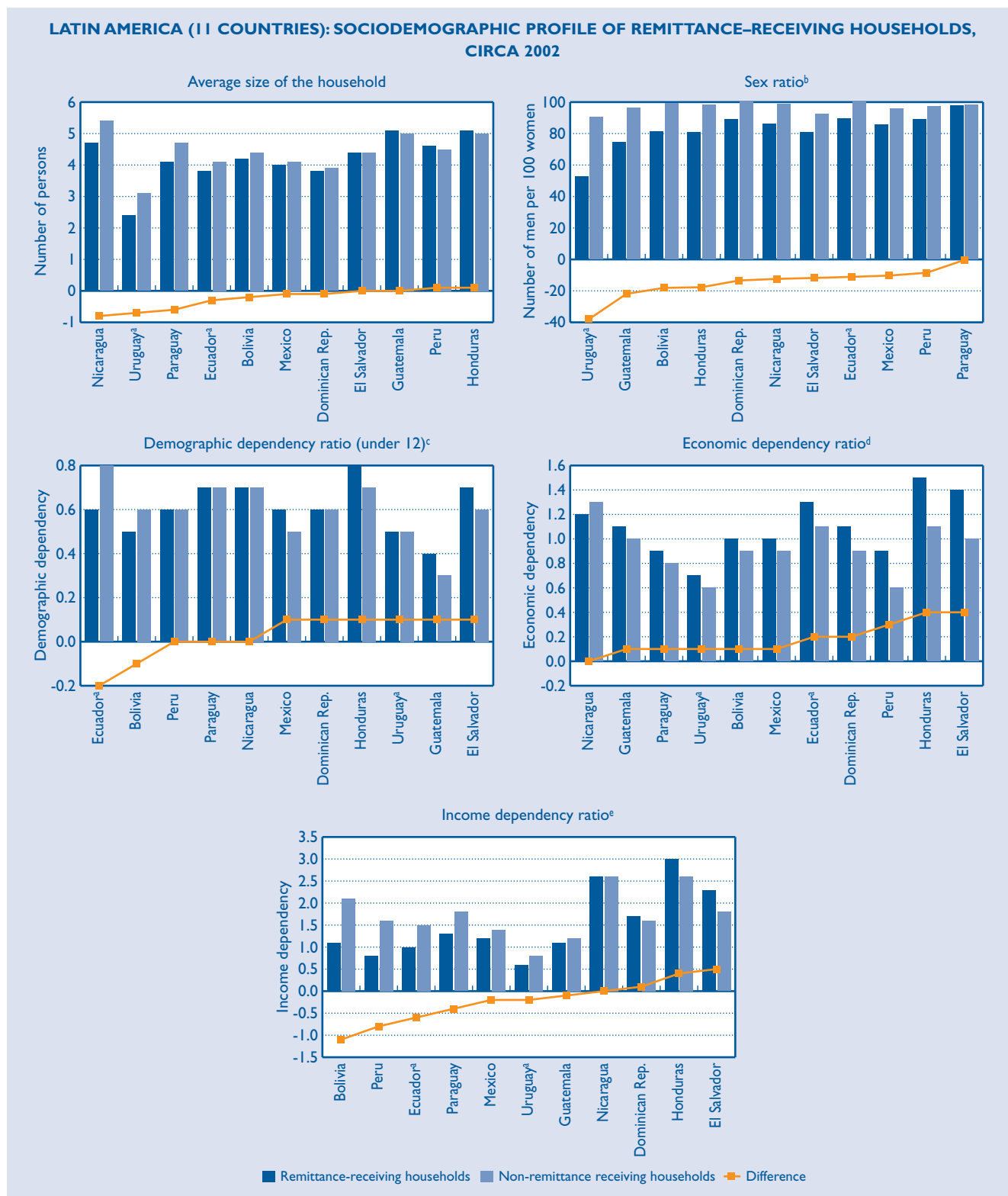
Figure I.12



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Urban areas.

Figure I.13



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Urban areas.

^b Sex ratio = Number of males per 100 females.

^c Demographic dependency ratio = Number of persons under 12 or over 64/number of persons between 12 and 64 years of age.

^d Economic dependency ratio = non-economically active population/economically active population.

^e Income dependency ratio = Number of persons who do not receive current monetary income/recipients of income.

countries with respect to the size of the household (see figure I.13).

In addition, receiving households usually have fewer men than other households, which points to a higher tendency towards male migration. In almost all of the countries analysed, excepting Paraguay, the sex ratio (number of men per 100 women) of the remittance-receiving households is substantially lower than that of non-receiving households. This trend is more marked in Bolivia, Guatemala, Honduras and Uruguay, where the differences in the ratio exceed 18 points, although it is also clear in Dominican Republic, Ecuador, El Salvador, Mexico and Nicaragua, with differences of at least 10 points.

One additional characteristic of remittance-receiving households is that they are more economically dependent than non-receiving households, in accordance with the indicator obtained by dividing the number of non-economically active persons by that of the economically active persons of the household. With the exception of Nicaragua, all the countries analysed display this feature, the most significant differences occurring in El Salvador and Honduras.

There is no evidence of any clear link between the receipt of remittances and the rate of demographic dependency of the household. This indicator reflects the number of persons under 12 years and over 65 years of age in relation to the number of members of the household of productive age and shows higher values in recipient households in six cases; in two cases, the opposite situation is observed and in three, there are no significant differences. A similar pattern emerges with the indicator of income dependency, according to which in six countries most of the households that receive remittances are made up of persons who contribute

to the family budget, while in three others, the opposite is true (see figure I.13).

4. REMITTANCES, POVERTY AND INCOME DISTRIBUTION

Household surveys are useful for studying remittances in that they are a means of quantifying the standard of living of families. This section evaluates specifically how the level of poverty and the degree of income concentration vary as a result of remittances, both in terms of the total population of each country and as a subgroup of the receiving population.

One useful way of evaluating this impact is to calculate poverty and inequality indicators without including in household income that portion corresponding to remittances from abroad. These figures can be compared with estimates that use the complete income variable to show the extent to which remittances help to improve the living conditions of the population.

First, the figures indicate that remittances do not have a significant impact on poverty at the level of the population as a whole. Indeed, for the 11 countries analysed, they reduce poverty rates by an average of 1.4 percentage points. The greatest impact is seen in El Salvador, where remittances lower the poverty incidence by 4.5 percentage points. In the Dominican Republic, the decrease in the poverty rate is 2.2 percentage points, while in Guatemala, Honduras, Mexico and Nicaragua, it is between 1.2 and 1.6 percentage points. Changes of less than one percentage point in poverty occur in Bolivia, Ecuador (urban areas), Paraguay and Peru, while in Uruguay (urban areas), they have had hardly any effect.

Indigence proves to be slightly more sensitive than poverty to the addition of remittances to household income. On average, the decline in extreme poverty rates amounts to 1.5 percentage points for the 11 countries referred to above. This is very similar in absolute terms to what has been observed in the case of poverty, but the same is not true when the variations are expressed in relative terms, that is, as a percentage of the rate. Thus, indigence rates declined on average by 5.6%, compared with only 2.6% in the case of poverty.

The ranking of the countries based on the extent of the decline in the percentage of indigent persons as a result of remittances is similar to that described

for poverty. El Salvador, the country with the highest decline, shows a 5.4 percentage-point decrease, or almost 20% of the indigence rate when remittance income is excluded (see table I.11).

It is interesting to note that remittances do not always reduce inequality in income distribution, but that they can actually increase it also. Nevertheless, as in the case of poverty indicators, the aggregate effect on levels of inequity of income distribution in the population as a whole is very slight. To illustrate this, it is extremely useful to use the Gini index, one of the best known and most frequently used coefficients of inequality.³¹

Table I.11

LATIN AMERICA (11 COUNTRIES): IMPACT OF REMITTANCES ON POVERTY AND INDIGENCE RATES, CIRCA 2002 (Percentage of persons)							
Country	Year	Indigence			Poverty		
		Without remittances	With remittances	Absolute variation	Without remittances	With remittances	Absolute variation
Bolivia	2002	37.4	37.1	-0.3	62.7	62.4	-0.3
Ecuador ^a	2002	20.0	19.4	-0.6	49.9	49.0	-0.9
El Salvador	2001	27.5	22.1	-5.4	53.4	48.9	-4.5
Guatemala	2002	33.0	30.9	-2.1	61.8	60.2	-1.6
Honduras	2002	55.9	54.5	-1.4	78.5	77.3	-1.2
Mexico	2002	14.2	12.6	-1.6	40.7	39.4	-1.3
Nicaragua	2001	44.5	42.5	-2.0	70.9	69.4	-1.5
Paraguay	2001	34.3	33.2	-1.1	61.8	61.0	-0.8
Peru	2001	24.8	24.4	-0.4	55.5	54.8	-0.7
Dominican Republic ^b	2002	20.3	18.5	-1.8	44.9	42.7	-2.2
Uruguay ^a	2002	2.5	2.5	0.0	15.5	15.4	-0.1

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the respective countries.

^a Urban areas.

^b Poverty and indigence figures produced by ECLAC for the Dominican Republic (as reported in table I.4) are based on an income variable that excludes remittances, owing to the fact that this income flow was not available in the database that generated these estimates.

³¹ The Gini index takes on a minimum value of 0 (maximum equality) and a maximum of 1 (maximum inequality). For further information concerning this and other indicators of inequality, see box I.7 of the *Social Panorama 2002–2003*.

In most of the countries analysed, remittances tend to improve per capita income distribution in the population. In fact, 6 of the 11 countries analysed show perceptible decreases in the value of the Gini index. However, these decreases are limited, since they average barely 1.8% of the value of the index. The most significant improvement occurs in El Salvador, where the reduction in the indicator amounts to almost 5%, but, in the other cases, the variations do not exceed 2%. On the other hand, there are two countries –Bolivia and Uruguay (urban areas)– where the variation is practically nil. Lastly, remittances from abroad have a concentrating effect in Honduras and Peru, where increases in the Gini index as a result of these flows amount to 1.7% and 2.1%, respectively (see table I.12).

In order to understand the factors underlying the reduced impact that remittances have on poverty and inequality, the analysis must be centred on the subset of households that receive these transfers from abroad. In this way, other factors can be pinpointed, such as the proportion that recipient households represent of total households.

First, while the average amounts per person of remittances received by households are shown to be insufficient in themselves for overcoming poverty, they are sufficient in some cases to place recipients above the indigence line. Remittances per person are below the poverty line in almost all countries with the exception of Uruguay (urban areas). In the other cases, these flows represent between 26% (Nicaragua) and 74% (Ecuador) of the poverty lines in urban areas and between 19% (Peru) and 61% (El Salvador) in rural areas. In urban areas of Bolivia, Dominican Republic, Ecuador, El Salvador, Paraguay and Uruguay, the average amount of remittances per person is sufficient to buy a basic food basket. This is not the case in urban areas of Guatemala, Honduras, Mexico, Nicaragua and Peru or in rural areas of all countries, except El Salvador. In addition, it should be noted that the purchasing power of the remittances tends to be significantly higher in urban areas in almost all countries, despite the fact that the urban lines are higher than the rural lines (see figure I.14).

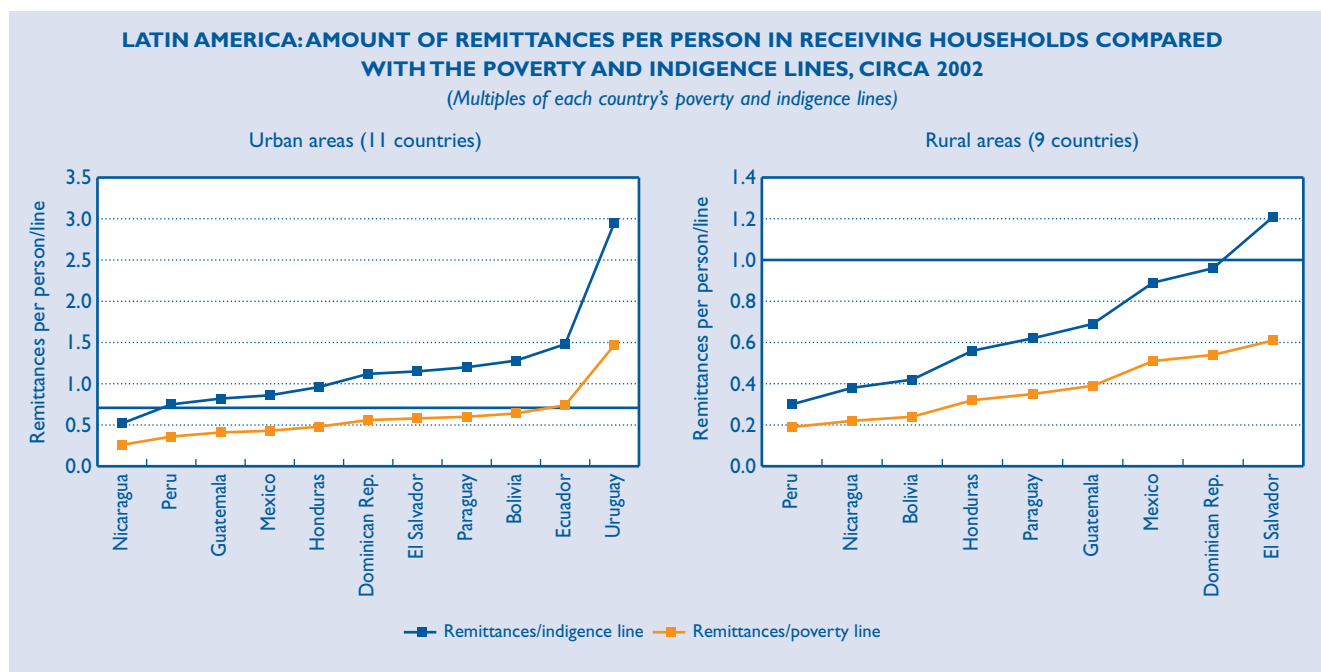
Table I.12

LATIN AMERICA (11 COUNTRIES): IMPACT OF REMITTANCES ON INCOME DISTRIBUTION, CIRCA 2002				
Country	Year	Gini coefficient		
		Without remittances	With remittances	Percentage variation
Bolivia	2002	0.615	0.614	-0.2%
Ecuador ^a	2002	0.518	0.513	-1.0%
El Salvador	2001	0.551	0.525	-4.7%
Guatemala	2002	0.553	0.543	-1.8%
Honduras	2002	0.578	0.588	1.7%
Mexico	2002	0.521	0.514	-1.3%
Nicaragua	2001	0.588	0.579	-1.5%
Paraguay	2001	0.574	0.570	-0.7%
Peru	2001	0.514	0.525	2.1%
Dominican Republic	2002	0.544	0.536	-1.5%
Uruguay ^a	2002	0.455	0.455	0.0%

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Urban areas.

Figure I.14



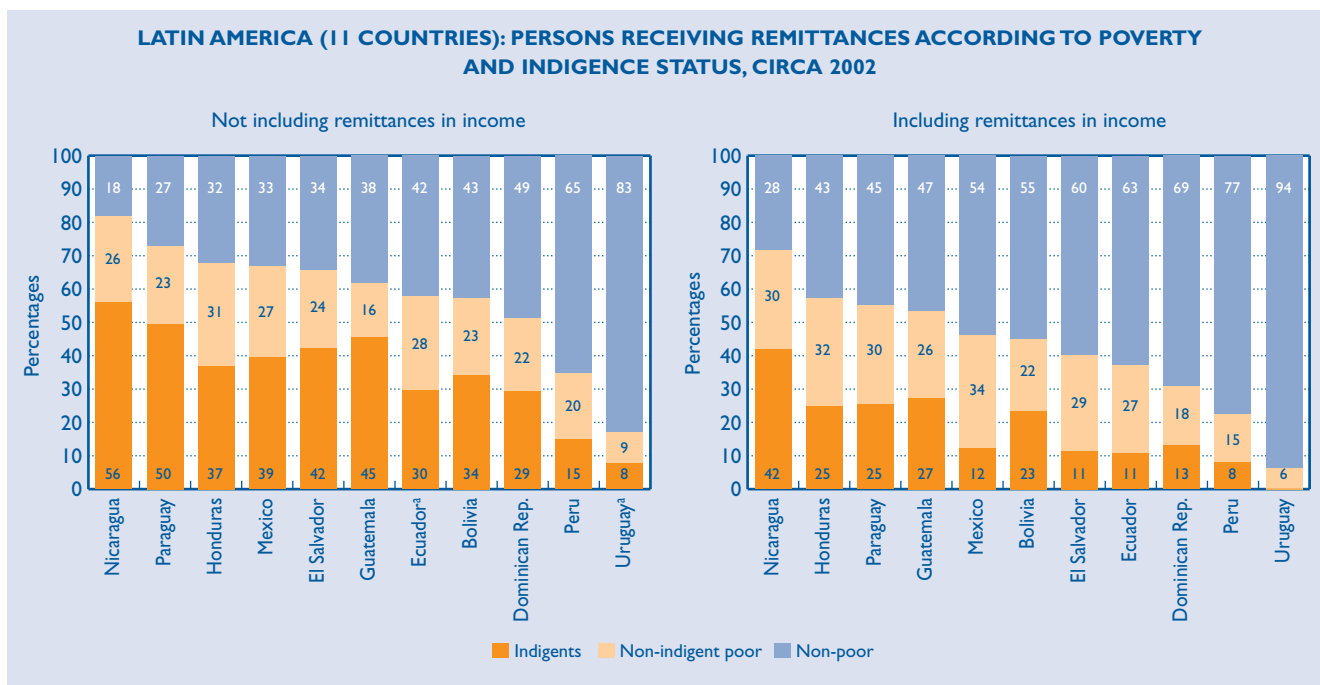
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

The impact of remittances on the poverty level of recipient households can be assessed by subtracting the remittances from their total income. Indications are that remittance flows are sent predominantly to poor households and are an important source of income for them. In nine of the 11 countries examined, 50% or more of the persons residing in recipient households would be below the poverty line if they did not have remittances from abroad. The most notable cases are Nicaragua and Paraguay, where more than 75% of persons in recipient households would be poor and around 50% would be considered indigent. Peru and Uruguay (urban areas) are the only cases in which most of the individuals would not be poor if they did not receive remittances from abroad (see figure I.15).

While their impact on the population as a whole may be small, in several countries, remittances have

a strong impact on the poverty rates of individuals in households that receive such transfers. Expressed in absolute terms, the most significant decline (26 percentage points) has occurred in El Salvador, followed by Ecuador (urban areas), Mexico and the Dominican Republic, with decreases of close to 20 percentage points. Nevertheless, in relative terms (as a percentage of the poverty rate), the situation varies. The most significant decline was seen in Uruguay (urban areas), where the poverty rate among persons in receiving households varied by 63% (the percentage of poor persons fell from 17% to 6%). The four countries mentioned above, together with Peru, recorded declines in the poverty rate of between 30% and 40%, followed by Bolivia and Paraguay, where the percentage variation reached -21% and -24%, respectively. The smallest impacts occurred in Guatemala (-14%) and Nicaragua (-12%) (see figure I.15 and table I.13).

Figure I.15



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Urban areas.

Table I.13

LATIN AMERICA (11 COUNTRIES): IMPACT OF REMITTANCES ON THE POVERTY STATUS OF PERSONS IN REMITTANCE-RECEIVING HOUSEHOLDS, CIRCA 2002

Country	Year	Without remittances			With remittances			Percentage variation		
		H	PG	FGT ₂	H	PG	FGT ₂	H	PG	FGT ₂
Bolivia	2002	0.57	0.33	0.24	0.45	0.22	0.13	-21%	-34%	-45%
Ecuador ^a	2002	0.58	0.31	0.22	0.37	0.13	0.06	-36%	-60%	-72%
El Salvador	2001	0.66	0.41	0.32	0.40	0.15	0.07	-39%	-64%	-77%
Guatemala	2002	0.62	0.39	0.29	0.53	0.23	0.12	-14%	-43%	-57%
Honduras	2002	0.68	0.33	0.20	0.57	0.24	0.13	-16%	-28%	-34%
Mexico	2002	0.67	0.34	0.22	0.46	0.15	0.07	-31%	-55%	-68%
Nicaragua	2001	0.82	0.51	0.38	0.72	0.37	0.24	-12%	-27%	-38%
Paraguay	2001	0.73	0.44	0.31	0.55	0.26	0.16	-24%	-42%	-50%
Peru	2001	0.35	0.15	0.08	0.23	0.09	0.04	-35%	-40%	-48%
Dominican Republic	2002	0.51	0.29	0.22	0.31	0.13	0.07	-39%	-55%	-66%
Uruguay ^a	2002	0.17	0.08	0.04	0.06	0.02	0.01	-63%	-77%	-85%

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Urban areas.

The impact of remittances on the indigence rates of persons in receiving households is even more remarkable. Once again, Uruguay provides the most striking example, since when remittances are considered part of the income of individuals, none of them remains below the indigence line. In the Dominican Republic, Ecuador, El Salvador and Mexico, the inclusion of remittances in income yields a percentage of indigent persons equivalent to less than half the figure when remittances are not counted in their income; in Bolivia, Honduras and Peru, the percentage is approximately half. Even in Guatemala, Nicaragua and Paraguay, where reductions in the incidence of extreme poverty are the lowest among the countries analysed, they account for at least 25%.

Naturally, not all poor persons who receive remittances manage to rise above the poverty line thanks to this income. However, these additional resources help to narrow the gap with respect to that threshold. In all countries, the percentage decrease in the poverty gap (abbreviated as PG in table I.13) is greater than the decrease in the headcount index (abbreviated as H in the table).

When a more comprehensive measurement of the poverty situation among remittance recipients is used (for example the FGT_2 –Foster, Greer and Thorbecke– index, which considers simultaneously the poverty incidence, the individual income gap of each poor person with respect to the poverty line and the income distribution of the group), higher percentage declines are obtained than in earlier indicators. In fact, in many cases, the value of the indicator when remittances are incorporated is less than half what it would otherwise have been.

With respect to the distributive analysis of remittances, the first step is to assess in what position of the income scale the recipient households tend to be situated. For this purpose, table I.14 shows the share of households in each quintile based on per capita income excluding remittances. It can be shown that the poorest quintile accounts for the highest percentage of recipient households in almost

all the cases analysed. This result is consistent with the notion that the most economically challenged persons are those who have the greatest incentive to leave their countries. Nevertheless, this does not necessarily mean that there are fewer recipient households as per capita income increases. Only in Mexico does the percentage of recipient households per quintile follow that pattern; in contrast, Peru and Honduras show the complete opposite pattern with a higher presence of recipient households in the highest income quintiles. In these last two countries, indications are that it is skilled workers that tend to emigrate more (see table I.14).

In turn, it has been observed that it is households with higher per capita income (before remittances) that receive the highest amounts of remittances in all the countries studied. It is interesting to note that in several cases this amount tends to decrease in the middle levels of income distribution but increases once more in its lower segment. Thus, for example, in Bolivia, Dominican Republic, Ecuador (urban areas), El Salvador, Guatemala, Nicaragua and Peru, the first quintile receives the second highest amount of remittances per person, after the richest quintile (see table I.15).

In accordance with the Gini index, remittances improve income distribution in receiving households in almost all countries studied with the exception of Honduras. El Salvador shows the most significant decline in inequality as a result of remittances with a 24% decline in the Gini index from 0.61 to 0.46). The Dominican Republic, Ecuador (urban areas), Guatemala, Mexico and Nicaragua show sharp falls in inequality with variations in the Gini index ranging between -13% and -15%. As indicated earlier, Honduras is the only country in which the Gini index shows an increase, of approximately 4%, when remittances are incorporated in household income (see figure I.16).

It should be mentioned that these results are corroborated by other inequality indices, which allocate a higher weighting to the low part of the distribution (Theil and Atkinson indices), which

Table I.14

LATIN AMERICA (11 COUNTRIES): REMITTANCE-RECEIVING HOUSEHOLDS BY QUINTILES OF PER CAPITA INCOME EXCLUDING REMITTANCES, COMPARED WITH TOTAL RECIPIENT HOUSEHOLDS, CIRCA 2002 (Percentages)						
Country	Quintiles					Total
	1	2	3	4	5	
Bolivia	27	14	18	17	24	100
Ecuador ^a	33	18	13	18	18	100
El Salvador	38	19	15	14	14	100
Guatemala	40	13	10	18	19	100
Honduras	7	15	24	26	28	100
Mexico	51	16	18	9	6	100
Nicaragua	36	18	20	14	12	100
Paraguay	32	22	19	20	7	100
Peru	7	11	19	30	33	100
Dominican Republic	31	18	15	18	18	100
Uruguay ^a	18	23	21	16	22	100

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Urban areas.

Table I.15

LATIN AMERICA (11 COUNTRIES): AVERAGE MONTHLY PER CAPITA REMITTANCES OF RECEIVING HOUSEHOLDS BY QUINTILES OF PER CAPITA INCOME EXCLUDING REMITTANCES (In current dollars)						
Country	Quintiles					Total
	1	2	3	4	5	
Bolivia	41	19	26	35	41	34
Ecuador ^a	77	45	56	69	130	76
El Salvador	52	34	32	41	59	45
Guatemala	40	25	16	35	68	40
Honduras	5	10	14	21	103	40
Mexico	67	61	119	62	147	80
Nicaragua	20	10	11	18	37	18
Paraguay	43	38	53	39	87	46
Peru	49	16	34	25	49	35
Dominican Republic	88	50	46	48	94	69
Uruguay ^a	94	70	222	195	218	159

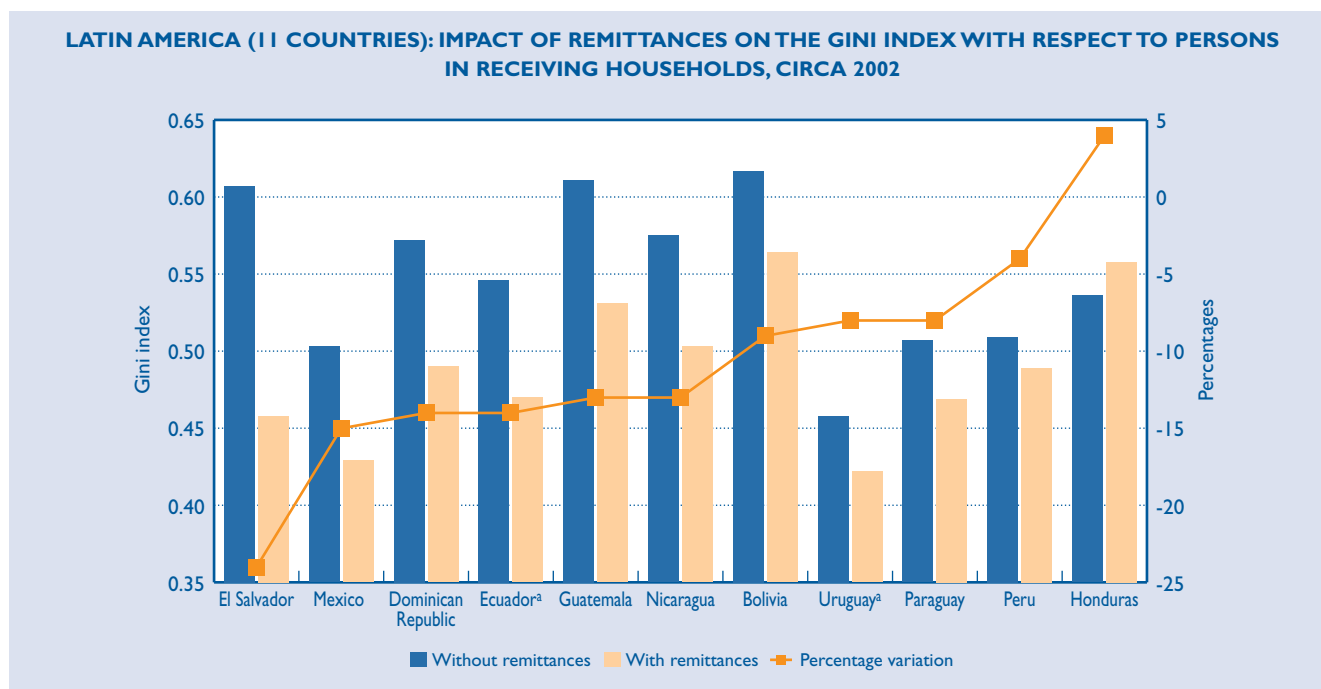
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Urban areas.

suggests that the declines in inequality derive from a generalized decrease in income gaps throughout the entire distribution, rather than from an improvement of some specific section thereof.

In conclusion, remittances clearly play an important part in income and income-distribution levels of receiving households, permitting an important set of them to rise above the poverty line

Figure I.16



Fuente: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Urban areas.

and improve their relative situation. Nevertheless, the small percentage of households that receive transfers from abroad means that the impact on aggregate poverty and indigence figures is very limited.

It should not be forgotten that these data come from a source of information which underreports to a great extent the total amount of remittances received. The extent to which they change depends on whether the inaccuracy is based mainly on underreporting of the amounts received by the households or on an underestimate of the number of recipient households. In the first alternative, it is to be hoped that the panorama described will not change significantly; in this case, the remittances would lift 2.5 million Latin Americans above the poverty line (corresponding only to the countries considered in this section). Nevertheless, for the reasons outlined in box I.5, it may well be believed that the percentage of recipient households reflected in the surveys is not as high as the actual percentage. This implies that the decrease in poverty as a result of remittances is considerably higher than that

reported here, and may well encompass several million more persons in the region.

5. SCOPE FOR THE PRODUCTIVE USE OF REMITTANCES

The use to which households put remittances has been eliciting growing interest. With monetary transfers from abroad accounting for increasingly high amounts (in 2004, global remittances exceeded US\$ 125 billion (World Bank, 2005)), it seems more and more important for public policy-makers to encourage recipients to channel these flows into productive uses. Harnessing remittances so as to raise productivity does not only have a direct benefit on the economic development of countries, but is essential to counter the loss of competitiveness that derives from the downward pressure that these flows have on the exchange rate.

Nevertheless, according to available evidence, households tend to use remittances mainly to attend to some of the household's most immediate needs,

such as food and housing, with only a small margin left over for savings or investment in productive activities. The priority uses to which remittances are put do not include education of household members either, since Bolivia and the Dominican Republic are the only two countries where more than 15% of the amount received is used for this category. It is important, however, to bear in mind that for households with severe financial constraints, using additional income to cover their basic needs constitutes an investment in human capital (see table I.16).

Since the remittances received by households seem to leave little margin for productive use, the best course might be for them to form associations in order to use these resources. A clear example of this is provided by the community remittances, resources which although less significant than those of family remittances are used to finance social and community infrastructure works, such as the upgrading of sanitary, educational, sports and religious facilities, provision of basic services and road construction (ECLAC, 2002). Mexico provides a good example of how to encourage the profitable

investment of remittances through the programme "Tres por uno". Under this initiative, each dollar sent by the clubs of the Zacatecan community in the United States for community improvements in the State of Zacatecas is matched by another provided by the federal, state and municipal governments.

Undoubtedly, other alternatives must be explored to encourage the investment of remittances for the benefit of the receiving families and their environment. This calls for more active participation by national and local governments, for example, by assuming an important part of the initial investment in community projects. It is to be hoped that the long-term benefits derived from these shared ventures will be greater than those derived from spending the available resources on consumer goods.

Lastly, public policies can play an important role in another sphere, namely by reducing transmission costs so as to enhance the impact of remittances on living conditions and perhaps release a higher amount of resources for productive purposes. Whenever emigrants transfer money to their home country, they have to pay a charge equivalent on

Table I.16

LATIN AMERICA (9 COUNTRIES): USE OF REMITTANCES BY RECEIVING HOUSEHOLDS (Percentages)									
Type of expenditure	Bolivia	Brazil	Colombia	Ecuador	El Salvador	Guatemala	Honduras	Mexico	Dominican Republic
Daily expenditure (rent, meals, bills)	45	46	68	60	84	68	77	78	60
Investments in businesses	17	10	7	8	4	10	4	1	5
Savings	12	9	4	8	4	11	4	8	5
Purchase of properties, housing	4	7	3	4	1	1	2	1	4
Education	21	13	12	2	4	7	10	7	17
Other categories	1	15	3	17	2	3	3	4	6
Not known/no answer	0	0	3	1	1	0	0	1	3
Total	100	100	100	100	100	100	100	100	100

Source: International Monetary Fund (IMF)/Inter-American Development Bank (IDB), *Receptores de remesas en América Latina y el Caribe*, Cartagena, Colombia, September 2004; Bendixen & Associates; except data for Brazil, Mexico and the Dominican Republic, which come from MIF/FOMIN-Bendixen & Associates (2004), *Estudo sobre os Destinatarios de Remesas no Brasil*, April-May; MIF/FOMIN-Pew Hispanic Center, *Receptores de remesas en México: encuesta de opinion pública*, September-October 2003; MIF/FOMIN, *Remittance Recipient in the Dominican Republic from USA*, November 2004.

average to 9% of the amount transferred, but up to 17% in one country of the region (see box I.6). Faced with the constant increase in the volumes of

remittances at the global level, this is undoubtedly one of the areas in which timely public intervention can have a favourable effect.

Box I.6

COST OF SENDING REMITTANCES

Given that the remittance business transfers billions of dollars per year while individual households receive a maximum of US\$ 300 per month, the question of the amount charged as commission on such transactions raises some concern.

The remittance process involves few players, namely the sender, the operator and the recipient. Therefore, the commissions charged by the companies and the exchange rate used to convert the amount being sent into local currency are the main costs to be paid by those wishing to send money to another country.

Sending an average amount of US\$ 200 from the United States and some European countries to the region costs an average of 9%, while the charge for destinations such as Panama, the Dominican Republic and the Bolivarian Republic of Venezuela and Uruguay is in excess of 10%. The destination country that attracts the highest charge (17%) is the Bolivarian Republic of Venezuela.

The following will help to put into perspective the excellent profitability of the wire-transfer business. If the percentage of commission charged in each country for each transaction is applied to the amounts of remittances recorded in 2004, it may be concluded that the operators obtained an amount of approximately US\$ 3.4 billion. This amount is higher than the flows received by the vast majority of countries in the region and comparable to the remittances received in Colombia. In addition, it represents 20% of the amount received in Mexico and is US\$ 1 billion more than total remittances to the Dominican Republic.

LATIN AMERICA AND THE CARIBBEAN (23 COUNTRIES): COST OF DISPATCHING REMITTANCES

Country	Amount of remittances in 2004 (in millions of dollars) ^a	Commission on remittance (as a percentage of a US\$ 200 remittance) ^b	Total amount of commission on remittances (in millions of dollars)
Argentina	270	9.0	24.8
Belize	77	8.8	6.8
Bolivia	422	7.2	30.3
Brazil	5 624	8.1	457.2
Colombia	3 857	7.4	287.3
Costa Rica	320	9.5	30.3
Cuba ^c	1 296	11.8	152.3
Ecuador	1 740	5.0	86.0
El Salvador	2 548	6.2	157.5
Guatemala	2 681	7.2	193.6
Guyana	143	10.1	14.5
Haiti	1 026	7.7	79.2
Honduras	1 134	7.7	87.0
Jamaica	1 497	8.1	121.4
Mexico	16 613	6.9	1 143.0
Nicaragua	810	6.9	56.1
Panama	231	10.5	24.3
Paraguay	506	9.1	46.1
Peru	1 360	6.5	88.1
Dominican Republic	2 438	10.4	253.3
Trinidad and Tobago	93	11.3	10.5
Uruguay	105	10.4	10.9
Venezuela (Bolivarian Rep. of)	259	17.1	44.3
Total	45 049	8.8	

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of M. Orozco "The remittance marketplace: prices, policy and financial institutions", Pew Hispanic Center Report, Washington, D.C., June 2004; and Inter-American Development Bank/Multilateral Investment Fund (IDB/MIF).

^a Inter-American Development Bank/Multilateral Investment Fund (IDB/MIF) (www.iadb.org/mif/remittances/index.cfm).

^b M. Orozco, "The remittance marketplace: prices, policy and financial institutions", Pew Hispanic Center Report, Washington, D.C., June 2004.

^c The figures relate to 2003.



Social spending in Latin America and the Caribbean: recent trends, orientation and redistributive impact

INTRODUCTION

In earlier editions of the *Social Panorama of Latin America*, taking into account the considerable redistributive effects of public resources allocated to social sectors, ECLAC highlighted three general goals for social spending in the region. First, to intensify efforts to increase that spending and consolidate its recovery, particularly in the poorest countries, where the priority attached to public social spending and the amount of that spending remain extremely low. Second, to stabilize its financing in order to avoid adverse effects resulting from cuts in the resources allocated to social investment during recessionary phases in the economic cycle. Third, to improve the targeting and the positive effects of public spending on social sectors, particularly population groups which are vulnerable or in situations of poverty, reallocating it to those components of social spending which have the greatest progressive impact in terms of income distribution.

In more recent documents, ECLAC has pointed out the need to construct social institutions organized according to the three basic principles of universality, solidarity and efficiency, and to design long-term social policy to increase equity and inclusiveness. Among other things, this means that government actions in the economic and social fields must avoid social segmentation and exclusion. Social policies should therefore be based mainly on a universalist and integrationist viewpoint, which does not rule out targeting as a means of focusing on the most underdeveloped sectors of the population. Social spending should be within the framework of that policy (ECLAC, 2005b).

This chapter presents new information on the scale of public social spending in the region, its recent and longer-term trends, its orientation and its effects on income distribution, and will attempt to answer the following questions:

- (a) What is the scale of the resources allocated by the countries of Latin America and the Caribbean to the various social sectors, and what changes have taken place in this area over recent years?
- (b) How was social spending affected by the economic recession in certain countries in the early 2000s? Have there been changes in the behaviour usually observed in social spending in relation to the economic cycle?
- (c) What is the trend in spending on education and health, that is, the proportion of State resources allocated to the various income strata of the population according to income? How progressive is social spending in the region?
- (d) What is the redistributive effect of public social spending and its main components?

Part B of this chapter on social spending, prepared with the cooperation of the Inter-American Development Bank (IDB), considers the orientation of social spending in the region, based on the distribution of the various components of social spending among income strata, emphasizing State resources allocated to education and health. This study is based on the most recent data available, corresponding to 17 countries of the region.

As in earlier editions of the *Social Panorama*, the information on the scale of social spending which appears in this chapter is taken from official data from the countries and is based on the functional

classification of public spending provided by them. On this occasion, the number of countries covered has increased to a total of 21, and the data have been updated to 2003. It should be noted that the figures for public social spending and overall public spending presented in this chapter differ from those contained in earlier editions of this publication. The following box shows the reasons for those differences.

Box II.1

UPDATING OF SOCIAL SPENDING

For this edition of the *Social Panorama of Latin America*, updated data have been obtained for public social spending up to 2003, to match the global and sectoral series published in earlier editions. Although data for 2004 were received from 14 of the 21 countries, the decision was made not to publish them because of their provisional, estimated or incomplete nature. Since data updating took place in the first half of 2005, major changes can be expected in budget execution results for 2004 following the consolidation of income and expenditure balances by the relevant official institutions in the countries.

In most cases data were collected on central government budget execution, and information was also available in several cases on the actual spending of bodies having an independent budgetary setup, local governments and state-owned companies of the non-financial sector (see box II.2). Three countries only provided information from the budgetary law: Nicaragua and Paraguay for 2002 and 2003, and the Bolivarian Republic of Venezuela, for which the complete historical series (1980–2004) corresponds to budgeted public social spending (budgetary law, and modifications to that law made on 31 December each year).^a No comparable data at the sectoral level were available from Peru (2002 and 2003). For Mexico (education, culture and religion) and the Dominican Republic (social security and labour), from 2003 onwards there was a change in classification which entailed the regrouping of subsectors; as a result, the information provided may not be identical with official figures published by the countries.

Unlike previous editions of the *Social Panorama of Latin America*, which covered a total of 18 countries (Argentina, the Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru and Uruguay), this edition also includes comparable series on overall public spending and social public spending for Cuba, Jamaica and Trinidad and Tobago. As a result, regional results (simple averages) and trends may differ, although not significantly, from those previously published. This edition also includes regional aggregates (weighted averages).

The *Social Panorama of Latin America* usually presents overall and sectoral data on the basis of two-yearly averages. The selected indicators are overall and sectoral public social spending as percentages of GDP, as percentages of total public spending, and in United States dollars per capita. The first two are ratios calculated from each year's figures at current prices for each country, and at constant prices in the case of the regional weighted average. In this edition, the figures for the last indicator are given in United States dollars at the 2000 level, a monetary basis which coincides with that currently used by various international bodies. This may involve a relatively significant change in the national and regional per capita spending figures shown in this edition, in relation to those reported earlier (in United States dollars at the 1997 level), depending on the degree of appreciation or depreciation in each country's currency from 1997 to 2000.

Figures in current currency on overall and social public spending, and the sectoral breakdown of the latter, are official data provided by the corresponding government bodies which, depending on the country, are Directorates, Departments, Sections or Units for planning, budgeting or social policy within the Ministries of the Treasury, Finance or the Economy. In addition, information on budgetary execution was obtained from the countries' general accounting offices or treasury departments, and occasionally from central banks, national statistical institutes, and national social and economic information systems.

Gross domestic product (GDP) at current values, and the implicit GDP deflator, correspond to official figures contained in the ECLAC Statistical Yearbook for Latin America and the Caribbean (http://www.eclac.cl/badestat/anuario_2004/index.htm), and subsequently updated to August 2005. The exchange rate used is the 2000 average of the "rf" series of the International Financial Statistics of the International Monetary Fund (IMF), and population figures are taken from projections by the Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, published in its Demographic Bulletin and also on the internet (http://www.eclac.cl/celade/proyecciones/basedatos_BD.htm).

Source: Economic Commission for Latin America and the Caribbean (ECLAC).

^a The availability of data on the execution of public social spending between 1999 and 2002 bears mention. The per capita amount of social spending by the budgetary central government in the biennium 2000–2001 averaged US\$ 497, about 12% below the US\$ 565 which had been agreed.

A. RECENT TRENDS IN SOCIAL SPENDING IN LATIN AMERICA

In recent years, social spending in Latin America and the Caribbean has continued the upward trend of the 1990s; the great majority of countries have boosted the amount of State resources allocated to social sectors. Between 1990–1991 and 2002–2003, the region's per capita social spending rose from US\$ 440 to US\$ 610, an improvement of almost 39%. The higher priority attached to social spending was reflected in an increase in these resources as a proportion of the countries' gross domestic product (GDP), from 12.8% to 15.1%. These advances were achieved despite cuts in public social spending in Argentina, the Bolivarian Republic of Venezuela and Uruguay during the biennium 2002–2003, which resulted from falling GDP and the sharp contraction of fiscal revenue in those countries.

The efforts made for almost 15 years to bring about a sustainable rise in public spending on social sectors is among the most outstanding events in the recent development of the great majority of Latin American countries.¹ From the early 1990s to the biennium 2002–2003, thanks to these efforts, per capita resources used for education, health, housing and social security and assistance increased by about 39% in real terms, a gain of US\$ 170 per capita, from US\$ 440 to US\$ 610.² This is a significant increase in a region whose seven

poorest countries currently have levels of spending which are much lower than the amount of that increase.³ The improvement has been widespread, enabling public social spending as a proportion of GDP to rise by more than two percentage points, from 12.8% to 15.1%, in the region as a whole. This is despite significant per capita spending cuts in absolute terms in Argentina, the Bolivarian Republic of Venezuela and Uruguay, and as a percentage of GDP in the first two of those countries, owing to the recessionary cycle they

¹ This and previous editions of the *Social Panorama* have looked at changes in social spending from 1990, on the basis of biennial averages, in order to focus more closely on variations in trends.

² These figures, expressed in United States dollars at 2000 prices, correspond to an average weighted according to the size of each country's population. The simple average of public social spending in the region rose by a little over 44% (US\$ 333 to 481 per capita). The simple average for the relationship between social spending and GDP rose from 10.2% to 13.1% between 1990–1991 and 2002–2003.

³ In 2002–2003, per capita social spending in Bolivia, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua and Paraguay averaged US\$ 110 per year.

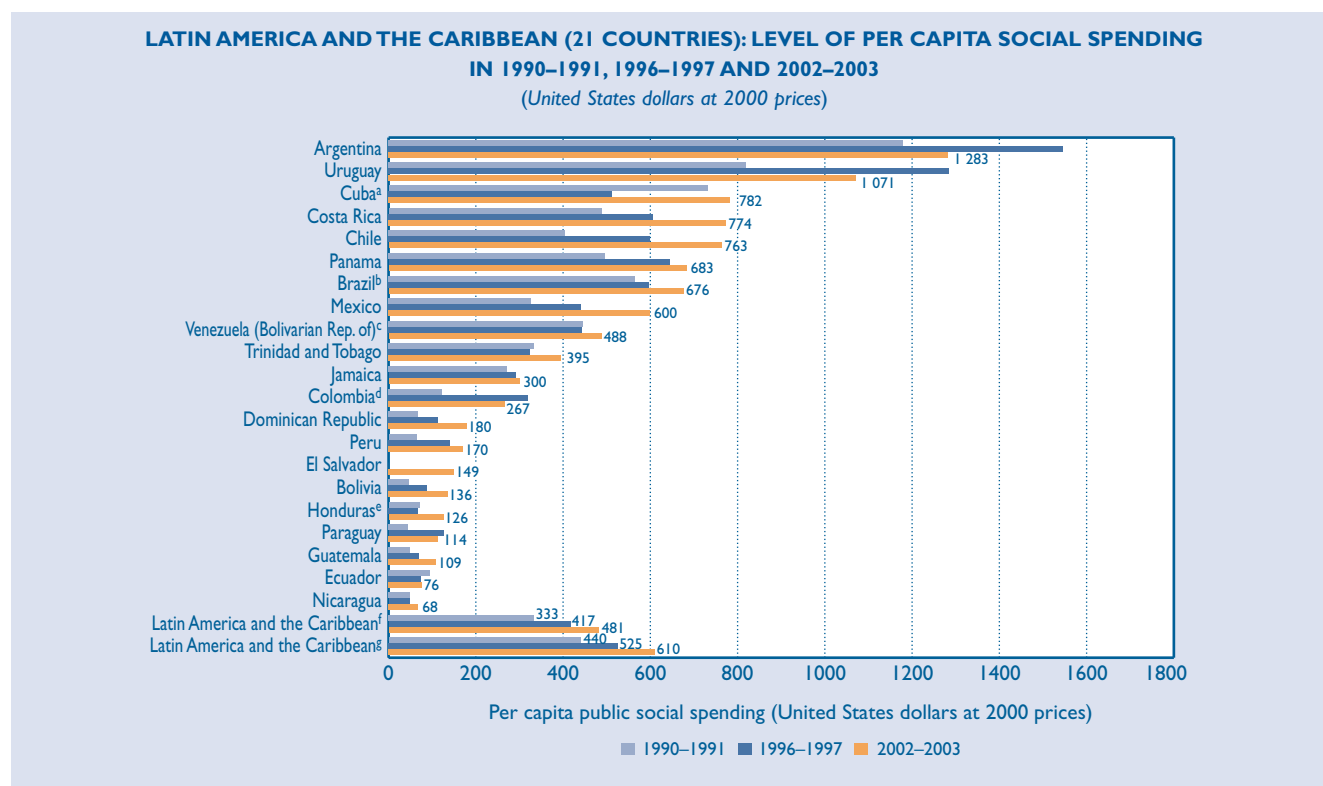
suffered in the biennium 2002–2003.⁴ In all the other countries, 18 out of the total of 21 considered, the longer-term trend towards higher social spending, as seen in the region since the early 1990s, has continued.

1. RECENT TRENDS IN SOCIAL SPENDING

Variations in public social spending in Latin America and the Caribbean in recent years and in

the 1990s have made no major difference to the great variety seen in that regard among the countries of the region. Looking at social spending both in terms of the amount per capita and as a proportion of GDP, the countries' relative positions have changed little. Just as in the early 1990s, the region's poorest countries still allocate a much smaller fraction of GDP to social sectors than the more prosperous States (see figures II.1 and II.2). Argentina, Brazil, Costa Rica, Cuba and Uruguay are currently allocating more than 18.5% of GDP to social spending, whereas the figures for Dominican

Figure II.1



Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on information from the Commission's social expenditure database. Figures are updated to the second quarter of 2005.

^a According to the official exchange rate (one United States dollar = one peso).

^b The figure in the 2002–2003 bar corresponds to an estimate of spending at the three levels of government (federal, state and municipal) based on information on social spending at the federal level.

^c The figures for this country correspond to agreed social spending (the budget and modifications made to it at the end of the year).

^d The figure for the 2002–2003 bar corresponds to the average for 2000–2001, and is not taken into account in the averages.

^e The figure in the 2002–2003 bar corresponds to 2004, and is not taken into account in the averages.

^f Simple average for the countries, not including El Salvador.

^g Weighted average for the countries, not including El Salvador.

⁴ Unlike Argentina and Uruguay –countries where steep drops in GDP were accompanied by even deeper cuts in social spending– in the Bolivarian Republic of Venezuela, social spending as a proportion of GDP did not fall, so the reduction in fiscal revenue had a lesser impact on spending on social sectors. Between 2000–2001 and 2002–2003, social spending as a proportion of GDP in Argentina fell from 21.8% to 19.4%, and in Uruguay, from 22.2% to 20.9%. The same proportion in the Bolivarian Republic of Venezuela was 11.6% in 2000–2001 and 11.7% in 2002–2003.

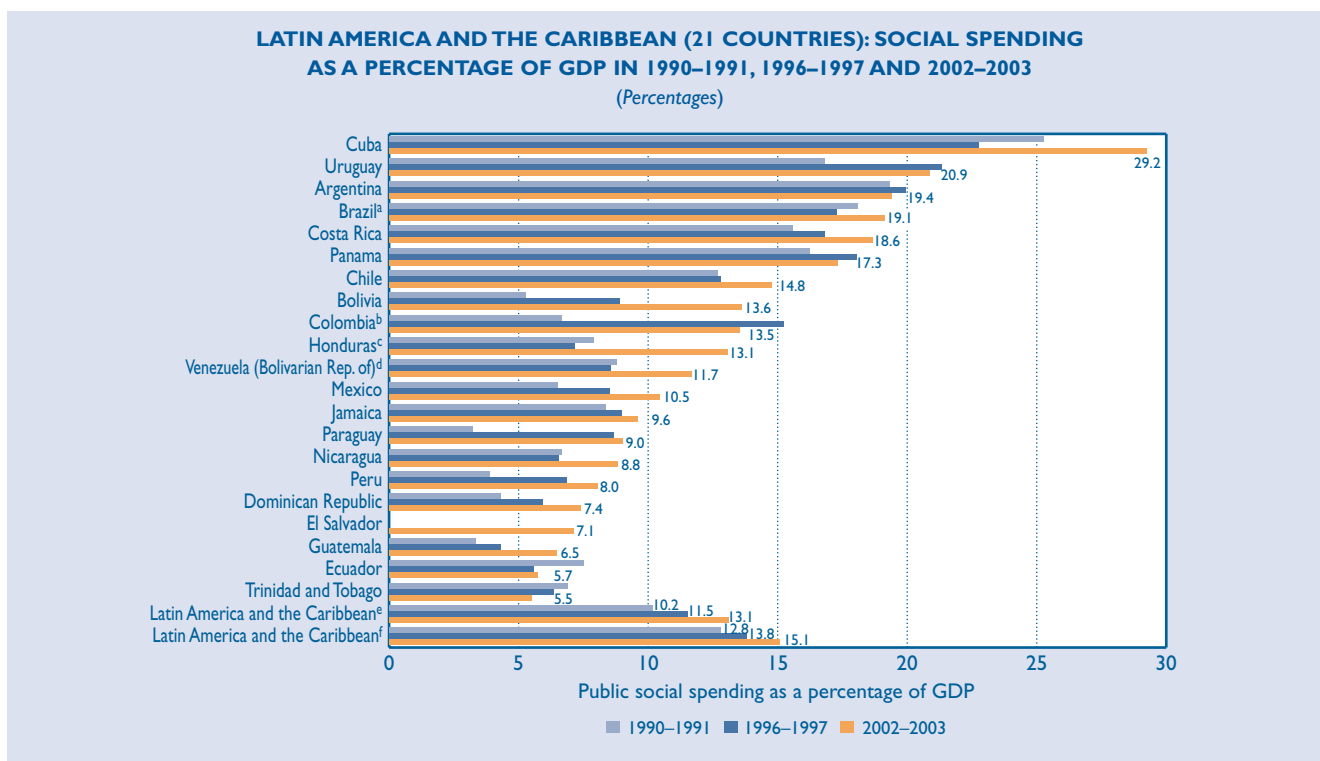
Republic, Ecuador, El Salvador, Guatemala and Nicaragua are not much more than 7%.⁵ Since these wide differences are proportionate to per capita incomes, differences in absolute terms or in terms of per capita social spending remain very high. The ratio is approximately 4 to 1 if we consider social spending as a proportion of GDP. Despite the poorest countries' efforts to raise social spending, there has been no clear trend towards convergence in this respect.

The poorest countries' huge social disadvantage and the need to increase resources to close the gap have become all the more evident in considering the

challenges to those countries in implementing the Millennium Development Goals. Progress towards achievement of the targets listed in the United Nations Millennium Declaration and, all the more so, of the broader goals it sets out, must be based on both increased internal efforts and more official development assistance, including external debt relief.

Two factors are important in that regard. Firstly, major increases in social spending are needed in many countries having low per capita incomes –although such increases will start from very low initial levels. If we take the biennium 1996–1997 as

Figure II.2



Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on information from the Commission's social expenditure database. The figures are updated to the second quarter of 2005.

- ^a The figure in the 2002–2003 bar corresponds to an estimate of social spending at the three levels of government (federal, state and municipal) based on information on social spending at the federal level.
- ^b The figure in the 2002–2003 bar corresponds to average for 2000–2001, and is not taken into account in the averages.
- ^c The figure in the 2002–2003 bar corresponds to 2004, and is not taken into account in the averages.
- ^d The figures for this country correspond to agreed social spending (the budget, and modifications made to it at the end of each year).
- ^e Simple average of the countries, not including El Salvador.
- ^f Weighted average of the countries, not including El Salvador.

⁵ Cuba and Trinidad and Tobago are clear exceptions to the relationship between macroeconomic priority for social spending (social spending as a proportion of GDP) and per capita income (see figure II.4). Bolivia and Honduras also allocate a relatively high percentage to social spending, close to the regional average despite their low per capita incomes.

a basis, five of the seven countries with the lowest per capita spending have succeeded in boosting it considerably. Social spending in Bolivia expanded by 55% between that biennium and 2002–2003. In El Salvador the increase was 21%, in Guatemala 58%, in Honduras 37% and in Nicaragua 42%; these percentages far surpassed the average of 16% for the region recorded over the same period.⁶ Three of those countries –Bolivia, Honduras and Nicaragua– are among the group of countries which have met the requirements for the Heavily Indebted Poor Countries (HIPC) Debt Initiative. This no doubt helped them to increase social spending, and in 2004 they were already helped by debt forgiveness measures equivalent to 25%, 101% and 12% of GDP, respectively, which led to more comfortable fiscal circumstances (United Nations, 2005).

Secondly, in spite of efforts to raise social spending in the region and the relief some countries received thanks to external help, the resources allocated to social sectors –especially in countries with high levels of absolute poverty– will remain insufficient to satisfy the needs of the poorest strata or to achieve the Millennium Development Goals. Even in optimistic scenarios, that is, if conditions in the coming years were favourable for higher economic growth levels and increased tax yields, and if increased public social spending were achieved compatible with fiscal revenues, those countries' resources would remain insufficient to close the main social divides.

As an illustration, let us take as a basis the average per capita social spending of the countries benefiting from the HIPC Debt Initiative (US\$ 110 per year), and as a target date, the year 2015 which

was chosen for the fulfillment of the Millennium Development Goals. If the annual average GDP growth rate in those three countries in the coming 10 years were 4.5% (much higher than the 2.8% averaged by the region from 1991 to 2004), and if they raised the proportion of GDP they allocate to social spending to the region's current average of 15.1%, per capita spending would reach US\$ 220. Although a doubling of public social spending in one decade would be a major achievement, especially if that increase were accompanied by improved effectiveness and efficiency in its use, it would still be minimal, representing barely 36% of average regional spending for 2002–2003.

Per capita social spending is very low, however, not only in those countries benefiting from the HIPC Debt Initiative but also in a number of other countries in the region having very high levels of extreme poverty (over 20%).⁷ The Dominican Republic, Ecuador, El Salvador, Guatemala, Paraguay and Peru are spending annual per capita amounts of no more than US\$ 180 on social sectors, whereas the regional average stands at US\$ 610. This is due to low per capita incomes in these countries, their modest tax yield and the fact that in most of them, social sectors account for a relatively small share of overall public spending. As a result, public social spending is only a small fraction of GDP, less than 10%.⁸

Generally, low levels of per capita public spending and of resources allocated to social spending result from low tax revenue. Taken in the worldwide context, fiscal revenues in the countries of the region also tend to be relatively low when expressed as a percentage of GDP. When social

⁶ Figures for El Salvador before 2000 are unavailable, so the 21% increase took place over a period of only three years. In Ecuador, per capita spending remained unchanged during the period under consideration, at about US\$ 75, and Paraguay showed a decrease of about 10%.

⁷ No social spending figures are available for Guyana, another member of the group of countries benefiting from the HIPC Debt Initiative. Given its low per capita income, it is very likely that it allocates a fairly modest amount to social spending, perhaps less than US\$ 100 per year.

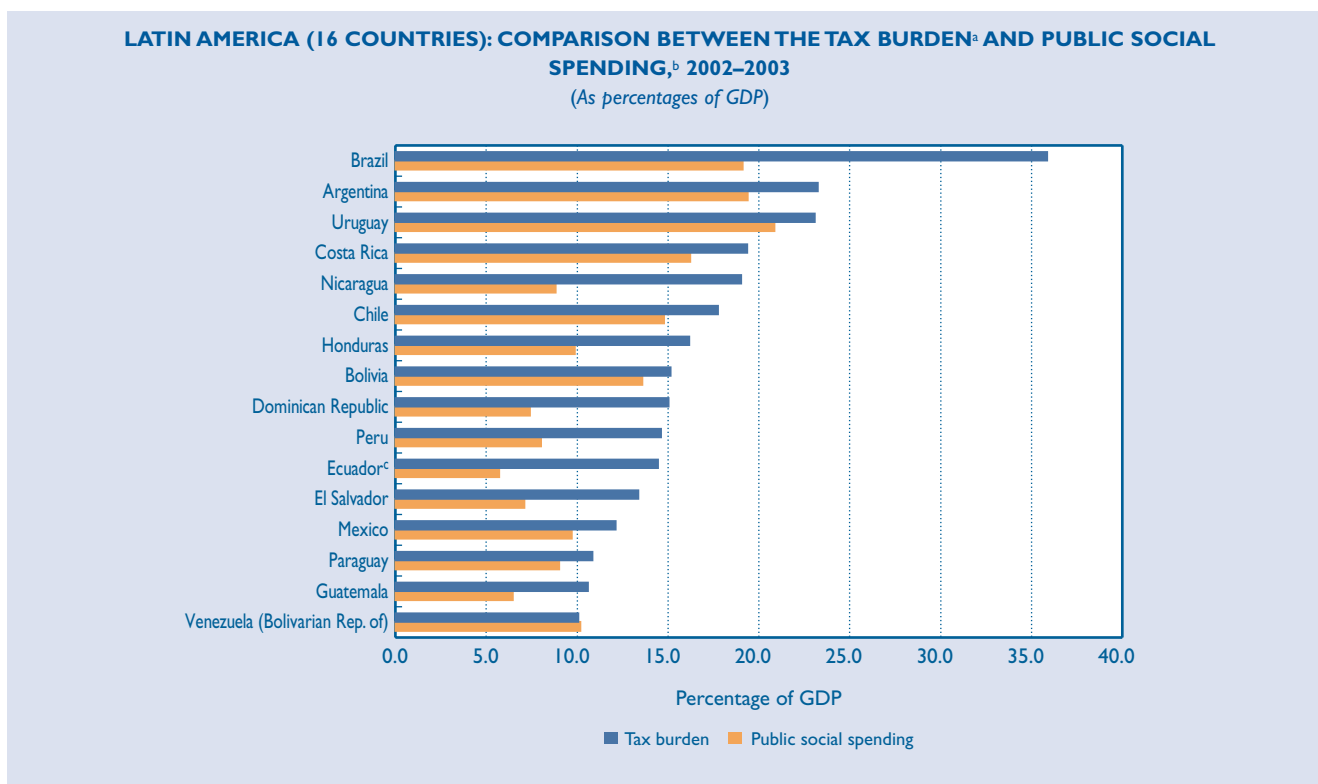
⁸ Bolivia and Honduras are an exception among the region's less developed countries, having allocated a relatively high percentage of GDP to social spending in 2002–2003 (13.6% and 13.0% respectively), close to the simple regional average of 13.1%. Despite that relatively high macroeconomic priority on spending, the actual amounts spent in the two countries is very low. In 2002–2003, Bolivia spent US\$ 136 per capita on social sectors, and Honduras US\$ 126.

security is included in the figure, the tax burden in 19 of the countries of the region in 2003 was 16.8%, whereas in 30 OECD countries it was 36.3% and in 15 European Union countries it averaged 40.8%. In those countries, the State is very active in promoting equity (United Nations, 2005).

Figure II.3 shows that in 10 countries in the region the tax burden is below the Latin American average of 16.8%, and in five countries (the Dominican Republic, Ecuador, El Salvador,

Nicaragua and Peru) social spending was barely half of that figure.⁹ In other words, the priority attached to that spending is very low, even in comparison with other countries of the region which are also characterized by a very low tax burden. ECLAC has therefore pointed out that a fiscal covenant is needed, so that the overall tax burden can be increased in order to boost State revenue and that, at the same time, the share allocated to social programmes must be increased (ECLAC, 1998).

Figure II.3



Source: For the tax burden, Latin American and Caribbean Institute for Economic and Social Planning (ILPES)/Economic Commission for Latin America and the Caribbean (ECLAC), based on official figures; for public social spending, Economic Commission for Latin America and the Caribbean (ECLAC), based on information from the ECLAC social expenditure database.

^a The tax burden includes social security contributions and, apart from Ecuador (2002), Mexico (2000) and Panama (2000), the data are for 2003.

^b The data on public social spending are an average for 2002–2003, apart from Honduras, Mexico and Panama, whose figures are for 2000–2001. Apart from Argentina, Brazil and Costa Rica, whose data coverage is from general government, the information corresponds to the central government. In the Bolivarian Republic of Venezuela, information on paid social expenditure was used, and not agreed expenditure as in the other figures and tables.

^c Includes disbursements by the Ecuadorian Social Security Institute.

⁹ It should be noted that the difference between the tax burden (which includes social security contributions) and public social spending does not correspond to spending for the other functions of the State (e.g., economic or administrative) and that social expenditure includes spending from social security contributions made by the taxpayers.

Measures to increase State revenue and allocate it to social programmes constitute a positive signal, encouraging greater support from the population for government programmes, to the extent that increased spending is financed by a more progressive tax structure that attenuates income disparities. This is all the more so when resources are focused on social programmes which are widely accepted or which concentrate on the poorest social strata, and it facilitates the strong social consensus needed for any raising of the tax burden. This can create improved conditions for increased internal resources to be complemented by the necessary official development assistance, particularly in countries with the lowest per capita income. However, in several of the countries of the region, boosting State revenue and allocating it to social sectors may be a slow process because, as mentioned above, increased social spending is closely linked to economic growth, which has been low and volatile. This last aspect is discussed below.

In recent years, public social spending has continued the procyclical behaviour it has traditionally shown in the region. Along with lower economic growth, the rate of increase of spending on social sectors has fallen: from an average annual growth rate of 4.6% in the first seven years of the 1990s, it slumped to 2.8% in the period from 1998 to 2003. In recent years, however, public social spending has varied more closely with the economic cycle, in comparison with the early 1990s, when expansion in many countries' social spending was well above the rise in GDP and cuts in that spending were deeper than falls in GDP. Thus, fiscal budgets have been managed more conservatively and the planning of public social spending has been more in line with expected fiscal revenues. This has led to improved conditions for longer-term continuance of social programmes designed exactly for the purpose of assisting population groups which were worst affected by falling growth and rising unemployment.

As mentioned in the previous section, overcoming conditions of extreme poverty and inequality in the region requires that high priority should be given to the countries' social spending. That spending should be seen in its full complexity: as an essential component of public spending, and on the basis of explicit criteria in the interest of greater equity. This requires the identification of priority areas for social investment, with a view to ending the principal mechanisms which perpetuate inequalities. This is possible only by means of long-term, explicitly designed social programmes. To that end, it is vital that those components of social spending considered most important should be "armour-plated". This leads to the important question of whether or not there have been changes in the traditional performance of social spending in the region during periods of growth or recession in the economic cycle.

The evidence presented in previous editions of the *Social Panorama* has drawn attention to the vulnerability of social policies during periods of crisis, as a result of the fact that, as a general rule, social spending has tended to grow when more budgetary resources were available to finance it, and to contract when public-sector finances were declining, usually as a result of falling economic growth (ECLAC, 2001). In referring to that behaviour, the term "procyclical" has often been used, as opposed to the opposite, "countercyclical" behaviour, where social spending increases in times of economic downturns which lead to lower State revenues. That would enable resources for social assistance to be protected during recessionary periods, which is exactly when those resources are the most needed in order to prevent or counteract deteriorations in the living conditions of the most vulnerable population groups. A priority goal of public policies, therefore, is to prevent or moderate the procyclical behaviour of social spending in adverse economic situations, especially spending

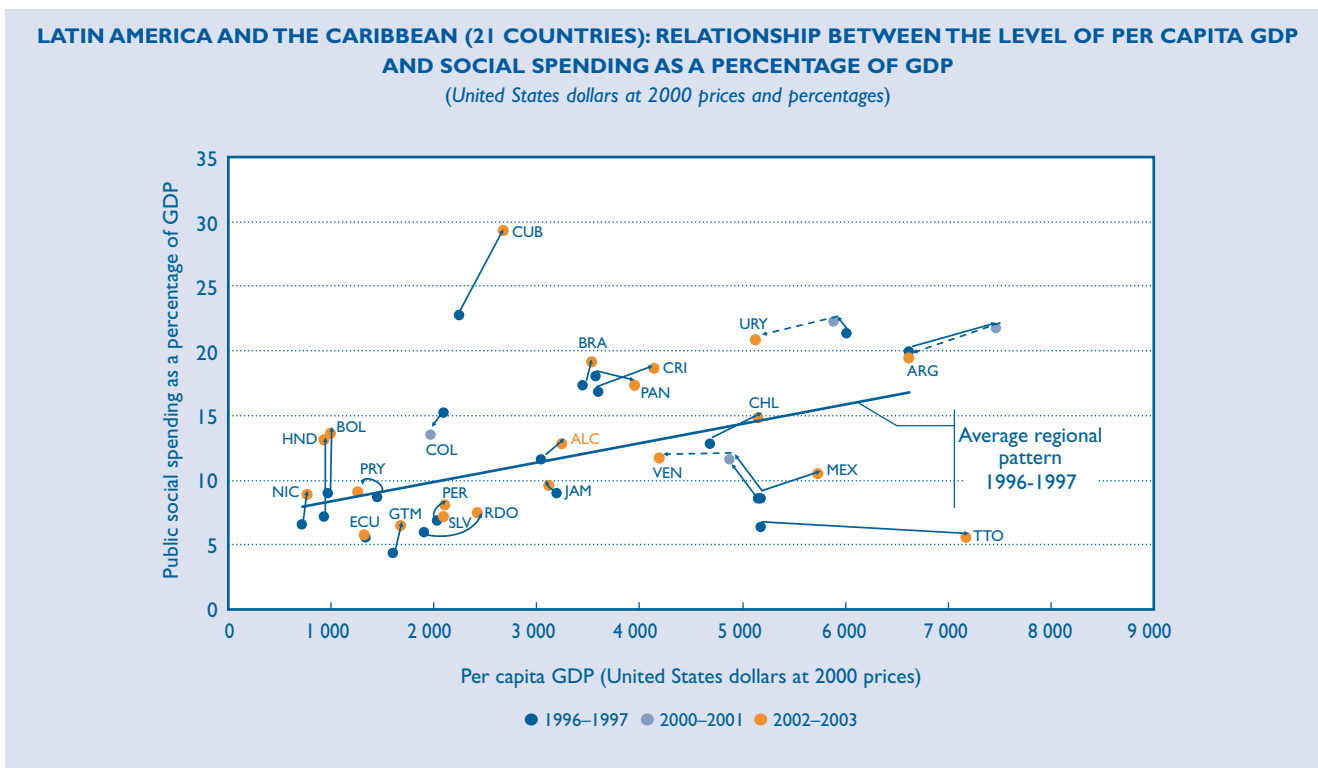
which benefits the poorest sectors, strengthening practices which consolidate and stabilize that spending.

Before examining the performance of social spending in relation with the economic cycle in the region in recent years, we should analyse the relationship between the scale of that spending as a proportion of the countries' GDP (which is described as the macroeconomic priority of social spending) and their per capita GDP. To give a clearer picture of the changes which have occurred in recent years and to illustrate the impact of the Argentine, Uruguayan and Venezuelan crisis of the early 2000s, figure II.4 shows the mean regional pattern of the two variables for the biennium 1996–1997. The figure also shows the relationship between social spending and GDP

for the biennium 2002–2003. In the cases of Argentina, the Bolivarian Republic of Venezuela and Uruguay, it also includes data for the biennium 2000–2001 which preceded the steep drops in GDP that affected those three countries.¹⁰

Firstly, it draws attention to the persistence of considerable disparities in the State resources that the countries are able to allocate to social sectors. The changes observed since 1997 have made no major difference to the regional pattern prevailing at that time, although there was an increase in the dispersion in the group of countries having the lowest social spending as a percentage of GDP, owing to considerable increases in spending in Bolivia, Honduras and Nicaragua. In the context of economies which barely increased their per capita

Figure II.4



Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on information from the ECLAC social expenditure database. The figures are updated to the second quarter of 2005.

¹⁰ In both Argentina and Uruguay, the crisis was the most intense in 2002, but in 2001 the two countries had already seen a fall in GDP of 4.4% and 3.6% respectively.

incomes between 1996–1997 and 2002–2003, the proportion of GDP allocated to social spending increased by about five percentage points in the first two of those countries and by a little over two points in the third. As indicated, this was possible to a great extent thanks to the increased resources from official development assistance from which those countries benefited.

Secondly, although the proportion of GDP that countries are able to allocate to social spending depends to some degree on their per capita income, the relationship between the two is not very close. There are countries which have a relatively low per capita GDP and which nonetheless attach greater priority to social spending. Costa Rica is a good example of this. With a per capita income far below that of Chile, Mexico and Trinidad and Tobago, Costa Rica spends a significantly higher proportion of its GDP on social sectors (see figure II.4). Similarly, in 1996–1997, with a per capita income very similar to that of Peru –about US\$ 2,000 per year– Colombia allocated more than double the percentage points of GDP to social spending: 15.2% compared with 6.9%.

Lastly, the same figure shows the adverse impact of recessionary situations on social spending, particularly when they cause steep falls in GDP. In Argentina, the drop in fiscal revenue resulting from a loss of GDP of over 15% in the biennium 2001–2002 resulted in a decline of more than two percentage points in the macroeconomic priority attached to spending. In per capita terms, public social spending in Argentina fell by 21%, from US\$ 1,624 to US\$ 1,283. In Uruguay, the fall in GDP over the same period was a little over 16% and the decrease in per capita public social spending was also very sharp (about -18%), although the decline in social spending as a proportion of GDP, 1.3 percentage points, was somewhat less than in

Argentina. The Bolivarian Republic of Venezuela, which experienced a reduction in GDP in the biennium 2002–2003, even greater than that in Argentina and close to that in Uruguay (almost 19 percentage points), managed to maintain the proportion of GDP allocated to social spending, although this effort did not prevent a fall in absolute terms and on the basis of a much lower spending level. In this case, the fall was close to 14% (from US\$ 565 to US\$ 488 per capita).

Those three countries showed very high rates of GDP growth in 2004 (9%, 12.3% and 19.9% respectively, for the biennium) and, at the same time, they largely recovered their pre-recession fiscal revenue levels. Unfortunately, we do not have more recent social spending data for Argentina and Uruguay in order to examine spending trends during this period of recovery and determine the impact of the resources allocated to broadly-based social programmes, such as income transfers to heads of household, in the case of Argentina, or the recent National Social Emergency Plan (PANES) in Uruguay. In the case of the Bolivarian Republic of Venezuela, preliminary data for 2004 are available, suggesting an 11% increase in per capita social spending for that year. That would largely compensate for the previous year's loss, with a result close to the 2000–2001 level, the highest recorded in that country in the past 14 years.¹¹

2. THE BEHAVIOUR OF PUBLIC SOCIAL SPENDING IN RELATION TO THE VOLATILITY OF GROWTH

The goal of counteracting the severe negative impact of recessionary crises on the most vulnerable population groups by protecting resources allocated to social sectors and improving public policies designed to improve the effectiveness of those

¹¹ In the case of the Bolivarian Republic of Venezuela, institutional coverage of data on public social spending corresponds to budgetary central government (see box II.2). These data omit a very significant proportion of the resources invested in social programmes in recent years by means of "social missions", expenditure largely financed with resources generated by the marked increase in oil revenue. Posting the resources invested in education, health and nutrition could significantly increase the figure of US\$ 541 recorded in 2004.

resources is increasingly among the major concerns of governments. This is due both to the reduced resources that most of the countries of the region are able to dedicate to social issues and to the worsening volatility of economic growth. Indeed, although there have been improvements in the institutional framework for economic policy –in many cases, with the creation of independent central banks and anticyclical funds, together with the imposition of fiscal deficit restrictions– the region has continued to be affected by high levels of volatility which have made it difficult to provide stable levels of resources for social sectors. This has been compounded by fragile productive and financial systems and the impact on the region's economies of various international crises, with heavy costs for public finances, and in many cases the absence of a strong authority dealing with social issues. Since the total amount of public resources tends to covary with national levels of GDP, it has been observed that in general, social spending in the Latin American countries has followed the behaviour of the macroeconomic cycle, shrinking during recessionary periods and growing in times of economic recovery or growth.

In light of this problem it is fair to ask whether or not, together with the increasing volatility of growth, there has been a change in the behaviour of social spending in the region; in other words, whether there has been improved capacity to protect or "armour-plate" resources allocated to social sectors during periods of contraction of fiscal revenue, or whether its procyclical performance has generally continued. A better picture can be obtained by comparison of the performance of the economies and public social spending before the crisis of 1998 with the later period up to 2003.

The first notable fact is that from 1998 onwards, not only did the region's economic growth decline, but it also became more volatile than in the early 1990s. The average annual GDP growth rate of 3.6% recorded from 1991 to 1997 fell by more than half in 1998–2003, to 1.4%, and there was a succession of shorter cycles of expansion and contraction.¹² The increased volatility of the region's economic growth following the crisis of 1998 is reflected by a comparison of coefficients of variability in annual GDP growth rates; they stood at 0.41 from 1991 to 1997 and 1.15 from 1998 to 2003 (see table II.1).

Table II.1

LATIN AMERICA (20 COUNTRIES): AVERAGE ANNUAL RATE OF VARIATION AND VOLATILITY OF GROSS DOMESTIC PRODUCT, OF TOTAL AND SECTORAL PUBLIC SOCIAL SPENDING AND OF TOTAL PUBLIC SPENDING, 1991–1997 AND 1998–2003						
<i>(Average annual rate of variation and variation coefficient of observed annual rates)</i>						
	Period				Total period	
	1991–1997		1998–2003		1991–2003	
	Average annual rate of variation	Variation coefficient	Average annual rate of variation	Variation coefficient	Average annual rate of variation	Variation coefficient
Gross domestic product	3.6	0.41	1.4	1.15	2.6	0.73
Public social spending	4.6	1.16	2.8	1.08	3.8	1.19
Education and culture	4.1	2.48	3.3	1.75	3.7	2.30
Health and nutrition	2.3	2.36	1.7	2.58	2.0	2.47
Social security and welfare	6.7	0.94	3.6	0.56	5.3	0.97
Housing and other	1.1	6.55	2.2	3.62	1.6	5.67
Total public spending	1.5	3.37	1.8	1.86	1.6	2.69

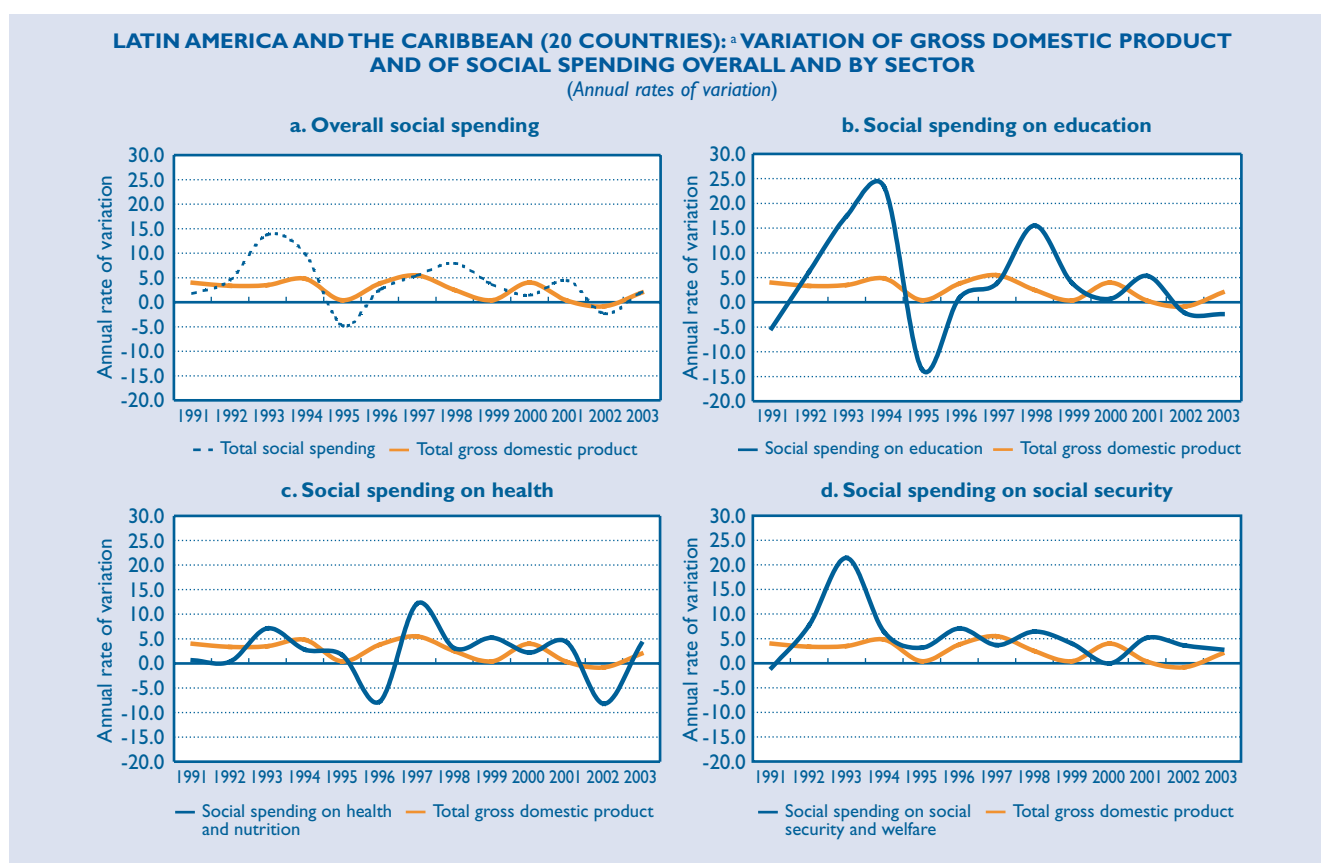
Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on official figures from the countries.

¹² The strong recovery in the region's economic growth in 2004 (5.9%) was not enough to raise the post-1998 growth rate (1.9%) to the level it had attained in the first seven years of the 1990s (3.6%).

Reduced growth in the economies led to a lowering of the rapid rate of expansion in the region's public social spending. The average annual rate of 4.6% in the early part of the decade fell to 2.8% – a less sharp drop than that of GDP over the same period (1998–2003). However, public social spending in recent years has followed the economic cycle more closely than in the previous period, with many countries expanding their social spending at a rate well above that of GDP growth, and also cutting it more steeply than the fall in GDP. Figure II.5a shows those differences in the performance of social spending in relation to the economic cycle in the two subperiods. In other words, although social spending retained its procyclical nature, there has

been a tendency to manage it in line with the possibilities offered by increases in resources and the limitations imposed by cuts.¹³ In that sense, there has been more prudential management of fiscal budgets, and planning of public spending which was more in accordance with expected fiscal revenues, in an overall context of increasing social spending in the region, although the rate of increase was less than that made possible and motivated by the economic growth of the first four years of the 1990s.¹⁴ This has led to improved conditions for the establishment and continuation of social programmes designed precisely to assist those population groups hit hardest by falling growth and rising unemployment.

Figure II.5



Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on information from the ECLAC social expenditure database. The figures are updated to the second quarter of 2005.

^a Aggregate of countries having information on social spending, excluding El Salvador.

¹³ The coefficient of variation of annual growth rates of public social spending fell very slightly between the two subperiods, from 1.16 to 1.08 (see table II.1).

¹⁴ It should be recalled that, in most of the countries of the region, a considerable proportion of public spending is centralized. See box II.2.

METHODOLOGICAL ISSUES REGARDING STATISTICS FOR OVERALL PUBLIC SPENDING AND FOR SOCIAL SPENDING

There are differences in methodology within the region, particularly in the coverage of the series of overall public spending and public social spending. The former include those relating to the accounting record of expenditure and the definition of public social spending. In the second case, discrepancies relate to the countries' various institutional characteristics, and to the possibility of including the expenditure of local governments and entities whose budget is independent.

Public spending can be broken down according to the various entities which execute it, which normally defines the coverage of the information. The widest coverage of total public expenditure is the total public sector, which can be initially broken down into financial public sector (FPS), which includes the central bank and other State-owned financial institutions, and the non-financial public sector (NFPS), which includes the central government (CG), non-financial public enterprises (PE) and local governments (LG). The non-financial public sector (NFPS) is the broadest possible coverage in terms of public social spending. The fact that spending by public enterprises (PE) is not included in NFPS gives rise to the general government (GG) entity, which includes only central government (CG) and local governments (LG). Lastly, within central government (CG), a distinction can be made between agencies with budgetary autonomy (AA) and those whose funds come directly from the central government budget (budgetary central government, or BCG).

Although six countries provided information on different types of institutional coverage, this chapter includes those which, together with the greatest institutional breadth, can provide a 1990–2003 series which can be disaggregated clearly into the various social sectors analysed (including education, health, social security and assistance, and housing). The following list groups the countries according to the institutional coverage of their social expenditure series.

Institutional coverage	Countries
NFPS = CG + PE + LG	Argentina, Brazil, Colombia, Costa Rica, Panama
CG = BCG + AA	Bolivia, Chile, Cuba, Dominican Republic, Ecuador,* El Salvador, Guatemala, Honduras, Jamaica, Trinidad and Tobago, Uruguay
BCG	The Bolivarian Republic of Venezuela, Mexico, Nicaragua, Paraguay, Peru

* There was a series of disbursements by the Ecuadorian Social Security Institute, which was added to the amount of the expenditure budgeted by the central government.

In terms of the accounting definitions used in the series for these 21 countries and the way social expenditure is financed and implemented in each of them, the figures for 20 of them can be described as reasonably comparable. Because Mexico's series do not include social spending at the local level, and the financing of such spending is to some degree decentralized because of the country's federal structure, its public social spending figures are underestimated and are therefore not fully comparable. The following table shows information from Brazil and Argentina, which are also federal republics, illustrating the degree of decentralization of public social spending at the different levels of government.

ARGENTINA (2003) AND BRAZIL (1996): PUBLIC SOCIAL SPENDING AT THE VARIOUS LEVELS OF GOVERNMENT

(Per capita public social spending in United States dollars at 2000 prices and percentages)

	Federal government		State governments		Municipal governments		Consolidated total
	US\$ per capita	% of total	US\$ per capita	% of total	US\$ per capita	% of total	
Brazil 1996	409	57.4	166	23.2	138	19.4	713
	National government		Provincial governments ^a		Municipal governments		Consolidated total
	US\$ per capita	% of total	US\$ per capita	% of total	US\$ per capita	% of total	
Argentina 2003	696	53.1	525	40.0	90	6.9	1311

Source: Brazil: Institute for Applied Economic Research (IPEA), "Gastos sociais das tres esferas de governo – 1996", Rio de Janeiro, 1996. Argentina: Official figures from the Department of Consolidated Social Expenditures, Ministry of Economic Affairs.

^a Includes the spending of the City of Buenos Aires.

For this reason, and given that in Brazil consolidated figures for the spending levels of the three areas of government are not systematically available, estimates have been made of the ratio of growth in federal spending to consolidated spending for each sector, based on various studies by the Institute for Applied Economic Research (IPEA) and information on state and municipal spending available from the National Treasury of the Ministry of Finance.

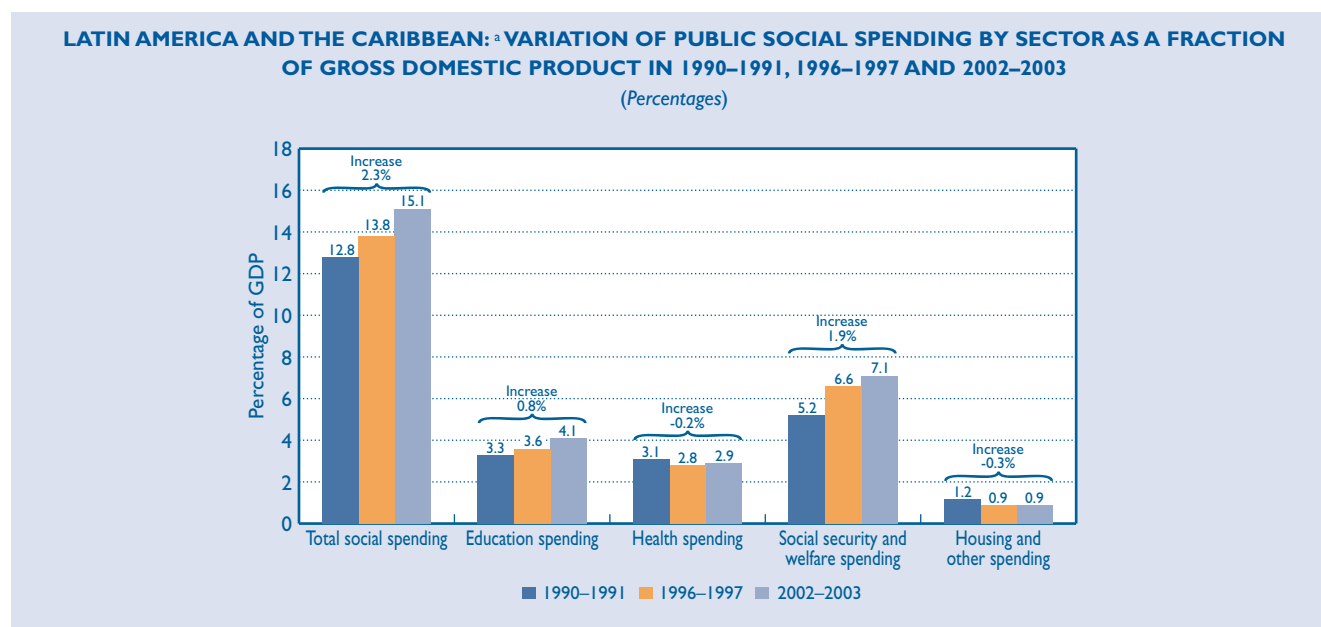
Source: Economic Commission for Latin America and the Caribbean (ECLAC).

The changed trend in the performance of public social spending as a whole in relation to the cycle reflects some differences between the principal sectors towards which resources are targeted (see figures II.5b, II.5c and II.5d). Education spending –just as social spending as a whole– has tended to follow the economic cycle more closely, although its share of GDP has continued to rise. Spending on health and nutrition, on the other hand, is the one component of public social spending which continued to vary widely from 1998 onwards, with a fall in 2002–2003 of the same magnitude as that seen in 1994–1995, as a result of the crisis which first affected Mexico, and then Argentina and Uruguay. From 1990–1991, spending on health and on housing and sanitation received a lower share, in response to increased spending on education and especially on social security and welfare. This

emerges clearly from figure II.6, which shows the significant increase in the priority given to those two areas, measured as a percentage of regional GDP.

Lastly, an increasing share of resources has been allocated to social sectors in relation to spending on other State activities, particularly its economic and administrative functions. Social spending as a percentage of total public spending rose from 47.6% in the early 1990s to 59.2% in the biennium 2002–2003. Although fiscal revenue grew more slowly, and fell during recessionary periods, four points of that increase of over 11 percentage points were achieved from 1998 onwards (see tables II.2 to II.8 at the end of this section). These figures are indicative of the higher priority which the countries of the region have, as a general rule, attached to social spending.¹⁵

Figure II.6



Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on information from the ECLAC social expenditure database. The figures are updated to the second quarter of 2005.

^a Weighted average of the countries which have all the information on social spending for the relevant periods; this is why values may not coincide with other figures and tables. Since the figures are rounded, percentages do not necessarily add up to the corresponding total.

¹⁵ Although these percentages show the greater fiscal priority attached to social sectors within public spending, they do not strictly speaking refer to that priority, as long as they include resources which do not come under the central government and consequently are not subject to decisions adopted in the annual budgetary framework.

In a context where growth in public social spending is slower than it had been before the 1998 crisis, and countries with the lowest per capita incomes will have difficulty in increasing it to a significant degree within a reasonable period and, in addition, higher-income countries are already

spending a high percentage of GDP on social sectors –close to the average for the OECD countries– it is crucially important to answer the question of how those resources are oriented or distributed among the population.¹⁶ This aspect is considered in the following section of this chapter.

Table II.2

LATIN AMERICA AND THE CARIBBEAN (21 COUNTRIES): PER CAPITA PUBLIC SOCIAL SPENDING (United States dollars at 2000 prices)							
	Period						
	1990–1991	1992–1993	1994–1995	1996–1997	1998–1999	2000–2001	2002–2003
Argentina	1 180	1 416	1 552	1 546	1 677	1 624	1 283
Bolivia	47	59	68	88	108	121	136
Brazil ^a	565	547	641	597	663	662	676
Chile	404	477	512	599	691	750	763
Colombia	122	152	235	319	278	267	...
Costa Rica	488	516	566	606	651	728	774
Cuba ^b	731	665	477	512	568	658	782
Ecuador	95	106	81	75	64	64	76
El Salvador	...	...	...	...	...	123	149
Guatemala	50	63	64	69	99	104	109
Honduras ^c	71	76	71	67	69	92	126
Jamaica	271	262	273	291	...	294	300
Mexico	327	420	452	442	512	567	600
Nicaragua	49	45	49	48	58	64	68
Panama	496	579	601	644	637	680	683
Paraguay	45	95	115	126	127	104	114
Peru	64	85	125	140	151	158	170
Dominican Republic	68	98	105	114	140	171	180
Trinidad and Tobago	334	344	324	325	...	342	395
Uruguay	820	1 009	1 150	1 284	1 378	1 309	1 071
Venezuela (Bolivarian Rep. of) ^d	446	495	400	443	438	565	488
Latin America and the Caribbean ^e	333	375	393	417	461	466	481
Latin America and the Caribbean ^f	440	479	529	525	575	589	610

Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on information from the Commission's social expenditure database. The figures are updated to the second quarter of 2005.

^a The figure in the 2002–2003 column corresponds to an estimate of social spending at the three levels of government (federal, state and municipal) based on information on social spending at the federal level.

^b According to the official exchange rate (one United States dollar = one peso).

^c The figure in the 2002–2003 column corresponds to 2004, and has not been taken into account in regional averages.

^d The figures for this country correspond to agreed social spending (the budget and the changes made to it at the end of each year).

^e Simple average of the countries, not including El Salvador.

^f Weighted average of the countries, not including El Salvador.

¹⁶ Of the OECD countries, 21 use an average of 21.9% of their GDP for social spending. In Argentina, Brazil, Costa Rica, Cuba and Uruguay, public social spending averages 19.5% (see <http://www.oecd.org/>).

Table II.3

LATIN AMERICA AND THE CARIBBEAN (21 COUNTRIES): PUBLIC SOCIAL SPENDING AS A PERCENTAGE OF GROSS DOMESTIC PRODUCT (Percentages)							
	Period						
	1990–1991	1992–1993	1994–1995	1996–1997	1998–1999	2000–2001	2002–2003
Argentina	19.3	20.1	21.1	19.9	20.9	21.8	19.4
Bolivia	5.2	6.5	7.2	8.9	10.7	12.1	13.6
Brazil ^a	18.1	17.6	19.2	17.3	19.3	18.8	19.1
Chile	12.7	12.8	12.4	12.8	14.3	15.0	14.8
Colombia	6.6	7.9	11.5	15.2	13.7	13.5	...
Costa Rica	15.6	15.2	15.8	16.8	16.4	18.0	18.6
Cuba	25.3	30.0	23.2	22.8	24.3	25.6	29.2
Ecuador	7.5	8.1	6.1	5.6	4.9	5.0	5.7
El Salvador	...	...	...	...	...	5.9	7.1
Guatemala	3.3	4.1	4.1	4.3	5.9	6.1	6.5
Honduras ^b	7.9	8.1	7.8	7.2	7.4	9.9	13.1
Jamaica	8.4	8.0	8.2	9.0	...	9.5	9.6
Mexico	6.5	8.1	8.9	8.5	9.2	9.7	10.5
Nicaragua	6.6	6.5	7.2	6.5	7.6	8.2	8.8
Panama	16.2	17.0	17.3	18.0	16.4	17.4	17.3
Paraguay	3.2	6.6	7.8	8.7	9.1	8.0	9.0
Peru	3.9	5.1	6.5	6.9	7.4	7.8	8.0
Dominican Republic	4.3	5.9	6.1	5.9	6.5	7.2	7.4
Trinidad and Tobago	6.9	7.3	6.6	6.4	...	5.3	5.5
Uruguay	16.8	18.9	20.2	21.3	22.0	22.2	20.9
Venezuela (Bolivarian Rep. of) ^c	8.8	9.2	7.8	8.6	8.8	11.6	11.7
Latin America and the Caribbean ^d	10.2	11.2	11.2	11.5	12.5	12.6	13.1
Latin America and the Caribbean ^e	12.8	13.4	14.4	13.8	14.8	15.0	15.1

Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on information from the Commission's social expenditure database. The figures are updated to the second quarter of 2005.

^a The figure in the 2002–2003 column is an estimate of social spending at the three levels of government (federal, state and municipal) based on information on social spending at the federal level.

^b The figure in the 2002–2003 column corresponds to 2004. This figure is not taken into account in regional averages.

^c Figures for this country correspond to agreed social spending (the budget and the changes made to it at the end of each year).

^d Simple average of the countries, not including El Salvador.

^e Weighted average of the countries, not including El Salvador.

Table II.4

LATIN AMERICA AND THE CARIBBEAN (21 COUNTRIES): PUBLIC SOCIAL SPENDING AS A PERCENTAGE OF TOTAL PUBLIC SPENDING (Percentages)							
	Period						
	1990–1991	1992–1993	1994–1995	1996–1997	1998–1999	2000–2001	2002–2003
Argentina	62.2	63.4	65.7	65.5	64.2	62.7	66.1
Bolivia	34.4	30.2	27.5	30.2	34.2	35.4	33.0
Brazil ^a	48.9	47.2	58.2	57.0	58.5	62.1	59.4
Chile	61.2	62.8	64.2	65.2	66.0	67.3	67.6
Colombia	28.8	32.2	39.9	41.8	32.7	32.3	...
Costa Rica ^b	...	...	...	...	63.6	63.7	64.5
Cuba	31.5	31.8	34.4	41.6	44.8	47.1	51.4
Ecuador	42.8	48.5	33.7	27.6	21.7	20.9	25.2
El Salvador	...	...	...	...	...	35.5	35.9
Guatemala	29.9	33.3	41.3	42.7	45.1	47.3	50.4
Honduras ^c	36.5	28.0	32.3	31.7	31.4	38.7	52.0
Jamaica	26.8	23.2	20.6	19.2	...	17.1	17.3
Mexico	41.3	50.2	53.1	52.3	59.4	61.3	59.3
Nicaragua	34.0	38.5	39.9	37.0	37.1	38.4	40.0
Panama	40.0	37.8	43.2	43.8	44.7	44.3	45.1
Paraguay	39.9	42.9	43.3	47.1	44.5	38.3	41.6
Peru	33.0	35.0	39.4	39.6	41.9	45.0	...
Dominican Republic	38.4	37.0	40.8	39.0	39.3	43.3	39.7
Trinidad and Tobago	40.6	40.6	42.8	40.7	...	40.6	40.3
Uruguay	62.3	67.7	70.8	70.8	69.5	66.6	60.6
Venezuela (Bolivarian Rep. of) ^d	32.8	40.1	35.3	35.4	36.6	37.8	38.6
Latin America and the Caribbean ^e	40.3	41.6	43.5	43.6	45.4	44.6	46.0
Latin America and the Caribbean ^f	47.6	50.7	55.7	55.2	57.6	59.2	59.2

Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on information from the Commission's social expenditure database. The figures are updated to the second quarter of 2005.

^a The figure in the 2002–2003 column is an estimate of social spending at the three levels of government (federal, state and municipal) based on information on social spending at the federal level.

^b Unlike the statistics shown for Costa Rica in the other tables and figures in this chapter, the statistics in this table correspond to the general government, rather than the entire public sector. The figure given in the column headed "1998–1999" corresponds to 1998.

^c The figure in the 2002–2003 column corresponds to 2004. This figure is not taken into account in regional averages.

^d Figures for this country correspond to agreed social spending (the budget and the changes made to it at the end of each year).

^e Simple average of the countries, not including El Salvador.

^f Weighted average of the countries, not including El Salvador.

Table II.5

LATIN AMERICA AND THE CARIBBEAN (21 COUNTRIES): LEVEL AND VARIATIONS OF PER CAPITA PUBLIC SOCIAL SPENDING ON EDUCATION AND AS A PERCENTAGE OF GDP								
<i>(United States dollars at 2000 prices, as a percentage of GDP and variations in absolute terms)</i>								
	Period 1996–1997		Absolute variation in relation to 1990–1991		Period 2002–2003		Absolute variation in relation to 1996–1997	
	U.S. dollars per capita	Percentage of GDP	U.S. dollars per capita	Percentage of GDP	U.S. dollars per capita	Percentage of GDP	U.S. dollars per capita	Percentage of GDP
Argentina	328	4.2	108	0.6	279	4.2	-49	0.0
Bolivia	51	5.2	22	1.9	66	6.7	16	1.5
Brazil ^a	112	3.2	-5	-0.5	128	3.6	16	0.4
Chile	141	3.0	64	0.6	209	4.0	68	1.0
Colombia ^b	100	4.8	52	2.1	86	4.3	-14	-0.4
Costa Rica	164	4.6	41	0.6	235	5.7	71	1.1
Cuba ^c	177	7.9	-145	-3.2	328	12.3	151	4.4
Ecuador	34	2.5	-2	-0.3	36	2.7	2	0.1
El Salvador	...	...	...	...	67	3.2	...	...
Guatemala	27	1.7	4	0.1	44	2.6	17	0.9
Honduras ^d	33	3.5	-6	-0.8	70	7.2	38	3.7
Jamaica	157	4.9	25	0.8	162	5.2	5	0.3
Mexico	190	3.7	60	1.1	233	4.1	43	0.4
Nicaragua	21	2.9	3	0.3	32	4.1	11	1.2
Panama	178	5.0	54	0.9	185	4.7	7	-0.3
Paraguay	62	4.2	44	2.9	55	4.4	-7	0.1
Peru ^b	50	2.5	24	0.8	50	2.5	0	0.0
Dominican Republic	44	2.3	26	1.1	72	3.0	29	0.7
Trinidad and Tobago	152	3.0	-1	-0.2	223	3.1	71	0.1
Uruguay	182	3.0	63	0.6	173	3.4	-10	0.3
Venezuela (Bolivarian Rep. of) ^e	166	3.2	-14	-0.3	213	5.1	47	1.9
Latin America and the Caribbean ^f	118	3.8	21	0.5	157	4.6	39	0.9
Latin America and the Caribbean ^g	137	3.6	23	0.3	171	4.1	33	0.5

Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on information from the Commission's social expenditure database. The figures are updated to the second quarter of 2005.

^a The figure in the 2002–2003 column corresponds to an estimate of social spending at the three levels of government (federal, state and municipal) based on information on social spending at the federal level.

^b The figure in the 2002–2003 column corresponds to the average for 2000–2001. This figure is not taken into account in regional averages.

^c The figure in United States dollars per capita is given according to the official exchange rate (one United States dollar = one peso).

^d The figure in the 2002–2003 column corresponds to 2004, and is not taken into account in the regional averages.

^e Figures for this country correspond to agreed social spending (the budget and the changes made to it at the end of each year).

^f Simple average for the countries, not including El Salvador.

^g Weighted average for the countries, not including El Salvador.

Table II.6

LATIN AMERICA AND THE CARIBBEAN (21 COUNTRIES): LEVEL AND VARIATIONS OF PER CAPITA PUBLIC SOCIAL SPENDING ON HEALTH AND AS A PERCENTAGE OF GDP								
<i>(United States dollars at 2000 prices, as a percentage of GDP and variations in absolute terms)</i>								
	Period 1996–1997		Absolute variation in relation to 1990–1991		Period 2002–2003		Absolute variation in relation to 1996–1997	
	U.S. dollars per capita	Percentage of GDP	U.S. dollars per capita	Percentage of GDP	U.S. dollars per capita	Percentage of GDP	U.S. dollars per capita	Percentage of GDP
Argentina	354	4.6	89	0.2	291	4.4	-64	-0.2
Bolivia	9	0.9	0	-0.1	16	1.6	7	0.6
Brazil ^a	98	2.8	-14	-0.7	102	2.9	4	0.0
Chile	114	2.4	51	0.5	155	3.0	41	0.6
Colombia ^b	68	3.2	51	2.3	87	4.4	19	1.2
Costa Rica	171	4.7	17	-0.2	236	5.7	65	1.0
Cuba ^c	119	5.3	-31	0.1	168	6.3	49	1.0
Ecuador	11	0.9	-7	-0.6	15	1.1	4	0.3
El Salvador	...	...	...	...	34	1.6	...	...
Guatemala	13	0.8	-1	-0.2	17	1.0	4	0.3
Honduras ^d	20	2.1	-4	-0.5	34	3.5	15	1.4
Jamaica	76	2.3	6	0.2	78	2.5	2	0.2
Mexico	112	2.2	-36	-0.8	136	2.4	24	0.2
Nicaragua	18	2.5	-3	-0.4	24	3.0	6	0.6
Panama	208	5.8	44	0.5	236	6.0	28	0.1
Paraguay	19	1.3	15	1.0	16	1.3	-3	-0.1
Peru ^b	29	1.4	15	0.6	36	1.8	7	0.3
Dominican Republic	26	1.4	10	0.4	39	1.6	13	0.2
Trinidad and Tobago	100	2.0	-27	-0.7	93	1.3	-8	-0.7
Uruguay	151	2.5	10	-0.4	125	2.4	-26	-0.1
Venezuela (Bolivarian Rep. of) ^e	59	1.1	-20	-0.4	67	1.6	8	0.5
Latin America and the Caribbean ^f	89	2.5	8	0.0	106	2.8	18	0.3
Latin America and the Caribbean ^g	105	2.8	-1	-0.3	120	2.9	15	0.1

Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on information from the Commission's social expenditure database. The figures are updated to the second quarter of 2005.

^a The figure in the 2002–2003 column corresponds to an estimate of social spending at the three levels of government (federal, state and municipal) based on information on social spending at the federal level.

^b The figure in the 2002–2003 column corresponds to the average for 2000–2001. This figure is not taken into account in regional averages.

^c The figure in United States dollars per capita is provided in accordance with the official exchange rate (one United States dollar = one peso).

^d The figure in the 2002–2003 column corresponds to 2004, and is not taken into account in the regional averages.

^e The figures for this country correspond to agreed social spending (the budget and the changes made to it at the end of each year).

^f Simple average of the countries, not including El Salvador.

^g Weighted average of the countries, not including El Salvador.

Table II.7

LATIN AMERICA AND THE CARIBBEAN (20 COUNTRIES): LEVEL AND VARIATIONS OF PER CAPITA PUBLIC SOCIAL SPENDING ON SOCIAL SECURITY^a AND AS A PERCENTAGE OF GDP (United States dollars at 2000 prices, in percentages of GDP and variations in absolute terms)								
	Period 1996–1997		Absolute variation in relation to 1990–1991		Period 2002–2003		Absolute variation in relation to 1996–1997	
	U.S. dollars per capita	Percentage of GDP	U.S. dollars per capita	Percentage of GDP	U.S. dollars per capita	Percentage of GDP	U.S. dollars per capita	Percentage of GDP
Argentina	756	9.8	163	0.1	642	9.7	-114	-0.1
Bolivia	27	2.7	20	2.0	51	5.1	24	2.4
Brazil ^b	380	11.0	91	1.8	444	12.6	65	1.6
Chile	336	7.2	77	-1.0	390	7.6	54	0.4
Colombia ^c	128	6.1	82	3.6	76	3.8	-52	-2.3
Costa Rica	208	7.3	55	1.0	232	7.4	25	0.2
Cuba ^d	171	7.6	-36	0.4	209	7.8	38	0.2
Ecuador	27	2.0	-14	-1.3	23	1.7	-4	-0.2
El Salvador	...	...	...	...	29	1.4	...	...
Guatemala	12	0.7	1	-0.1	20	1.2	9	0.5
Honduras ^e	2	0.2	1	0.1	5	0.5	4	0.3
Jamaica	11	0.3	-8	-0.3	15	0.5	4	0.1
Mexico	79	1.5	73	1.4	144	2.5	65	1.0
Panama	179	5.0	24	-0.1	218	5.5	39	0.5
Paraguay	40	2.7	23	1.5	38	3.0	-2	0.3
Peru ^c	57	2.8	34	1.4	67	3.3	11	0.6
Dominican Republic	13	0.7	7	0.3	28	1.1	15	0.5
Trinidad and Tobago	5	0.1	2	0.0	5	0.1	0	0.0
Uruguay	924	15.3	380	4.2	754	14.7	-170	-0.7
Venezuela (Bolivarian Rep. of) ^f	154	3.0	52	1.0	170	4.1	16	1.1
Latin America and the Caribbean ^g	184	4.4	54	0.8	211	5.2	27	0.7
Latin America and the Caribbean ^h	253	6.6	73	1.4	314	7.5	61	0.9

Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on information from the Commission's social expenditure database. The figures are updated to the second quarter of 2005.

^a Includes spending items allocated to labour.

^b The figure in the 2002–2003 column corresponds to an estimate of social spending at the three levels of government (federal, state and municipal) based on information on social spending at the federal level.

^c The figure in the 2002–2003 column corresponds to the average for 2000–2001. This figure is not taken into account in regional averages.

^d The figure in United States dollars per capita is provided in accordance with the official exchange rate (one United States dollar = one peso).

^e The figure in the 2002–2003 column corresponds to 2004, and is not taken into account in the regional averages.

^f The figures for this country correspond to agreed social spending (the budget and the changes made to it at the end of each year).

^g Simple average of the countries, not including El Salvador.

^h Weighted average of the countries, not including El Salvador.

Table II.8

LATIN AMERICA AND THE CARIBBEAN (21 COUNTRIES): LEVEL AND VARIATIONS OF PER CAPITA PUBLIC SOCIAL SPENDING ON HOUSING AND OTHERS AND AS A PERCENTAGE OF GDP (United States dollars at 2000 prices, in percentages of GDP and variations in absolute terms)								
	Period 1996–1997		Absolute variation in relation to 1990–1991		Period 2002–2003		Absolute variation in relation to 1996–1997	
	U.S. dollars per capita	Percentage of GDP	U.S. dollars per capita	Percentage of GDP	U.S. dollars per capita	Percentage of GDP	U.S. dollars per capita	Percentage of GDP
Argentina	108	1.4	6	-0.3	72	1.1	-36	-0.3
Bolivia	1	0.1	-1	-0.1	3	0.3	2	0.2
Brazil ^a	8	0.2	-41	-1.3	4	0.1	-4	-0.1
Chile	10	0.2	4	0.0	10	0.2	1	0.0
Colombia ^b	24	1.1	15	0.6	19	1.0	-5	-0.2
Costa Rica	64	2.0	6	-0.1	79	1.9	15	-0.1
Cuba ^c	46	2.0	-8	0.2	79	2.9	33	0.9
Ecuador	3	0.2	3	0.2	3	0.2	1	0.0
El Salvador	...	...	...	...	19	0.9	...	...
Guatemala	19	1.2	18	1.1	29	1.7	10	0.5
Honduras ^d	13	1.4	5	0.5	17	1.8	4	0.4
Jamaica	47	1.4	-2	-0.1	56	1.4	9	0.0
Mexico	62	1.2	19	0.3	90	1.5	28	0.4
Nicaragua	8	1.2	-1	-0.1	13	1.7	5	0.5
Panama	80	2.2	28	0.5	47	1.2	-33	-1.1
Paraguay	6	0.4	0	0.0	6	0.4	-1	0.0
Peru ^b	4	0.2	3	0.2	5	0.2	1	0.0
Dominican Republic	32	1.7	4	-0.1	46	1.7	14	0.1
Trinidad and Tobago	68	1.3	18	0.3	71	1.0	3	-0.3
Uruguay	28	0.5	13	0.2	20	0.4	-8	-0.1
Venezuela (Bolivarian Rep. of) ^e	65	1.3	-22	-0.4	39	0.9	-26	-0.3
Latin America and the Caribbean ^f	35	1.1	3	0.1	38	1.1	3	0.0
Latin America and the Caribbean ^g	32	0.9	-9	-0.4	36	0.9	4	0.0

Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on information from the Commission's social expenditure database. The figures are updated to the second quarter of 2005.

^a The figure in the 2002–2003 column corresponds to an estimate of social spending at the three levels of government (federal, state and municipal) based on information on social spending at the federal level.

^b The figure in the 2002–2003 column corresponds to the average for 2000–2001. This figure is not taken into account in regional averages.

^c The figure in United States dollars per capitals provided in accordance with the official exchange rate (one United States dollar = one peso).

^d The figure in the 2002–2003 column corresponds to 2004, and is not taken into account in regional averages.

^e The figures for this country correspond to agreed social spending (the budget and the changes made to it at the end of each year).

^f Simple average of the countries, not including El Salvador.

^g Weighted average of the countries, not including El Salvador.

B. THE DISTRIBUTION OF SOCIAL SPENDING IN LATIN AMERICA¹⁷

INTRODUCTION

Latin America has the world's highest levels of inequality. According to the statistics, this has been the case ever since records have been kept. Furthermore, inequality has not been the only recurrent phenomenon in the region; poverty, although worsened in times of crisis and attenuated during more prosperous periods, has been persistent in the region, with no less than 35% of the population living in poverty over the past 50 years (Londoño, 1996).¹⁸ The long-term combination of these phenomena has brought about a scenario in which significant elements of society suffer from extreme deprivation and economic and social exclusion, while some minority groups enjoy levels of consumption and well-being similar to those of the highest social strata in the developed countries.

This deplorable social situation is not only the result of economic conditions. Although poverty worsens in times of crisis, Latin America—with very few exceptions—has not been able, in times of stability and growth, to reduce or eliminate the conditions which produce extreme poverty. Those conditions have become a chronic and structural problem.

Most of the countries of the region have levels of poverty which are far higher than they should be,

given the existing levels of wealth. Apart from Chile, Costa Rica, Panama and Uruguay, the current percentage of the population having incomes below what is needed in order to afford a basic basket of goods exceeds the proportion estimated on the basis of per capita GDP (INDES, 2005).

The performance of other major social indicators shows a mixed outcome. On average, Latin America has made progress in primary-school enrolment, life expectancy at birth, infant mortality and access to

¹⁷ Part B of this chapter was prepared by Nohra Rey de Marulanda, manager of the Integration and Regional Programs Department (INT) of IDB and Director of its Inter-American Institute for Social Development (INDES), and by Jorge Ugaz and Julio Guzmán, researchers at INT/IDB. The views expressed in that part of the chapter are solely those of its authors and are not attributable to IDB. The authors are grateful to Robert Devlin, Arturo León, José Luis Machinea, Jeffrey Puryear, Vito Tanzi and Luiz Villela for their useful and constructive comments.

¹⁸ Estimated poverty levels at the regional level for the 1970s and 1980s are also available in Altimir (1979), and Feres and León (1991).

basic services such as drinking water. These variables at least lie within an acceptable range in terms of the region's development measured according to per capita output. These are real advances, but there are still significant lags, particularly in access to secondary education, repetition rates in primary and secondary schools, sewerage systems and basic communication infrastructure.

In the light of these problems, there have been renewed international and local commitments to combat poverty. It is now accepted that it is not enough to aim for economic growth without at the same time implementing policies to overcome the aforementioned deficiencies. Multilateral bodies place particular emphasis on the implementation of national poverty reduction programmes, and on the social impact of sectoral financing projects, public or private, as the centrepiece of their mandate to support development in their member countries. At the national level, the Latin American governments have ratified their political will to achieve the Millennium Development Goals proposed by the United Nations, the objective of which is to attain concrete social targets in areas such as poverty, malnutrition and infant mortality.¹⁹

It is then necessary to determine how much priority is attached to, and what is the effectiveness of, the fight against poverty, inequity and the inadequacy of basic social services in Latin America. One way to answer this question is to analyse the role played in each of the countries of the region by public social spending (its scale, orientation and evolution, and its size as a proportion of overall public spending), by social policy, and by the relationship between the latter and economic policy.

There are many factors which determine the opportunities available to the population groups living in conditions of poverty and inequity. Economic policy, for example, with its decisive influence on the rate and quality of output growth, determines the likelihood of access to new

and improved sources of income. In addition, macroeconomic management has a direct impact on levels of income through its effects on inflation and interest rates, access to credit, and the sustainability of the external balance. The role of economic policy is also essential in creating the conditions for the functioning of the labour market and its impact on the creation of employment and underemployment (formal and informal).

The importance of economic policy is undeniable in terms of the creation and provision of economic opportunities for the whole population. Nonetheless, the orientation of social policy is another crucial element which must be borne in mind. That orientation, and the role it plays in public policy, reflect the priorities and the relative importance attached by a government to social sectors. Public social spending is the manifestation of the State's direct actions in allocating fiscal resources to deal with social issues. That spending, and its relationship to overall public spending, should therefore reflect governments' revealed preferences, among other issues, in terms of direct or indirect attacks on poverty, inequity and their consequences.

The implementation of the State's preferences in the social field may be threatened by a variety of economic, political and social factors which flow in the opposite direction. Inertia related to past spending or spending linked to constitutional rules, pressures exerted by influential elites and by social groups, such as the middle classes, which can exert pressure, and a bureaucratic structure whose functioning and organization do not favour the adoption of spending policies which give priority to low-income groups, are all variables which make it difficult for current governments to implement policies which would reflect their social priorities. Such threats are always potentially present, but it is the responsibility of a democratically elected government to combat them in order to implement a social agenda which will reflect its preferences. That is what governing means.

¹⁹ Further information on the agreements reached in the framework of the Millennium Development Goals is available in United Nations (2005).

This section is an effort to reveal such preferences through an analysis by population income level of the magnitude and destination of public spending on education and health, which make up, in terms of simple averages, about 55% of overall public social spending in Latin America.²⁰ The object of this analysis is to understand what the action of the State contributes to meeting the needs of the poorest sectors of the population. Although social spending is only one of many variables which explain the reason for conditions of poverty, inequity and exclusion, it is nonetheless important and revealing to see to what extent health and education spending, which averaged 7.4% of GDP in the countries of the region in 2002–2003, is intended to solve the problems of the lowest-income groups or whether, on the contrary, its orientation favours the highest-income groups (ECLAC, 2004).

1. SOCIAL POLICY PRIORITIES

In theory, it can be difficult to define the scope and limits of social policy and of the programmes it comprises. The numbers and diversity of the population, differences between target groups, and the variety of entities executing social projects financed by State authorities make it hard to thoroughly analyse government strategies in the social field. However, difficulties in defining social policy should not lead to conceptual confusions between that policy and programmes to combat poverty and care for low-income groups, which are of a compensatory nature and which aim at specific target groups, and which are therefore progressive *par excellence*.

For purposes of analysis, social policy is understood to be all State measures in specific social sectors at the national level (in areas such as education, health, housing, sanitation and social security), and which are intended to a greater or lesser extent to affect all citizens, poor or not. In this sense, the level,

sectoral composition, and pattern of implementation of those resources in the different income groups represent the preferences and priorities a government attaches to social issues; they constitute the materialization or concrete implementation of social policy.

Unfortunately, there are few national studies on the composition and orientation of social spending by socioeconomic level. Many reasons, of which statistical and methodological factors are among the most important, have restricted the literature to a series of isolated and infrequent initiatives, mostly prepared on the basis of information relating to the past 10 years, and on the basis of techniques which are not strictly homogenous. Nonetheless, studies of that nature are essential in understanding the priorities of social policy and the ways in which social spending helps to deal with them.

Lastly, two distinctions are worthy of notice. The first of these must be made between preferences revealed by the State in the social field –reflected in the level, sectoral composition and orientation of public social spending between income groups– and the effectiveness of that spending in the provision of services. A particular level of per capita spending, a high sectoral allocation of fiscal resources to social issues, and the orientation of those funds to the most vulnerable groups do not necessarily produce the expected or desired results. The cycle of spending and results or impacts can be assessed only when the management or implementation process –in other words, execution– is also examined. Secondly, the present study gives statistical information on the distribution of social spending by income quintile, not strictly that of benefits resulting from the application of those resources. Where social spending which, in accounting terms, has been allocated to lower-income groups, is partly "captured" by individuals from higher income strata who do not provide high-quality social services (for example, through the salaries of excessive or

²⁰ The research focuses on the orientation of social spending without any type of tax deduction, which is also referred to as gross social spending (Adema, 2001). Few studies have been conducted in the region on the allocation of net social spending, which incorporates the payment of direct and indirect taxes by income group, and on total net social spending, which includes social spending by the private sector.

ineffectual bureaucracies of teachers, doctors, nurses etc.) the real benefits received by the poorer population groups will be less than the fiscal resources budgeted for their needs (Tanzi, 1974).

2. THE CHALLENGES OF SOCIAL SECURITY

Although this study focuses on the orientation of public social spending on education and health, it also provides statistical information on the orientation of overall public spending on social security by socioeconomic level in eight countries in the region.²¹ Although this is not the central focus of the research, it is hard to refrain from commenting, given the clarity of the figures. The latter show that the social insurance system in Latin America is highly unequal and focused on higher-income groups.

The modern concept of social security was introduced in Germany over a century ago. Subsequently, it was embodied by the International Labour Organization as a fundamental instrument for the protection of workers and their families from certain social risks (Mesa-Lago, 2004). Social security, as a means of protecting vulnerable population groups, is certainly a social achievement which should be preserved in Latin America, a region historically characterized by inequality and poverty.

Nonetheless, a social security system which protects only a small part of the labour force, with huge inequalities in the allocation of pensions to an

already limited number of beneficiaries, and at the cost of a very high proportion of fiscal resources, represents a distorted version of the social insurance system as originally intended.²² In Latin America, where most of the work force is not salaried and is, on the contrary, a growing part of the informal sector, the social security system needs to be carefully and responsibly redesigned.

3. INCIDENCE OF SOCIAL SPENDING: THE IMPORTANCE OF DATA

There is a glaring shortage of information on the incidence of public social spending in the region by socioeconomic level. Unlike the statistics derived from national accounts, the allocation of social spending by income level is based on figures from surveys of living conditions. As of the second half of the 1990s, these are conducted in Latin America in a standardized manner and with a representative coverage.²³ Unfortunately, perhaps because of the difficulty in obtaining reliable figures, this type of analysis has not had a privileged position in the conduct of social research in the region in recent years. As a result, the analysis and implications of the orientation of social spending by socioeconomic level have not been included on the agenda of public policy-makers in recent years. Since statistics have been available, no clear interest has been seen in the region for conducting analyses on the orientation of overall social spending. All of the above, together with the relative methodological complexity of calculating the incidence of social spending, has restricted the literature on the subject to one series of isolated and infrequent studies, mostly using

²¹ It should be noted that, in addition to state taxes, the total social security spending element of public social spending also includes taxes paid by the individuals and enterprises benefiting from it. In a way, it reflects accumulated savings by individuals during their working lives. It should also be made clear that state contributions to social security are taken from fiscal revenue, and absorb a significant portion of the State's disposable income. Its distribution by income quintile is therefore very important for this analysis.

²² According to the World Bank (1994), only 39% (simple average) of the workforce in Latin America was covered by the pensions system in the 1990s. Uruguay reported the highest coverage (69%) and Bolivia the lowest (12%).

²³ Since the mid-1980s, the World Bank has conducted living standard measurement surveys in a limited number of countries in the region. In 1996, the Inter-American Development Bank (IDB), the World Bank and the Economic Commission for Latin America and the Caribbean (ECLAC) established the Programme for the Improvement of Surveys and the Measurement of Living Conditions in Latin America and the Caribbean (MECOVI), whose main objective is to support national measures to construct periodic and comparable household surveys. As of 2005, the programme has been implemented in 10 countries. Together with Brazil, Chile and Mexico, which already had greater experience in setting up household surveys, those countries account for 90% of the region's population.

information from the past 10 years, and based on techniques which are not strictly homogenous.²⁴ Given these limitations, it is difficult to make comparative analyses. Comparisons between two temporal points for countries where information is available, and the calculation of regional averages, can produce results which are unrealistic and statistically questionable.

Despite these limitations, research on the incidence of social spending at the national level is very useful. Case-by-case observation is not subject to the inherent limitations of comparative analysis and can contribute significantly to improved formulation and assessment of public policies in the social sector. National studies conducted in Latin America not only offer a broader view of the orientation of social spending in the region, but also facilitate internal policy assessment regarding the allocation of the social budget. While comparative analysis has its limits, studying a representative group of countries can suggest a certain regional order in the degree of progressiveness in the execution of social spending. Lastly, with the production of a statistical series of progressiveness indexes for social spending in the region, it is

possible to evaluate the correlation between measures for the orientation of social spending and, for example, wealth distribution or institutional quality. Is social spending less progressive in countries with greater inequality in wealth distribution? Is institutional quality linked with higher levels of progressiveness in social spending?

4. EVIDENCE AND EMPIRICAL RESULTS

In *Social Panorama 2000–2001*, ECLAC made an initial effort to collect data from six national studies on the incidence of public social spending by socioeconomic level, covering the period from 1986 to 1997.²⁵ Four years later, thanks to increased production of household surveys, the regional coverage has been broadened. This section presents information on the concentration of public social spending on education, health and social security between 1997 and 2003 in 17 Latin American countries, representing 90% of the region's population and 94% of its GDP. The statistics were collected from various national studies (see table II.9).

²⁴ Of the methodological problems in calculating the incidence of social spending, two merit particular attention. The first relates to the criterion used for the valuation in monetary terms of the unit cost of a social service. One good example of this is primary education where, although it is possible to project the number of children who will actually attend school by using data from household surveys, the challenge lies in quantifying the cost per student (in each social and geographical segment) borne by the State on the basis of public spending on primary education. In that same context, the second problem lies in defining the limits of social spending on primary education within the national budget for the sector. There is no clear criterion for allocating a variety of expenditure which, in some countries, may account for up to 10% of the sectoral budget—for example, funds allocated to cultural and sporting items and certain central government costs—as belonging exclusively to a particular educational level. It is also important to remember that information on the orientation of social spending in countries having a federal structure (Argentina, Brazil and Mexico) does not reflect the pattern of allocation of spending in the social field under the authority of local governments. Consequently, results could be distorted in such cases.

²⁵ Bolivia (1990), Chile (1996), Colombia (1997), Costa Rica (1986), Ecuador (1994) and Uruguay (1993). Studies on the cities of Buenos Aires, Argentina (1991) and São Paulo, Brazil (1994) were also included.

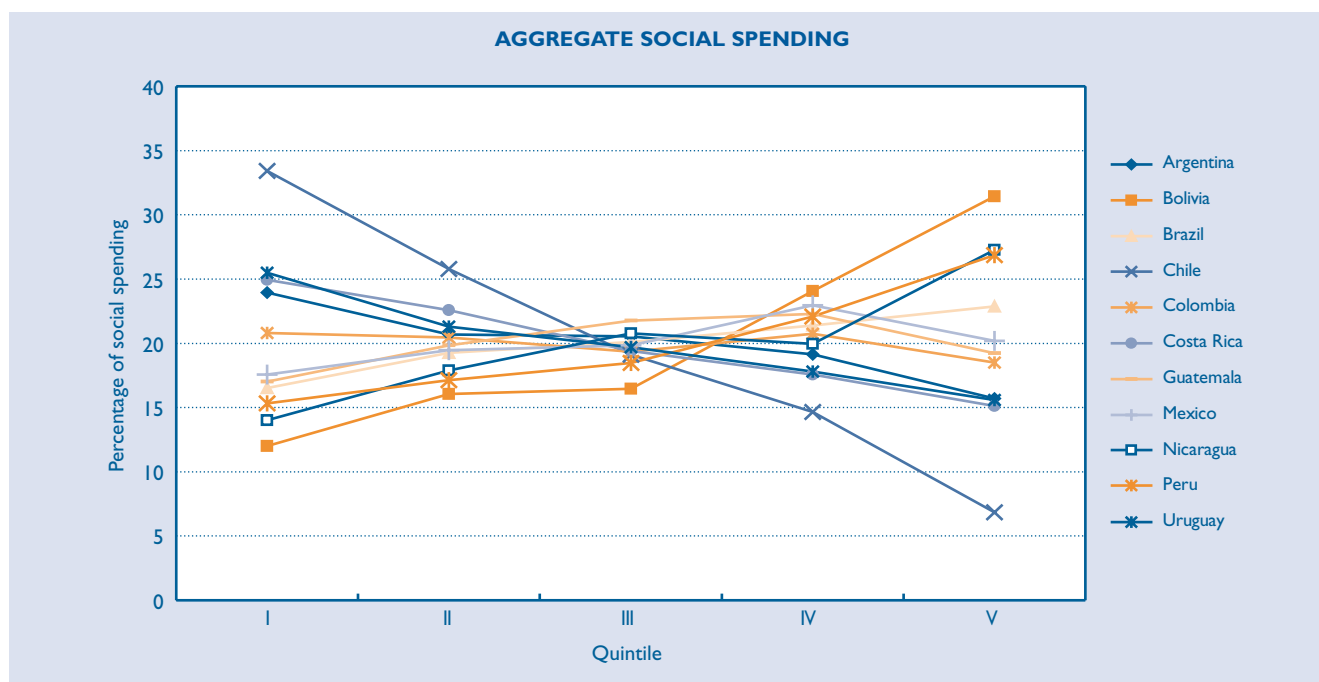
Table II.9

STATISTICAL BIBLIOGRAPHY ON SOCIAL SPENDING IN LATIN AMERICA				
Author	Title	Number	Publisher/City	Year
Argentina Ministry of Economy and Production	El impacto distributivo de la política social en la Argentina: Análisis basado en la encuesta nacional de gastos de los hogares	Working document, No. GP/12	Secretariat of Economic Policy, Buenos Aires	2002
Bolivia Fernando Cossio Muñoz	Incidencia distributiva de la política fiscal en Bolivia	Document prepared for CAN, IDB and DFID	La Paz	2005
Brazil World Bank World Bank Carlos Eduardo Vélez and Vivien Foster	Brazil Inequality and Economic Development Attacking Brazil's Poverty Public Social Expenditure in Brazil: An International Comparison	Report No. 24487 – BR Vols. I and II Report No. 20475 – BR	Washington, D.C. World Bank World Bank World Bank	2003 2001 1999
Chile MIDEPLAN	Pobreza, distribución del ingreso e impacto distributivo del gasto social, Vol. I	Serie CASEN 2003	Santiago, Chile	2004
Colombia Francisco Lasso and Natalia Millán	Incidencia del gasto público social sobre la distribución del ingreso y la reducción de la pobreza	Mission for the design of poverty and inequality reduction strategies	Bogotá	2004
Costa Rica Juan Diego Trejos	La equidad de la inversión social en el 2000	Eighth State of the Nation in Sustainable Human Development report	San José, Costa Rica UNDP	2002
Ecuador Rob Vos, Juan Ponce, Mauricio León, José Cuesta, and Wladimir Brobovich	¿Quién se beneficia del gasto social en Ecuador? Desafíos para mejorar la equidad y la eficiencia del gasto social		Quito Institute of Social studies of the Hague	2002
El Salvador Andrew Mason and Omar Arias	Reducción de la pobreza en El Salvador	Presentation of the World Bank poverty study	Washington, D.C. World Bank	2004
Guatemala World Bank	Guatemala: Poverty Assessment Report		Washington, D.C. World Bank	2003
Honduras World Bank	Honduras: Public Expenditure Management for Poverty Reduction and Fiscal Sustainability	Report No. 22070	Washington, D.C. World Bank	2001
Jamaica Aldrie Henry–Lee and Dillon Alleyne	"The 20/20 Initiative in Jamaica" in Gasto público en servicios sociales en América Latina y el Caribe: análisis desde la perspectiva de la Iniciativa 20/20.	LC/R.1933	Santiago, Chile ECLAC	1999
Mexico World Bank World Bank	Mexico: Public Expenditure Review Mexico: Poverty in Mexico: An Assessment of Conditions, Trends and Government Strategy	Report No. 27894 – MX Report No. 28612 – ME	Washington, D.C. World Bank World Bank	2004 2004
Nicaragua World Bank	Nicaragua: Poverty Assessment		Washington, D.C. World Bank	2001
Paraguay Marco Robles	Pobreza y gasto público en educación en Paraguay		Washington, D.C. Inter–American Development Bank	2001
Peru Jonathan Haughton	An Assessment of Tax and Expenditure Incidence in Peru	Document prepared for IDB, CAN and DFID	Boston, MA	2005
Dominican Republic World Bank	Dominican Republic: Poverty Assessment. Poverty in a High–Growth Economy (1986–2000)	Report No. 21306 – DR	Washington, D.C. World Bank	2001
Uruguay World Bank	Uruguay: Poverty Update 2003	Report No. 26223	Washington, D.C. World Bank	2003

Figure II.7 shows the pattern by income quintile of the allocation of social spending (education and health), excluding social security contributions, for 11 countries in the region for which aggregate data are available.²⁶ Table II.10 provides detailed sectoral information for 17 countries. Two facts attract immediate attention. Firstly, the countries of the region are spread over a fairly broad range in terms of the orientation of social spending. In Chile, the poorest 20% of the population absorbs 33% of social spending, whereas the richest quintile receives 7%; in Nicaragua, however, the poorest 20% benefits

from only 14% of social spending, but 27% is spent on the richest 20%. The second noticeable aspect is the countries' marked dispersal within the regional range. According to the concentration coefficients (see figure II.8), social spending is progressive in five countries (Argentina, Chile, Colombia, Costa Rica and Uruguay), and regressive in six others (Bolivia, Brazil, Guatemala, Mexico, Nicaragua and Peru). Social spending is described as progressive when it is distributed more than proportionately among low-income groups, and regressive when a greater proportion of it goes to high-income groups.²⁷

Figure II.7

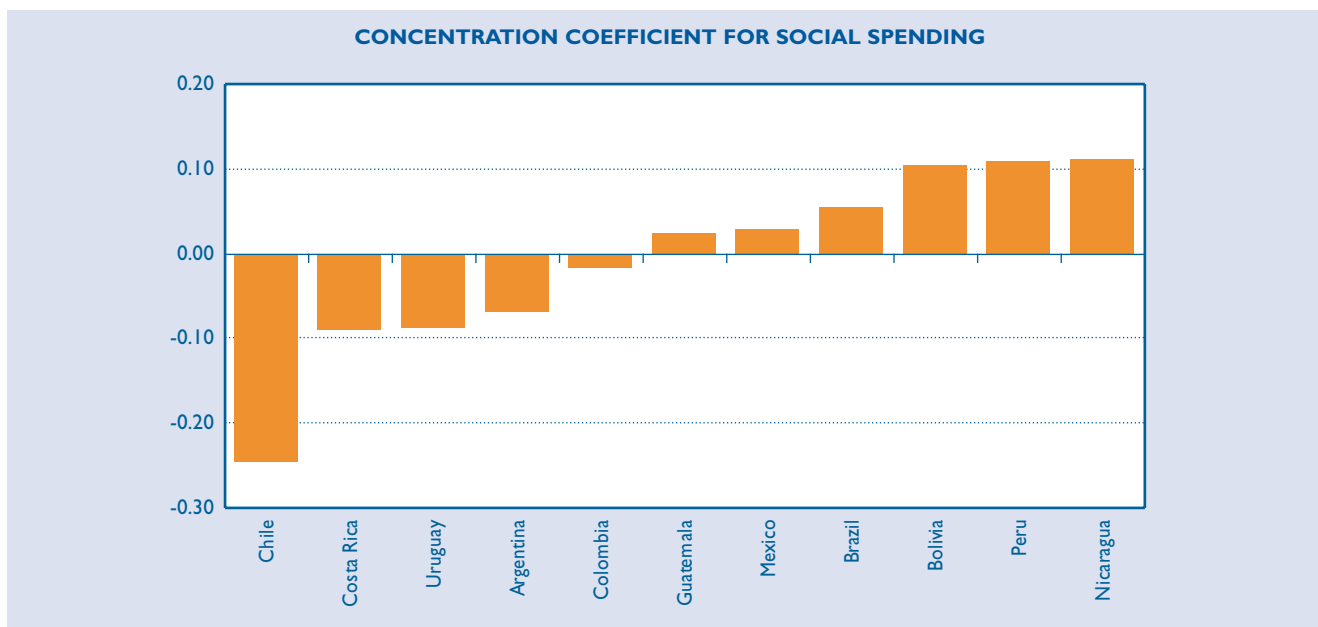


Source: Inter-American Development Bank (IDB), on the basis of national studies.

²⁶ From now on, total or aggregate social spending is understood to be that which includes public expenditure on education and health. Although it is part of the statistical data provided, spending on social security has been excluded from the analysis.

²⁷ Box II.3 contains an analysis of the concept of progressiveness of social spending.

Figure II.8



Source: Inter-American Development Bank (IDB), on the basis of national studies.

Table II.10

LATIN AMERICA: DISTRIBUTION OF SOCIAL SPENDING BY INCOME QUINTILE								
Country	I (poorest)	II	III	IV	V (richest)	Total (%)	Quasi Gini ^{a b}	Kakwani index ^c
Argentina 1998								
Education	21	20	21	20	18	100	-0.02	-0.54
Health	30	23	20	17	10	100	-0.19	-0.70
Social security	10	14	20	27	30	100	0.21	-0.30
Social spending without social security	24	21	21	19	16	100	-0.07	-0.58
Social spending with social security	19	18	20	22	21	100	0.03	-0.48
Income distribution ^{e g}	3	7	11	18	61	100	0.51	
Bolivia 2002								
Education	17	17	21	22	23	100	0.07	-0.37
Primary	25	25	23	18	10	100	-0.15	-0.59
Secondary	15	18	24	24	19	100	0.06	-0.38
Tertiary	3	5	17	30	45	100	0.44	0.00
Health	11	15	14	25	35	100	0.23	-0.21
Social security	10	13	14	24	39	100	0.28	-0.17
Social spending without social security	15	17	19	23	26	100	0.12	-0.32
Social spending with social security	13	16	17	23	30	100	0.17	-0.27
Income distribution ^{d f}	4	9	14	20	53	100	0.44	

Table II.10 (continued)

LATIN AMERICA: DISTRIBUTION OF SOCIAL SPENDING BY INCOME QUINTILE								
Country	I (poorest)	II	III	IV	V (richest)	Total (%)	Quasi Gini ^{a b}	Kakwani index ^c
Brazil 1997								
Education	17	18	18	19	27	100	0.09	-0.47
Primary	26	27	23	17	8	100	-0.19	-0.75
Secondary	7	12	28	33	19	100	0.18	-0.38
Tertiary	0	1	3	22	76	100	0.68	0.12
Health	16	20	22	23	19	100	0.04	-0.52
Social security	7	8	15	19	51	100	0.40	-0.16
Social spending without social security	17	19	20	21	23	100	0.06	-0.50
Social spending with social security	11	12	17	20	40	100	0.27	-0.29
<i>Income distribution^{d g}</i>	2	5	10	17	66	100	0.56	
Chile 2003								
Education	35	27	19	13	6	100	-0.29	-0.76
Health	30	23	20	17	9	100	-0.19	-0.66
Social spending without social security	33	26	19	15	7	100	-0.26	-0.72
<i>Income distribution^{e g}</i>	4	8	12	19	57	100	0.47	
Colombia 2003								
Education	24	23	20	19	14	100	-0.09	-0.62
Primary	37	28	19	12	4	100	-0.32	-0.85
Secondary	24	27	23	19	8	100	-0.16	-0.69
Tertiary	3	8	17	31	42	100	0.40	-0.13
Health	18	19	19	22	22	100	0.05	-0.48
Social security	0	2	5	13	80	100	0.68	0.15
Social spending without social security	21	20	19	21	19	100	-0.02	-0.54
Social spending with social security	14	15	15	18	38	100	0.20	-0.32
<i>Income distribution^{e g}</i>	2	6	11	18	63	100	0.53	
Costa Rica 2000								
Education	21	20	19	21	19	100	-0.01	-0.44
Primary	32	25	19	15	10	100	-0.22	-0.65
Secondary	18	21	22	22	17	100	-0.01	-0.44
Tertiary	3	8	14	30	45	100	0.43	0.00
Health	29	25	20	15	11	100	-0.19	-0.62
Social security	12	12	12	18	45	100	0.29	-0.14
Housing	19	23	23	20	16	100	-0.04	-0.47
Social spending without social security	25	23	19	18	15	100	-0.09	-0.52
Social spending with social security	21	19	17	18	25	100	0.03	-0.40
<i>Income distribution^{e f}</i>	4	9	14	22	52	100	0.43	
Ecuador 1999								
Education	15	20	20	22	23	100	0.08	-0.41
Primary	35	26	20	13	6	100	-0.28	-0.77
Secondary	15	24	25	22	14	100	-0.02	-0.50
Tertiary	3	13	16	28	40	100	0.36	-0.13
Health and nutrition	19	23	23	24	11	100	-0.06	-0.55
Social security	4	7	21	22	46	100	0.40	-0.09
<i>Income distribution^{d f}</i>	3	8	12	19	58	100	0.49	

Table II.10 (continued)

LATIN AMERICA: DISTRIBUTION OF SOCIAL SPENDING BY INCOME QUINTILE								
Country	I (poorest)	II	III	IV	V (richest)	Total (%)	Quasi Gini ^{a,b}	Kakwani index ^c
El Salvador 2002								
Education								
Primary	27	25	23	17	8	100	-0.18	-0.66
Secondary	11	20	26	25	18	100	0.08	-0.40
Health	26	23	21	18	12	100	-0.13	-0.61
<i>Income distribution^{e,g}</i>	3	8	13	21	56	100	0.48	
Guatemala 2000								
Education	17	21	21	21	21	100	0.03	-0.51
Primary	21	25	23	21	10	100	-0.10	-0.64
Secondary	3	12	23	31	32	100	0.30	-0.24
Tertiary	0	0	6	11	82	100	0.69	0.15
Health	17	18	23	25	17	100	0.03	-0.51
Social security	1	3	5	15	76	100	0.65	0.11
Social spending without social security	17	20	22	22	19	100	0.03	-0.51
Social spending with social security	14	17	19	21	29	100	0.14	-0.40
<i>Income distribution^{d,g}</i>	3	6	10	18	64	100	0.54	
Honduras 1998								
Health	22	24	24	17	14	101	-0.10	-0.60
<i>Income distribution^{e,g}</i>	3	7	12	20	59	100	0.50	
Jamaica 1997								
Education								
Primary	31	27	21	15	6	100	-0.24	-0.78
Secondary	10	15	25	30	20	100	0.14	-0.40
<i>Income distribution^{e,g}</i>	7	11	15	22	46	100	0.36	
Mexico 2002								
Education	19	20	19	23	19	100	0.01	-0.48
Primary	30	26	20	16	8	100	-0.21	-0.70
Secondary	14	20	21	26	19	100	0.06	-0.42
Tertiary	1	7	15	33	44	100	0.45	-0.03
Health	15	18	21	23	22	100	0.08	-0.41
Social security	3	11	17	28	42	100	0.38	-0.11
Social spending without social security	18	19	20	23	20	100	0.03	-0.45
Social spending with social security	16	19	19	23	23	100	0.07	-0.41
<i>Income distribution^{d,g}</i>	3	7	12	19	58	100	0.49	
Nicaragua 1998								
Education	11	14	20	21	35	100	0.22	-0.27
Health	18	23	22	19	18	100	-0.02	-0.51
Social spending without social security	14	18	21	20	27	100	0.12	-0.38
<i>Income distribution^{e,f}</i>	4	7	11	18	60	100	0.49	
Paraguay 1998								
Education	21	20	20	20	19	100	-0.02	-0.51
Primary	30	26	21	15	8	100	-0.23	-0.72
Secondary	14	18	25	24	19	100	0.06	-0.43
Tertiary	2	5	8	29	56	100	0.53	0.04
<i>Income distribution^{e,g}</i>	3	9	15	22	52	100	0.44	

Table II.10 (concluded)

LATIN AMERICA: DISTRIBUTION OF SOCIAL SPENDING BY INCOME QUINTILE								
Country	I (poorest)	II	III	IV	V (richest)	Total (%)	Quasi Gini ^{a b}	Kakwani index ^c
Peru 2000								
Education	16	18	19	21	26	100	0.10	-0.31
Health	14	16	18	24	28	100	0.14	-0.27
Social spending without social security	15	17	18	22	27	100	0.11	-0.30
<i>Income distribution^{d f}</i>	4	9	15	22	50	100	0.41	
Dominican Republic 1998								
Education								
Primary	25	26	24	16	9	100	-0.17	-0.60
Secondary	14	19	25	26	16	100	0.04	-0.39
Tertiary	2	13	18	28	39	100	0.36	-0.08
<i>Income distribution^{e f}</i>	5	9	13	20	53	100	0.43	
Uruguay 1998								
Education	28	23	19	16	15	100	-0.13	-0.54
Health	24	20	20	18	18	100	-0.06	-0.47
Social security	3	7	15	24	52	100	0.46	0.05
Social spending without social security	26	21	20	18	16	100	-0.09	-0.50
Social spending with social security	12	13	17	21	37	100	0.23	-0.18
<i>Income distribution^{e g}</i>	5	9	14	22	50	100	0.41	

Source: Inter-American Development Bank (IDB), on the basis of national surveys.

^a The Quasi Gini or concentration coefficient is a measure of the orientation of social spending. Its values range from -1 to 1. A negative coefficient indicates that social spending is progressive and a positive coefficient indicates regressive social spending (see box II.4).

^b The concentration coefficient for income distribution is equivalent to the Gini coefficient.

^c The Kakwani index or relative concentration coefficient is a measure of the orientation of social spending in relation to income distribution. Its values range from -2 to 1, with a negative value when social spending is progressive and positive when it is regressive.

^d The population of this country was divided into quintiles according to consumption levels.

^e The population of this country was divided into quintiles according to income levels.

^f In these countries, the basic analysis unit was households.

^g In this country, the basic analysis unit was individuals.

The lack of a clear pattern in the measurement of concentration of social spending in Latin America, however, is not reproduced at the subregional level. Indeed, at first sight the statistical evidence would seem to suggest the existence of trends in the orientation of social spending in subregional blocks. Aggregate social spending tends to be progressive in the Southern Cone group of countries (Argentina, Chile and Uruguay) and regressive in Brazil and the Andean area (Bolivia, Ecuador and Peru), except for Colombia.²⁸ In the Central American countries for

which data are available (Costa Rica, Guatemala, Mexico and Nicaragua), results are mixed and tend to resemble those of the region as a whole. The analysis of sectoral spending, particularly on education and health, leads to similar conclusions. Differences between geographical blocks in terms of the orientation of social spending, as indicated below, are more likely to be related to per capita income levels, wealth distribution, institutional quality, and predominant trends in the conception of social policy objectives in the various parts of the continent.

²⁸ No data are available for the Bolivarian Republic of Venezuela or Paraguay.

DEFINITION OF THE PROGRESSIVENESS OF SOCIAL SPENDING

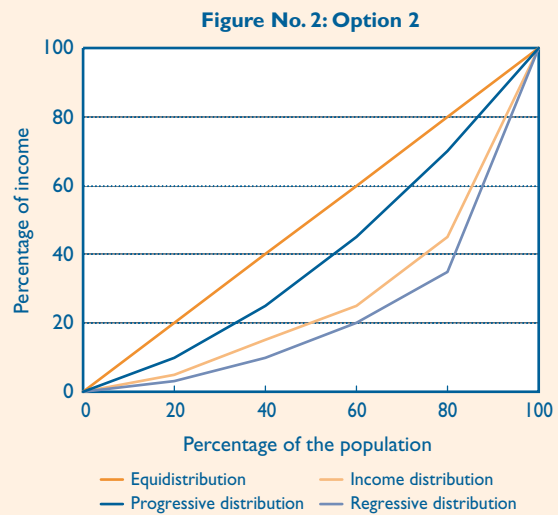
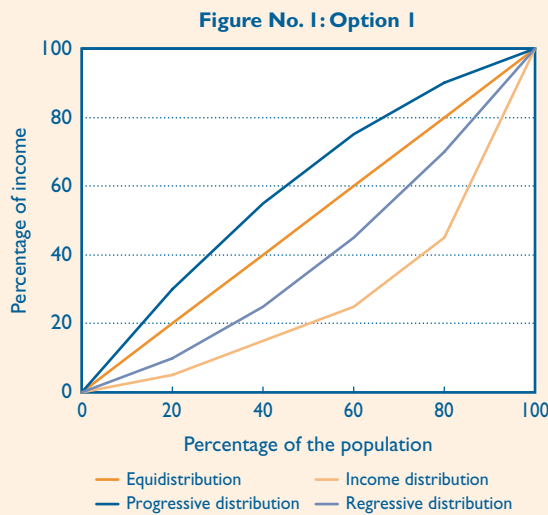
There is no consensus in political and academic circles as to the definition of progressiveness or regressiveness in social spending. There are two main interpretations: The first considers spending to be progressive (regressive) when it is distributed more than proportionately to social groups having lesser (greater) incomes or consumption levels. The second interpretation considers spending to be progressive (regressive) when the proportion of resources allocated to groups having lower (higher) incomes exceeds their share in terms of income distribution.

The difference between the two versions is substantial. In the first, spending is considered progressive when the absolute per capita amount distributed to lower-income individuals is higher than that distributed to richer groups; that is, when the poorest quintiles or deciles receive a proportion of spending greater than their percentage of the population, regardless of the proportion of income that they receive.

In the case of a social policy which allocates 15% of social spending in education to the poorest 40% of the population, which generates only 10% of total government revenue, that spending would be regressive from the first perspective (figure 1), since the poorest 40% receive only 15% of overall education spending. Under the second interpretation (figure 2), the same spending pattern would be considered progressive, since a group producing 10% of national revenue is receiving a higher proportion of social spending on education, 15%.

In other words, while the first option defines social spending as progressive or regressive by reference to the 45 degree line of complete equality, the second uses the income distribution curve, or Lorenz Curve. As a result, it is usually said that the first viewpoint measures absolute progressiveness, whereas the second considers relative progressiveness (in relation to income).

In this case the first interpretation has been chosen, the one which considers spending to be progressive when it is distributed more than proportionately to lower-income social groups. The results of analysis of the orientation of social spending based on the second viewpoint –the one which proposes that the progressiveness of social spending depends on income distribution– may send mixed signals to public policy-makers. For example, if two countries use the same pattern for social spending distribution across different socioeconomic groups, the country with the worst income distribution would, paradoxically, appear the most progressive in the distribution of spending, and the one with the best income distribution would appear to be the most regressive. Likewise, if a country keeps a constant pattern in social spending by social group during a certain period, but income distribution worsens at the same time, concentration ratios calculated on the basis of the second approach would lead to the conclusion that social spending in that country has become more progressive. On the other hand, this study postulates that State action through social spending on the provision of basic services should be assessed independently from each socioeconomic group’s contribution to national revenue and should rather be guided by the equity principle.



Source: Inter-American Development Bank (IDB).

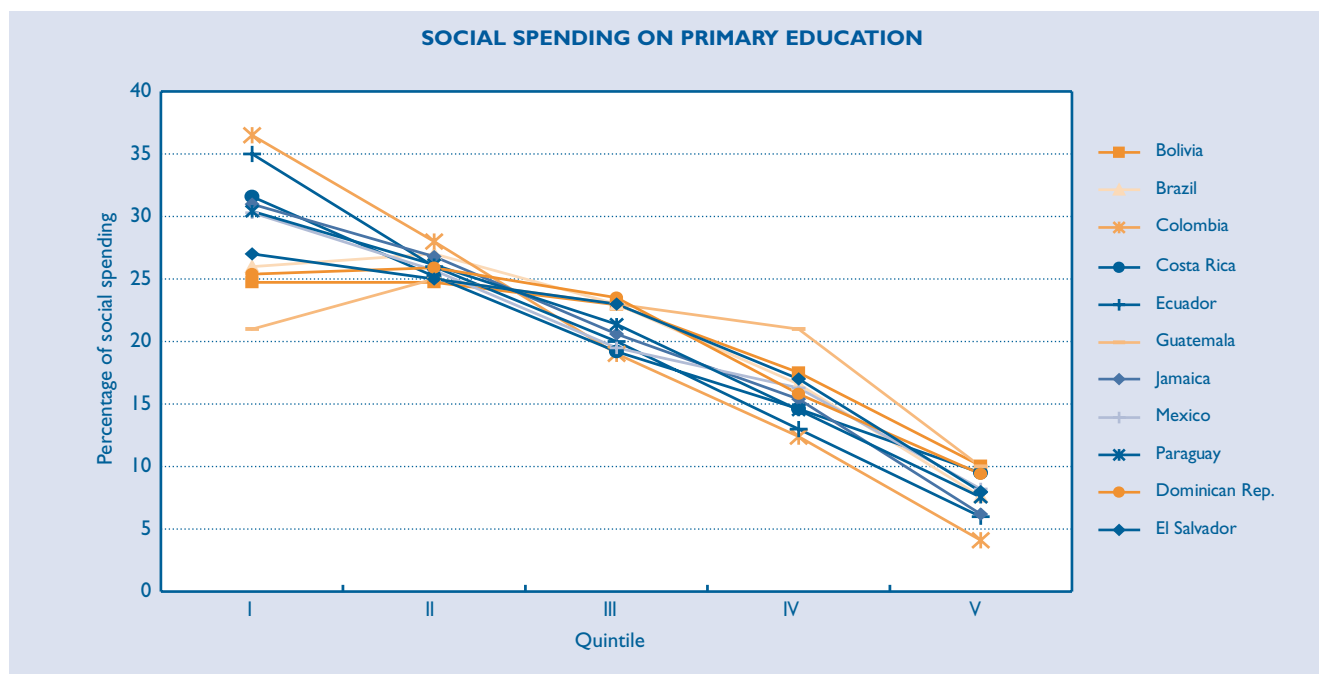
5. EDUCATION: TOWARDS PROGRESSIVE SPENDING IN PRIMARY EDUCATION

From the perspective of public policy, the region's most significant achievement up to the late 1990s was undoubtedly the establishment of a progressive pattern for spending on primary education. As shown in figure II.9, the distribution of public resources in primary education is biased towards the poorest quintile of the population in the 11 countries for which data are available. Furthermore, the share of fiscal resources allocated to each income group shows an upward trend in favour of the poorest quintiles, with the sole exception of Guatemala.

Although it cannot be affirmed with total certainty that the progressive spending matrix at the primary education level is a recent development, because of the lack of similar, comparable indicators for past years, statistical data obtained from related variables used as the basis in elaborating measurements

of the incidence of spending suggest that this was achieved at the end of the twentieth century. There are two important indicators which show a revitalization in the 1990s. Firstly, according to ECLAC, per capita social spending on education in all the countries of the region, aside from Cuba and Ecuador, grew between 1990–1991 and 2000–2001 by percentages ranging from 13% (Brazil) to over 250% (Dominican Republic). The average increase was 46.3% (from US\$ 98 to US\$ 143, an additional US\$ 45 per capita). Of this expansion, 42% resulted from growth in national budgets for the education sector, driven by the political will to promote access to basic services for the most needy population groups. Secondly, the net primary–school enrolment rate increased steadily across the region during the same period, from a median figure of 88% in 1990 to one of 92% in 2001. In short, increased public spending on education, growing primary–school attendance, the shared political will to extend educational services, and the relative –albeit still insufficient– improvements in institutional quality in the region during the 1990s, suggest that the high

Figure II.9



Source: Inter-American Development Bank (IDB), based on national studies.

progressiveness of public spending on education in the region is an achievement which was heightened over the last decade, owing to the aforementioned factors.

There are two factors which could partly explain the increased social spending on education for the poorest quintiles. Firstly, poor families generally have more school-age children than those in high-income groups.²⁹ Also, wealthier families are reluctant to send their children to State schools.³⁰ Secondly, even if we assumed that the number of direct beneficiaries per income group were the same, social spending on the lowest income quintiles would be higher because of the greater cost per student incurred by the State in providing the service in those segments. Generally, the more needy the target population, the greater the cost of providing a social service. The per capita cost of identifying, organizing and training marginalized social groups in the use and maintenance of basic health and education services, and the cost to the State of improving the social environment so that social services can be better enjoyed, are significantly higher than the cost of providing similar services to the middle classes.

That does not at all detract from the political will that has been shown in the region to redirect fiscal resources towards the provision of social services. On the contrary, it recognizes the efforts of the Governments of the region which, faced with major obstacles both financial and related to social

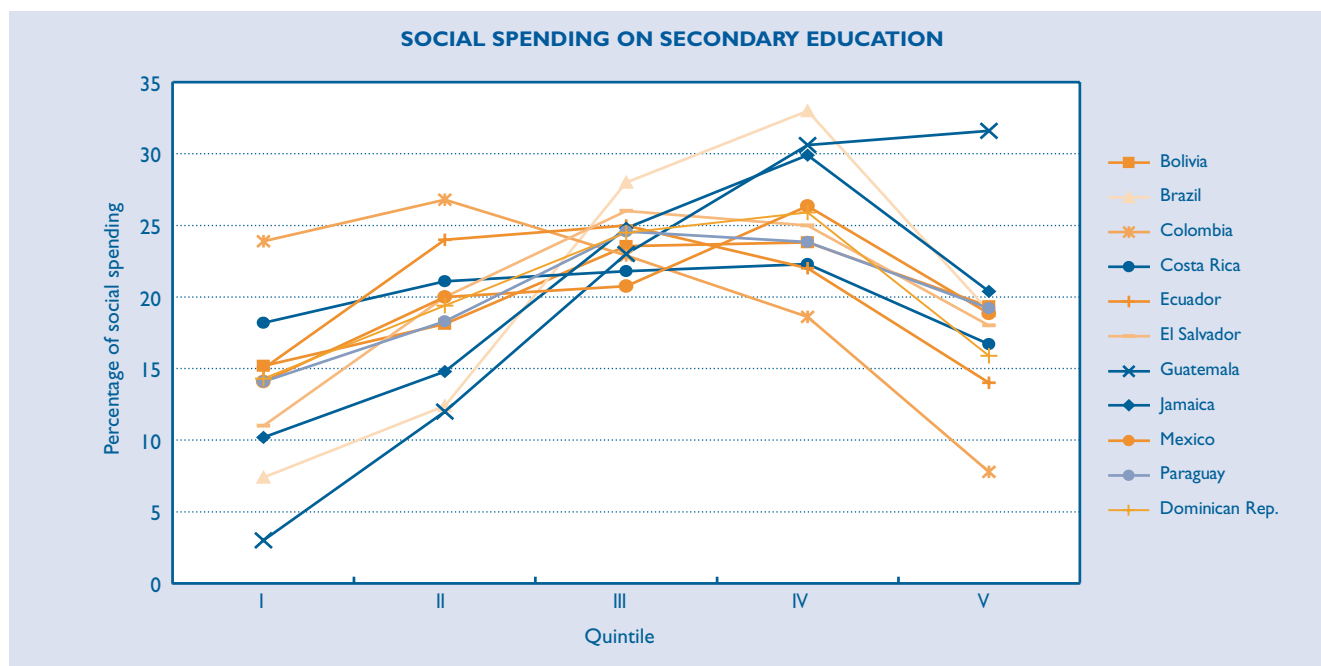
structure, chose to commit themselves to extending social services to the most needy groups.

The distribution of secondary education spending, on the other hand, tends to be regressive; in eight countries, social spending is more than proportionately devoted to higher-income groups, and in two (Costa Rica and Ecuador) the distribution of spending tends to be neutral. The only exception is Colombia, which has made progress in the orientation of education spending beyond the primary-school level. One characteristic common to the whole region is the marked bias in favour of the middle classes (see figure II.10). The inverted-U form predominant in the distribution of secondary-education spending in the Latin American countries may be due to the high opportunity cost for pupils from the poorest quintiles of the decision to continue their studies, and the low rate of return of public education in the region. Firstly, the need for new sources of income in the poorest households leads to higher school drop-out rates in the lowest quintiles. Secondly, the lower expected rate of return from public education is a disincentive for the highest income groups to apply to State schools. According to the World Bank (1995), the rate of return on public primary education between the early 1980s and the early 1990s stood at 17.9%, compared with 26.2% for private primary schools. The figure for public secondary education was 12.8%, and for private education at the same level, 16.8%.

²⁹ This argument is valid provided that social spending has been allocated by income levels calculated on a household basis. Of the 16 national studies in which methodological information is presented, 10 use the household as the unit of analysis, and in the other six the unit of analysis is the individual.

³⁰ As public education improves for all social strata, differences between the quality of education provided by the State and by some private schools diminish, mitigating the segmentation between the two systems.

Figure II.10



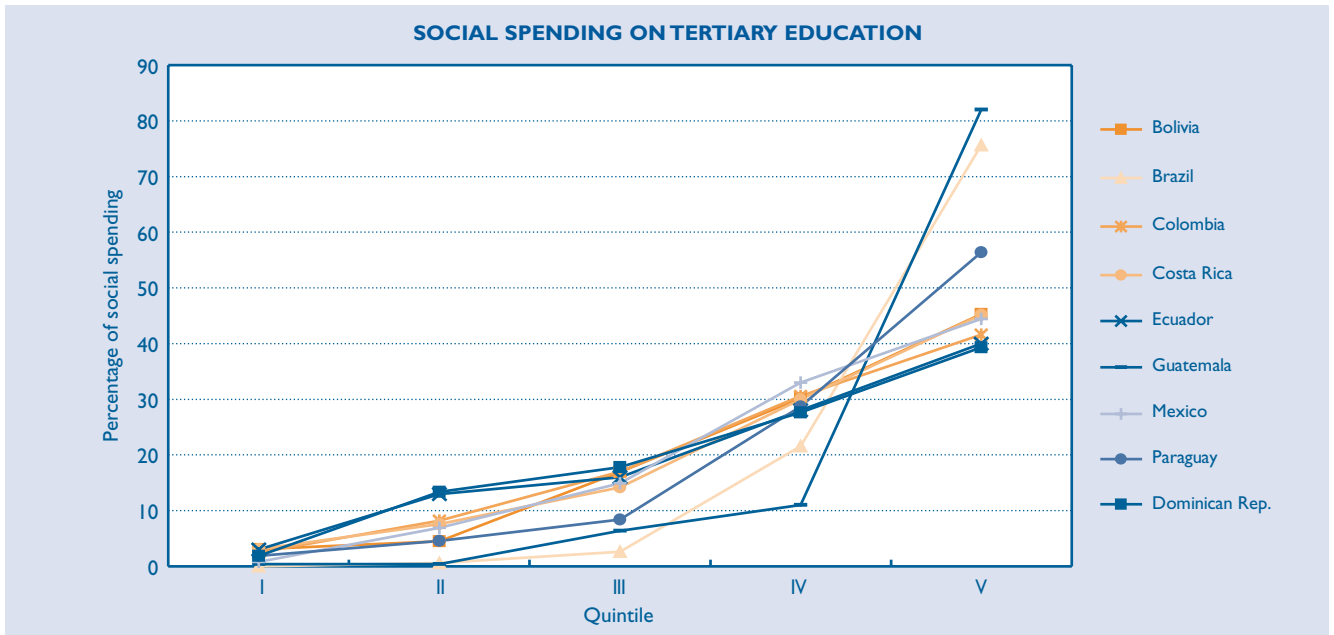
Source: Inter-American Development Bank (IDB), based on national studies.

As a natural consequence of limited access to secondary education for the lowest income groups, spending on university education is significantly regressive. Figure II.11 shows a high concentration of higher-education spending in the 40% of the population with the highest incomes. That segment of society takes up a percentage of public resources which varies between 70% and 97% in the sample of eight countries. The most strongly marked cases are Guatemala and Brazil, where 76% and 82% respectively of resources allocated to tertiary education benefit the 20% of the population with the highest incomes.

Spending on higher education and on science and technology is extremely important in Latin America, a region having an urgent need to improve its competitiveness in an increasingly globalized world. Nonetheless, for reasons we have already

mentioned, the poorest segments of the population have limited access to higher education. It is students from high-income segments who benefit directly from State spending; the latter is therefore regressive, and it is financed from meagre fiscal resources. As a matter of urgency, there must be a discussion in the region –on equitable terms– concerning the share of public funds that should be used for the provision of higher education, to ensure that policies are implemented to promote and facilitate access to higher education for young people from modest social backgrounds who have managed to complete secondary education. Such policies could involve credit facilities, scholarships and other forms of financing. Given the scarcity of fiscal resources to meet demand for higher education from the lowest income groups, public funding received by the wealthier segments could be gradually lowered.

Figure II.11



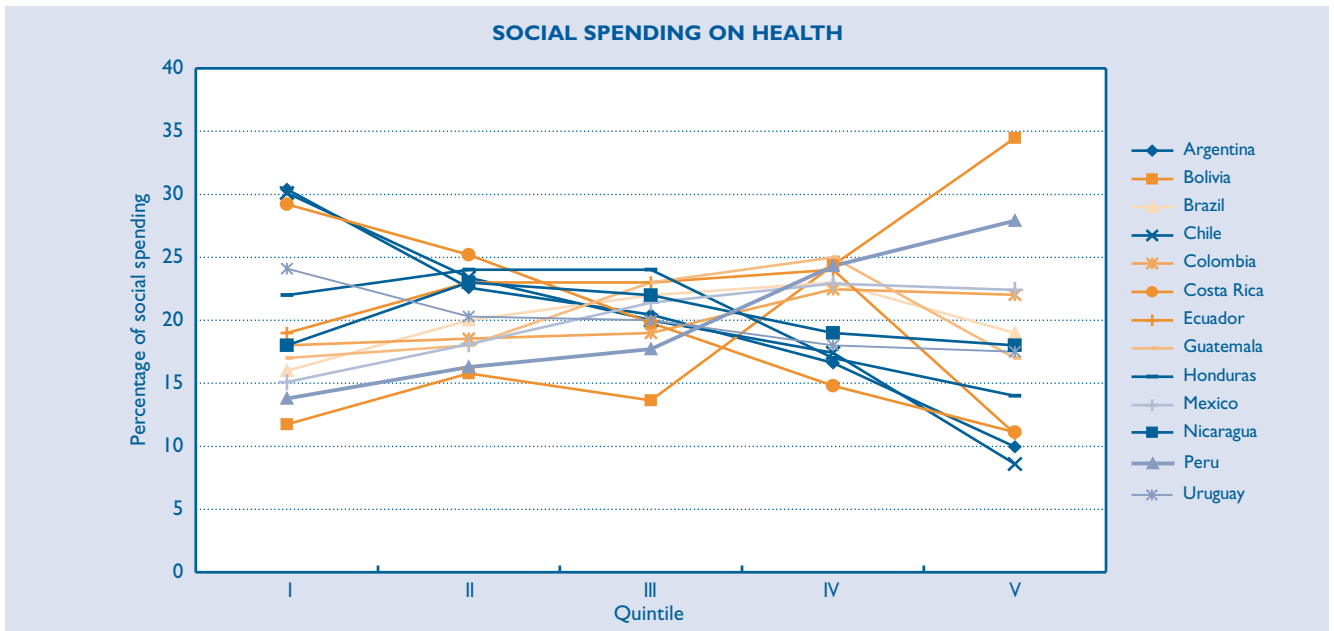
Source: Inter-American Development Bank (IDB), based on national studies.

6. HEALTH: MIXED RESULTS

As is the case for overall social expenditure, the orientation of public health spending shows a fairly wide variation in the region (see figure II.12). However, instances where such spending is

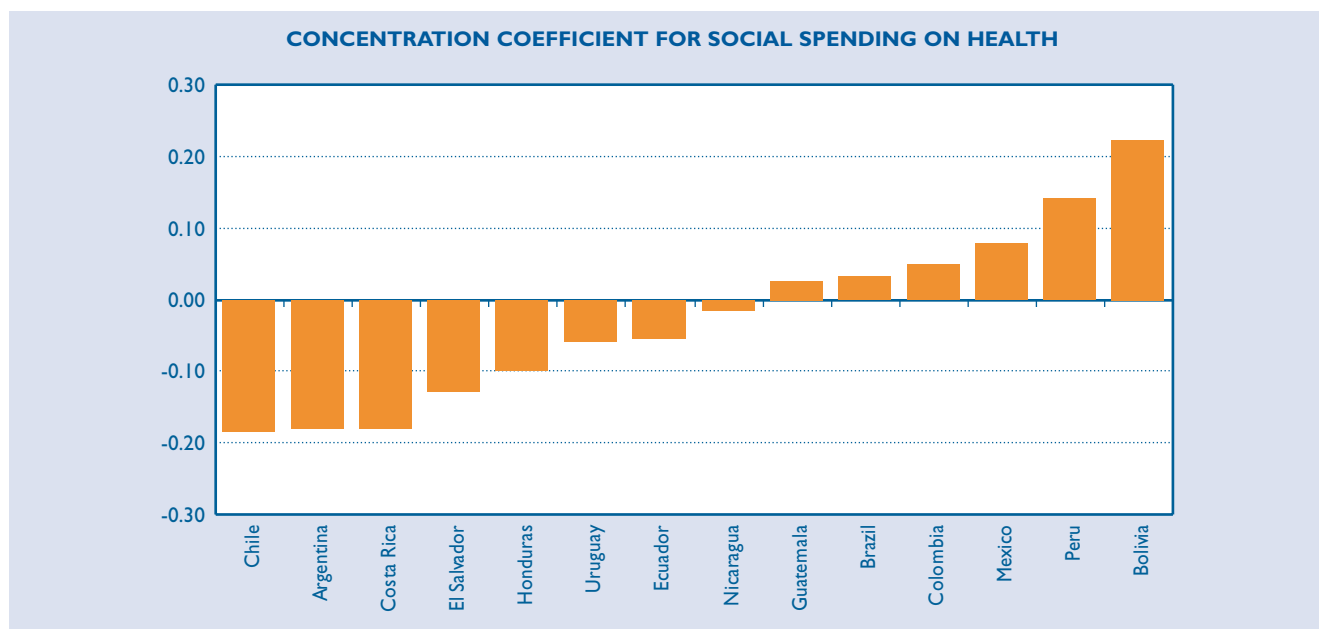
progressive are more numerous and more marked. In eight of the 14 countries for which information is available, the public health budget is distributed more than proportionately towards low-income groups (see figure II.13).

Figure II.12



Source: Inter-American Development Bank (IDB), based on national studies.

Figure II.13



Source: Inter-American Development Bank (IDB), based on national studies.

Could it be argued that the current leaning towards progressiveness in the conduct of public health spending represent a step forward relative to previous decades? Unlike the case of primary education, analysis based on related variables does not show a clear trend. In the 1990s, there were some favourable conditions for improving the orientation of spending in the sector, such as increasing per capita health spending (25% on average, or an additional US\$ 20), the existence of political will to expand basic services, reflected in a 10% rise in health-sector resources as a proportion of national social budgets, and institutional improvements.

Nonetheless, evaluation of the potential distributive effect of these conditions is made more difficult by a number of factors. For example, after achieving the difficult task of identifying the target population living in extreme poverty, the obstacles to be overcome in order to set up a hospital or a basic health centre are significantly greater in comparison with those involved in establishing an educational centre, since the former requires a more complex

infrastructure, including electric power, drinking water and sewerage systems. This marked difference in costs may have held back the reallocation of fiscal resources in the health sector towards less privileged social segments, despite increases in the sector's overall budget.

Another factor adding to the difficulty of analyzing public social spending on health is the fact that, in most of the countries being considered, data have been provided in aggregate form, making it impossible to evaluate the allocation of public social spending on health by income levels and by type of service (preventive or curative, for example).

In the analysis of the net distributive effect of public social spending (a subject considered in the next section of the *Social Panorama*), the health sector presents particular complications owing to the recurrence of private spending associated with service provision, either because the free public health service must be complemented by private resources (for items such as medications) or because a service, being unavailable to certain social groups,

has to be covered entirely by the families concerned.³¹ In proportion to income, such private spending is higher for lower-income households. Consequently, in any analysis of distributive effect in the health sector, those resources should be discounted by income quintile.

From the global and sectoral analysis of public social spending it can be said that the pattern of social spending on education and health in Latin America is moving towards progressiveness, although slowly and unevenly. The evidence for this includes the rise in per capita social spending, sustained increases in primary- and secondary-school enrolment, better access to health services, institutional improvements, and political will among governments to allocate a greater proportion of fiscal resources to social spending during the 1990s. Although the statistics presented show only five of the 11 countries under consideration reporting progressive aggregate social spending in the early years of the twenty-first century, the evidence

suggests that in comparison with the figures recorded 10 years earlier, there seems to be a significant rise in the number of countries in the region where social spending was more progressive (or less regressive). It can therefore be said with some optimism that if this trend continues, Latin America could within a similar period see the consolidation of a progressive social spending strategy, which would of course affect the standard of living of the lowest-income groups, and levels of inequality.

However, this cautious optimism should be contrasted with the fact that in only five of the 11 countries for which updated information is available is social spending on education and health progressive, and the rate of change seems very slow. In other words, is the glass half full or half empty? We must not lose our optimism, but at the same time we must recognize that the region needs to tackle the problem of equity with a greater sense of urgency, so that the periods needed to show visible changes do not become too long.

Box 11.4

CONCENTRATION AND PROGRESSIVENESS COEFFICIENTS

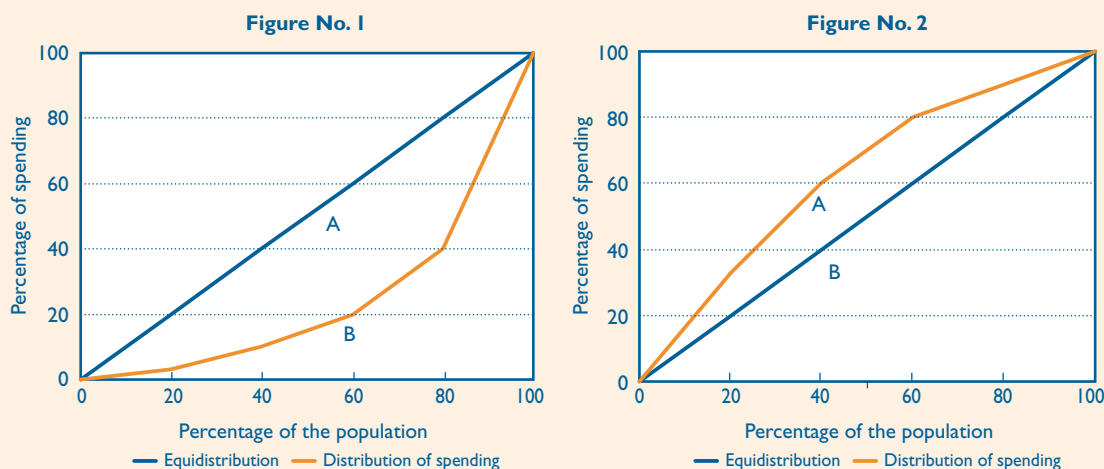
Assessing the progressiveness of social spending involves working out what proportions of that spending are allocated to the poorest and to the richest population groups. One of the most widely-used indicators for that purpose is the concentration coefficient (or quasi-Gini), which measures the bias or orientation of social spending, and whose values vary between -1 and 1.

Figures 1 and 2 will help to understand the nature of the concentration coefficient. The horizontal axis represents the cumulative percentage of individuals or households, in ascending order by level of income or consumption; the vertical axis measures the cumulative percentage of social spending. The pattern of distribution of social spending (for example, in quintiles or deciles) is represented by the concentration curve for spending. Thus, the concentration coefficient for social spending, or quasi-Gini, is defined as the ratio between the area located between the equal-distribution straight line (45°) and the concentration curve for social spending (A), and the area below the 45-degree straight line ($A + B$).

In other words, the quasi-Gini is equivalent to $A/(A+B)$. When B is equal to 0 (so $QG=1$), the distribution of spending is totally biased in favour of higher-income groups. That is, the higher the deviation of the concentration curve for social spending below the 45-degree line, the greater the orientation of social spending towards the wealthier population groups; in other words, it is more regressive.

³¹ This phenomenon is not so widespread in the education sector, where, given the lack of access to State education, in some cases low-income families decide not to send their children to school because they are unable to pay for it out of their own income.

CONCENTRATION AND PROGRESSIVENESS COEFFICIENTS



If the concentration curve is located above the 45-degree line (that is, when social spending is progressive), as in figure 2, technically the area between the two lines is negative ($QG = -A/(A+B)$). A Quasi-Gini equal to -1 means that the orientation of spending is totally favourable to the poorest population groups. The orientation of spending is neutral, or perfectly egalitarian, when the concentration curve for social spending coincides with the line of equidistribution ($QG=0$). In short, the quasi-Gini varies between -1 and 1, shows negative values when spending is progressive, and positive when it is regressive.

The formula used to obtain the quasi-Gini coefficient of concentration is:

$$G=1-\sum_{i=0}^N(\delta Y_{i+1}+\delta Y_i)\times(\delta X_{i+1}-\delta X_i)$$

where σX and σY are the cumulative percentages for X (population) and Y (social spending) respectively. N is the number of percentiles used to divide the population (for example, quintiles or deciles).

While the calculation of the progressiveness (or regressiveness) of social spending depends solely on the concentration curve, the measurement of the progressiveness of spending relative to income distribution also rests on the income distribution curve (or Lorenz curve), resulting in the coefficient of relative progressiveness, or Kakwani index. This index is equivalent to the difference between the social spending concentration coefficient and the Gini income coefficient. The calculation of the relative progressiveness of social spending uses income distribution as a point of reference. The Kakwani index, whose values vary between -2 and 1, is negative when spending is progressive relative to income distribution, and positive when spending is regressive relative to income distribution. For example, if a country registers a Gini income coefficient of 0.51 and a social spending concentration coefficient of 0.21, the Kakwani index will be -0.3. In that hypothetical case, social spending is regressive if measured by the concentration coefficient, but progressive in terms of income distribution.

Source: Inter-American Development Bank (IDB).

7. CORRELATIONS

The distribution of public social spending by socioeconomic level in the region shows a high degree of variability, which inevitably leads to the question of whether the degree of progressiveness of

social spending is associated with other economic or social variables. If that is the case, what are those variables? Are lack of equity in wealth distribution, social exclusion and the quality of institutions related to the degree of progressiveness of social spending? In this section, statistical data are

presented in a first attempt to find answers. This analysis is intended to serve as a starting point for future academic research in this area, rather than a series of conclusive arguments.

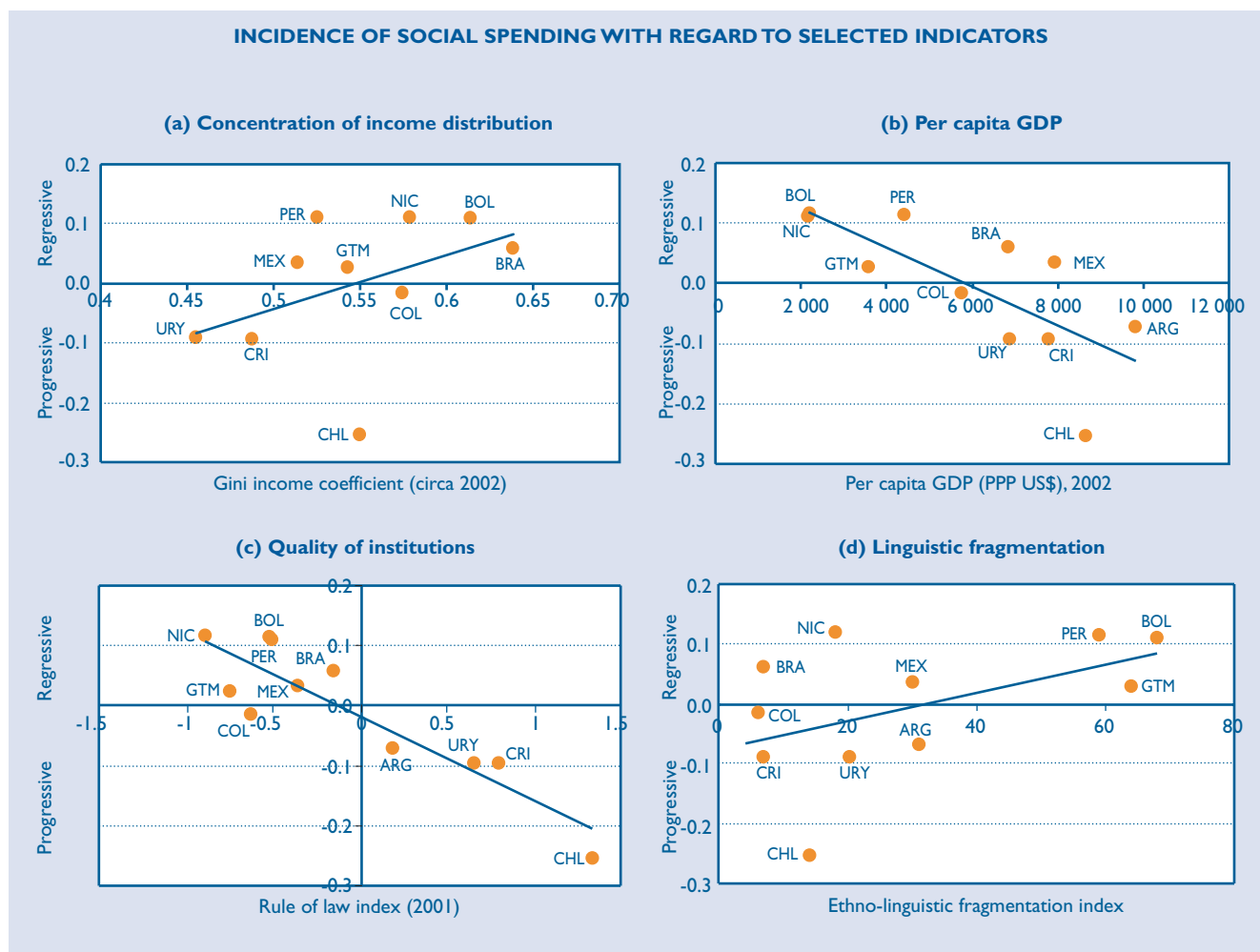
First of all, the distribution of social spending by income group is correlated with the lack of equity in income distribution (see figure II.14a).³² The simple relationship between the two variables suggests that more equitable societies give higher priority to the needs of underprivileged groups. A number of theories have been developed to explain the reason for the link between equity and distributive spending policies. Some theories suggest that in countries or regions with a high degree of inequality, economic and political power are vested in the same groups, which undermines the government's capacity to carry out social reforms to meet the demands of the lowest income groups (Haggard, 1994; Bénabou, 1996). In contrast, Engerman and Sokoloff (1997) and others claim that the existence of social groups with extensive economic and political power together with significant gaps in income distribution contribute to making societies less democratic, and less likely to foster policies for human capital accumulation in the poorest segments of the population. Although the academic debate on the effect of wealth distribution on the implementation of distributive public policies remains open, it is essential to recognize the restrictions imposed by the lack of equity on the implementation of more progressive spending policies when designing social programmes in Latin America, the region with the highest inequality indices in the world.

Secondly, the information available shows that the orientation of social spending is highly correlated with the average level of wealth. In higher-income countries social spending tends to be more progressive (see figure II.14(b)). The dynamics behind the distribution of public funds in the region could explain the nature of the link between the progressiveness of social spending and per capita GDP. In fact, in low-income countries, the struggle between polarized social groups over scarce fiscal resources reaches an extreme level. In this context, the segments with the greatest capacity to exert pressure and resources in favour of their demands, that is, the middle and upper classes, are more successful in influencing the allocation of public funds, to the detriment of underprivileged groups. In higher-income countries there is also social conflict, but it is less intense in view of greater financial flexibility to accommodate social demands. The result is a more progressive, or less regressive, pattern of spending.

There is another way in which the level of per capita GDP may influence the pattern of social spending by socioeconomic segment. As was mentioned above, the cost of providing a social service is higher when the target population has more unmet needs. It follows from this that social projects that have to operate in those circumstances are more feasible both financially and politically in countries with more fiscal resources. When income is higher, there is more headroom to cope with the fiscal challenge of dealing with the most vulnerable groups.

³² The data on the Gini coefficients of income distribution are from ECLAC (ECLAC, 2005b).

Figure II.14



Source: Inter-American Development Bank (IDB), on the basis of national surveys.

Thirdly, the orientation of social spending is linked to the quality of institutions (see figure II.14(c)). The data available for 11 countries in the region show a clear negative correlation between the coefficient of concentration of aggregate social spending and the rule of law index.³³ More progressive social spending is reported in countries in which there is stricter compliance with the law. In the private sphere, the quality of institutions

determines how efficient markets are, by establishing rules and controls that are clear, coherent, credible, stable over time and applied equally to all economic agents (Burki and Perry, 1998). In the public and social sphere, solid institutions, both governmental and political and civil, are associated with societies that monitor the Government's compliance with the social agenda through formal institutional mechanisms, demand accountability from bureaucracy and allocate

³³ The rule of law index is one of the six institutional quality indices constructed by Kaufmann, Kraay and Zoido-Lobaton (2002). The values of the index vary between -2.5 and 2.5, where the highest values are associated with societies in which there is more widespread compliance with the law. The index has been constructed on the basis of surveys which consider the perceptions of non-governmental organizations, risk classifying agencies and consultants. Data are available for 173 countries for the period 1997–2001.

responsibility for social impacts, and where the law can be applied when the circumstances so require. This could explain in part why in Latin America, a region that is formally committed to resolving the problems of the poorest, those countries that have a better quality of institutions are also those that have a more progressive pattern of social spending.

Lastly, the statistical evidence shows that regressive social spending policies go hand in hand with greater ethnic diversity, which is measured by the index of ethno-linguistic fragmentation (see figure II.14(d)).³⁴

Final conclusions on the relationship between the pattern of social spending by income group and variables such as per capita GDP, the quality of institutions, the lack of equity and ethnic differences could only be drawn by ignoring a series of theoretical and empirical considerations. Aggregate social spending by socioeconomic level does not show clearly how resources are distributed across sectors and programmes. Similarly, the analysis of simple correlations should follow a detailed process of incorporating new explanatory and control variables. Observations should be included from other continents and from Latin American countries not considered here, as well as other quantitative procedures that are required for a more rigorous methodology, in order to evaluate the existence and direction of a possible causal relationship between the orientation of social spending and the variables mentioned. In practice this analysis has been limited by the lack of information on the orientation of social spending. Despite such limitations, this first consideration of the possible relationship between social spending policies and economic and social

phenomena is intended to encourage research in this area and the identification of new tools to improve public policy-making on social issues.

8. SPENDING ON SOCIAL ASSISTANCE

Social assistance spending is often confused with public social spending. They are different in nature, target populations, the level of resources involved and also, very often, in the type of services financed. Unlike public social spending, which is intended to offer social services to all citizens without distinction, the goal of social assistance programmes is to focus its resources on the social groups with the most needs. Although the areas of activity in which the resources of social assistance programmes and public social programmes are invested are not mutually exclusive (for example education and health), very often the assistance programmes offer a broader range of services, as in the case of school meals, maternal nutrition programmes and monetary subsidies.

The resources allocated to social assistance programmes in Latin America are a small proportion of public social spending or of total public spending. On average, the funds allocated to assistance programmes are close to 15.1% of public social spending and 7.7% of total public spending in the 10 countries for which statistical information is available. The country that allocates the highest percentage of its aggregate social spending to this type of programmes is Peru (32.3%), while Brazil allocates the lowest percentage (2.2%) (see table II.11).³⁵

³⁴ The ethno-linguistic fragmentation index is the average of five indices that measure the degree of ethnic diversity in a particular country. The values of the index vary from 0 to 1. The higher the index, the higher the degree of ethno-linguistic fragmentation. Data are available for 161 countries and were obtained from La Porta and others (1998).

³⁵ In some cases, such as that of Brazil, spending on social assistance programmes is probably underestimated owing to the fact that a significant portion of public spending is administered by local governments. This might also be the case in Argentina or Mexico.

Table II.11

LATIN AMERICA: SPENDING ON SOCIAL ASSISTANCE PROGRAMMES, BY INCOME QUINTILE									
Country	I (poorest)	II	III	IV	V (richest)	Total (%)	Quasi Gini ^a	Kakwani Index ^b	% of social spending ^c
Argentina (1998) ^d	54	25	11	6	3	100	-0.48	-0.99	15.0%
Brazil (1997) ^e	29	25	22	16	8	100	-0.20	-0.76	2.2%
Chile (2003) ^f	48	26	16	8	2	100	-0.43	-0.83	19.6%
Colombia (2003) ^g	29	25	20	18	9	100	-0.18	-0.71	15.7%
Costa Rica (2000) ^h	38	25	16	14	8	100	-0.29	-0.72	6.8%
Ecuador (1999) ⁱ	28	26	25	18	4	100	-0.22	-0.71	23.7%
Guatemala (2000) ^j	16	24	26	20	13	100	-0.04	-0.58	12.8%
Mexico (2002) ^k	49	22	11	11	7	100	-0.37	-0.86	6.3%
Peru (2000) ^l	29	26	23	16	7	100	-0.21	-0.67	32.3%
Uruguay ^m	29	21	17	20	12	100	-0.14	-0.55	16.5%

Source: Inter-American Development Bank (IDB), on the basis of national surveys.

^a The quasi-Gini or concentration coefficient is used to measure the orientation of social spending, with values ranging from -1 to 1. A negative coefficient indicates progressive social spending and a positive coefficient indicates regressive social spending (see box II.4).

^b The Kakwani index or relative concentration coefficient is used to measure the orientation of social spending in relation to income distribution. Its values range from -2 to 1, with a negative value when social spending is progressive and positive when it is regressive.

^c Education and health.

^d Includes public social awareness campaigns and social assistance.

^e Includes child services, school meals and maternal nutrition.

^f Includes monetary subsidies for assistance benefits, the single subsidy for families, drinking water consumption and unemployment benefits.

^g Includes care for children aged under seven years, school meals and training.

^h Includes support programmes for the poorest groups, including the disabled, rural families, indigenous groups, older adults and others.

ⁱ Includes the solidarity bonus, school meals, free food programmes and infant care.

^j Includes school meals, school items and materials, scholarships, in-kind transfers, and programmes implemented by PRONADE.

^k Includes the Oportunidades and Procampo programmes.

^l Includes school breakfast programmes, school milk programmes, soup kitchens, mothers' clubs, and school uniforms and materials.

^m Includes early childhood development programmes, food programmes and cash transfers.

In terms of orientation by income quintile, all the countries with the exception of Guatemala show progressive spending patterns in the allocation of resources administered by the social assistance programmes, which clearly favour low-income groups. Within these groups, the pattern of spending on social assistance shows a fairly broad range of degrees of progressiveness. Mexico leads the list of countries that allocate this type of social assistance in a form that is disproportionately favourable to lower-income groups, which is mostly due to the successful government programme “Oportunidades”.

Although social assistance programmes that target the poorest groups are important, the resources assigned to them are insufficient, as they only receive a small proportion of the total fiscal

resources allocated to the social sphere. In a region that has a high level of poverty and inequality, equating social assistance programmes with social policy means ignoring the full scale of the problems of both phenomena and the huge responsibility of social policy, as manifested in public social spending, to reduce or eliminate the structural problems that lead to poverty, social exclusion and the lack of equity in the region.

Furthermore, equating social assistance with social policy may, in practice, convert the social services that are oriented to the poorest groups into inferior goods.³⁶ Social services in a democratic society should not be segmented into two classes of services: those provided for low-income families and those provided to the rest of the population, that

³⁶ An inferior good is one for which demand falls as an individual's income rises. This distinguishes it from a normal good, demand for which varies in the same direction as income.

is, the medium and high-income groups. Such segmentation brings enormous risks in terms of the quality of public services and social fragmentation. Although in many countries of the region such segmentation is inevitable in the short term in view of the low level of fiscal income, the development of quality social services with standard content is a desirable medium- and long-term goal.

9. CONCLUSIONS

The following reflections arise from an analysis of the distribution of public social spending by income group in Latin America:

(a) The orientation of public social spending is important because it reveals governments' preferences in relation to confronting poverty, inequity and their consequences. The level of spending, however, is also important. Even if public social spending is distributed only proportionally among the different income groups, a higher level of aggregate spending would bring disproportionately higher benefits for low-income groups. An increase in public social spending in Latin America is thus a necessary, but not sufficient, condition for combating poverty, the lack of equity and their consequences. In this context, it is important to note the expansion of public spending in the social sectors between 1990 and 2001 in the 18 countries of the region for which statistical information is available. Although an increase in social spending does not necessarily result in social policy that is more targeted towards reducing the unmet needs of the lowest-income groups, it does throw into relief the relative priority that has been given to the social sectors in the process of allocating public resources. Lastly, as public social spending is less concentrated than income in all countries of the region, it does mitigate the inequality in primary income distribution.

(b) In brief, there are indications that the pattern of social spending on education and health in Latin America has been changing direction and becoming more progressive, although in a slow and uneven manner. These indications include higher per capita social spending, sustained increases in the levels of primary and secondary enrolment, the expansion of access to health services, institutional improvements, and the political will demonstrated by the region's governments in the 1990s to reallocate a greater percentage of fiscal resources to social spending. In this context, although the statistical data available show that only five of the eleven countries studied reported progressive aggregate social spending at the beginning of the twenty-first century, the information indicates that, compared with ten years ago, there are now many more countries in the region whose social spending has become more progressive or less regressive. It is probable that if this trend continues, a strategy of progressive implementation of social spending could be reinforced in Latin America, within a similar period, which would influence the standard of living of the lowest-income groups and the levels of inequality. This cautious optimism is attenuated, however, by the fact that social spending on education and health is progressive in only five of the 11 countries for which updated information is available, and the rate of change seems very slow. Is the glass half empty or half full? We should not lose hope, but we must recognize that the region needs to approach equity issues with determination and a stronger sense of urgency in order to bring about tangible changes more swiftly.

(c) The establishment of a progressive pattern of spending on primary education is undoubtedly the most significant achievement in the region at the end of the 1990s, and has been observed in the ten countries for which

statistical information is available. Although it is not certain that this phenomenon is unique to the 1990s, in view of the lack of information, the data on the development of social spending on education, the greater fiscal priority given to the social sectors, the higher primary enrolment rates and the institutional improvements at the regional level do seem to corroborate this idea, although further progress is still needed. Meanwhile, the great challenge for Latin America in this new century is to resolve the problems of access to and orientation of social spending on secondary education.

- (d) The achievement of a progressive pattern of public social spending on primary education in the region is not necessarily associated with higher levels of effectiveness in providing the service or with enhanced quality. There are even serious questions about the quality of public education in Latin America compared to other regions, questions with an empirical basis. Any deterioration in the quality of public education brings the risk of transforming it into an inferior good in society, as the expected benefit moves further away from what is offered by certain types of private educational institutions, thus excluding the middle-income groups from its coverage and leading to it being seen as the only option for the poorest groups, thus increasing their social exclusion.
- (e) The orientation of public spending on health shows a fairly broad range of variation in the region. Nevertheless, the examples of progressive implementation are more numerous and more significant. Unlike the case of primary education, the analysis based on related variables (increase in per capita spending, greater coverage and institutional improvements) does not clearly indicate that the trend towards progressiveness of social spending on health is a change in relation to past decades.
- (f) The allocation of public spending to social security is highly regressive. The data available on the pattern of social security spending by income quintile for eight Latin American countries show that this spending benefits the highest-income groups to a significantly greater degree. The commitment and political will of the region's governments to reduce poverty, lack of equity and exclusion in their societies requires a study in greater depth of the causes and consequences of this phenomenon, as well as the design of alternative policies to mitigate the regressiveness of social security spending. In view of the huge relative weight of social security as a component of social spending in the public sector, a lack of awareness of its regressive nature in terms of the performance of public-sector functions in other social sectors weakens the commitment to reducing poverty and the lack of equity.
- (g) Lastly, it should be recalled that social policy has only a limited effect on the structural conditions of poverty and lack of equity. What does have a profound and lasting effect is the interaction between economic policy and social policy. A detailed analysis of the social impact of the linkages between economic policy and social policy is beyond the scope of this section. Social policy, however, does absorb a high proportion of available fiscal resources. Accordingly, if social policy does not make a decisive contribution to alleviating poverty and reducing the lack of equity, it is unlikely that economic policy alone can manage to achieve this. One of the most important lessons to be learned from the past decade is the incapacity of the market alone to resolve the conditions of exclusion and indigence of large segments of the Latin American and Caribbean population. Direct action by the State plays an important role and a large part of this must come from social policy.

C. REDISTRIBUTIVE IMPACT OF SOCIAL SPENDING

Despite the fact that most countries in the region show a low degree of progressiveness of social spending, mainly because of the concentration of resources allocated to social security and protection in the higher-income groups, the redistributive impact on income is still significant. It not only corrects to some extent the poor distribution of primary income observed in most of the countries, but also results in a substantial increase in income, and more generally in the well-being, of the poorest groups. For these groups, the most important contribution is made by expenditure on human capital (education and health), an investment that supports long-term strategies against poverty and the reproduction of poverty. In the higher-income groups, the public contribution to social security is more significant, especially in relation to retirement and other benefits. Unfortunately, the impact of social spending on household income is much less significant in the poorest countries, as the levels of resources they allocate to social spending are low.

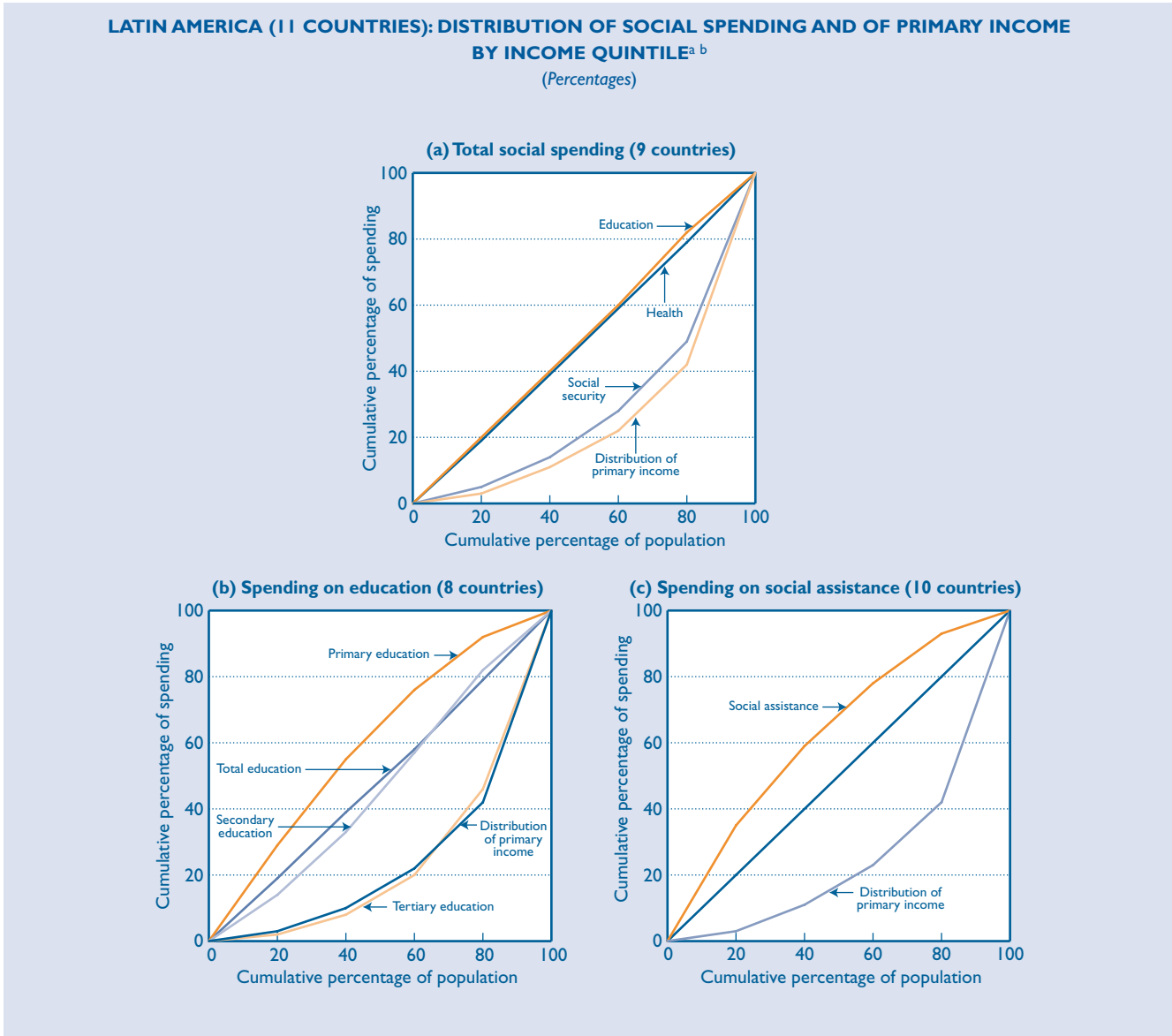
The previous section contained information on the region's countries which indicated the varying degrees of progressiveness or regressiveness of the various social spending components in terms of their distribution among the different income groups. Although spending in some areas, such as primary education, is generally progressive, there is no general rule as to the degree of progressiveness of the various items of spending for all countries. Moreover, the real impact of public social spending, depending on the level and distribution of primary income within each country, and also on the level

and distribution of sectoral social spending, tends to differ substantially for different income groups in each country and also for the same income group in different countries. The figures in this section illustrate the average distribution of the different social spending items by income group, and show that an increase in social spending does not necessarily translate into a better targeting of fiscal resources to the lowest-income groups, but does reflect the relative priority given to the poorest groups in the allocation of public resources, as is clear in the case of resources assigned to primary

education and to social assistance. Secondly, the data show that in all countries of the region public resources are less concentrated than income and that

they therefore mitigate the inequality of income distribution, with the exception of resources assigned to tertiary education (see figure II.15).

Figure II.15



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of national surveys provided by the Inter-American Development Bank (IDB)

^a The figures are obtained as the simple average of the percentages of spending obtained for each quintile of income distribution.

^b Refers to groups of 20% of households ordered according to the per capita level of primary income (without social spending).

1. EFFECTS OF SOCIAL SPENDING ON INCOME DISTRIBUTION

The information available for 17 countries in the region shows that the different components of public social spending show pronounced differences in their degree of distributive progressiveness. The degree of regressiveness or progressiveness in the different sectors, and also the amount of resources allocated to each one, affects the extent to which public social spending modifies the level of concentration of primary income, that is, the monetary income of households after taxes and without considering monetary transfers and free goods and services provided by the State. The volume of resources

allocated to each group in relation to its level of primary income determines the impact in terms of increasing the capacity of households to meet their needs.

Table II.12 shows the effect of social spending on each income distribution group for all countries for which information was available. In this case it is measured as the change recorded in the quasi-Gini coefficient when social spending is added to the primary income distribution, which refers to income deriving from economic activity, without transfers (see box II.3). In addition, table II.13 shows the impact of social spending on each group, expressed as a percentage of their primary income.

Table II.12

LATIN AMERICA (9 COUNTRIES): DISTRIBUTION OF PRIMARY INCOME AND OF TOTAL INCOME (INCLUDING PUBLIC SOCIAL SPENDING) AND THE QUASI-GINI COEFFICIENT ^a									
<i>(Percentages and coefficients)</i>									
Country		Total	Income quintiles					Quasi-Gini coefficient ²	Reduction owing to impact of social spending
			Quintile I	Quintile II	Quintile III	Quintile IV	Quintile V		
Argentina (1998)	Distribution of primary income	100.0	3.0	7.0	11.0	18.0	61.0	0.51	
	Distribution of total income	100.0	6.5	9.5	13.2	19.1	51.7	0.40		-0.11
Bolivia (2002)	Distribution of primary income	100.0	4.0	9.0	14.0	20.0	53.0	0.44	
	Distribution of total income	100.0	4.8	9.6	14.3	20.3	51.0	0.41		-0.02
Brazil (1997)	Distribution of primary income	100.0	2.0	5.0	10.0	17.0	66.0	0.56	
	Distribution of total income	100.0	4.1	6.6	11.6	17.7	60.0	0.49		-0.07
Colombia (2003)	Distribution of primary income	100.0	2.0	6.0	11.0	18.0	63.0	0.53	
	Distribution of total income	100.0	3.3	7.0	11.4	18.0	60.2	0.50		-0.03
Costa Rica (2000)	Distribution of primary income	100.0	4.0	8.9	13.9	21.8	51.5	0.43	
	Distribution of total income	100.0	7.4	11.0	14.5	21.0	46.1	0.35		-0.08
Ecuador (1999)	Distribution of primary income	100.0	3.0	8.0	12.0	19.0	58.0	0.49	
	Distribution of total income	100.0	3.6	8.5	12.5	19.2	56.2	0.46		-0.02
Guatemala (2000)	Distribution of primary income	100.0	3.0	5.9	9.9	17.8	63.4	0.54	
	Distribution of total income	100.0	3.5	6.5	10.4	18.0	61.6	0.51		-0.03
Mexico (2002)	Distribution of primary income	100.0	3.0	7.1	12.1	19.2	58.6	0.49	
	Distribution of total income	100.0	4.4	8.4	12.9	19.6	54.7	0.45		-0.05
Uruguay (1998)	Distribution of primary income	100.0	5.0	9.0	14.0	22.0	50.0	0.41	
	Distribution of total income	100.0	5.7	9.4	14.3	21.9	48.7	0.39		-0.02

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of national surveys provided by the Inter-American Development Bank (IDB) (see table II.1).

^a See box II.4.

Table II.13

LATIN AMERICA (17 COUNTRIES): IMPACT OF PUBLIC SOCIAL SPENDING ^a ON HOUSEHOLD INCOME (Percentages)												
Country	Total	Includes public spending on social security					Total	Excludes public spending on social security				
		Quintile I (poorest)	Quintile II	Quintile III	Quintile IV	Quintile V (richest)		Quintile I (poorest)	Quintile II	Quintile III	Quintile IV	Quintile V (richest)
Argentina (1998)												
% of primary income	31	183	79	57	40	11	15	129	47	28	16	3
% of total income (incl. PSS)	24	65	44	36	28	10	13	56	32	22	13	3
Bolivia (2002)												
% of primary income	19	64	32	24	22	11	11	46	21	16	13	5
% of total income (incl. PSS)	16	39	24	19	18	10	10	31	17	14	11	5
Brazil (1997)												
% of primary income	30	160	73	51	35	19	11	94	43	23	14	4
% of total income (incl. PSS)	23	62	42	34	26	16	10	48	30	18	12	4
Chile (2003)												
% of primary income	...	...	...	...	...	...	13	60	32	19	10	2
% of total income (incl. PSS)	...	...	...	...	...	...	11	38	24	16	9	2
Colombia (2003)												
% of primary income	13	86	30	16	12	8	8	86	29	15	9	2
% of total income (incl. PSS)	11	46	23	14	11	7	8	46	22	13	9	2
Costa Rica (2000)												
% of primary income	26	129	53	31	21	13	16	100	40	22	13	5
% of total income (incl. PSS)	20	56	35	23	17	12	14	50	29	18	11	4
Ecuador (1999)												
% of primary income	6	26	13	10	7	3	4	24	12	8	5	2
% of total income (incl. PSS)	6	20	11	9	7	3	4	19	10	7	5	2
El Salvador (2002)^b												
% of primary income	...	...	...	...	...	...	5	38	15	9	5	1
% of total income (incl. PSS)	...	...	...	...	...	...	5	28	13	8	4	1
Guatemala (2000)												
% of primary income	5	24	15	10	6	3	4	24	14	9	5	1
% of total income (incl. PSS)	5	19	13	9	6	3	4	19	12	8	5	1
Honduras (1998)^c												
% of primary income	...	...	...	...	...	...	3	22	10	6	3	1
% of total income (incl. PSS)	...	...	...	...	...	...	3	18	10	6	3	1
Jamaica (1997)^{b c}												
% of primary income	...	...	...	...	...	...	6	24	14	8	4	1
% of total income (incl. PSS)	...	...	...	...	...	...	6	19	12	8	4	1
Mexico (2002)												
% of primary income	12	54	29	19	16	5	9	50	24	14	10	3
% of total income (incl. PSS)	11	35	23	16	13	5	8	34	19	12	9	3
Nicaragua (1998)												
% of primary income	...	...	...	...	...	...	6	22	16	12	7	3
% of total income (incl. PSS)	...	...	...	...	...	...	6	18	14	10	6	3

Table II.13 (concluded)

LATIN AMERICA (17 COUNTRIES): IMPACT OF PUBLIC SOCIAL SPENDING ^a ON HOUSEHOLD INCOME (Percentages)												
Country	Total	Includes public spending on social security					Total	Excludes public spending on social security				
		Quintile I (poorest)	Quintile II	Quintile III	Quintile IV	Quintile V (richest)		Quintile I (poorest)	Quintile II	Quintile III	Quintile IV	Quintile V (richest)
Paraguay (1998)^d												
% of primary income	...	...	...	...	...	...	6	41	13	8	5	2
% of total income (incl. PSS)	...	...	...	...	...	...	6	29	12	7	5	2
Peru (2000)												
% of primary income	...	...	...	...	...	...	7	35	15	9	8	4
% of total income (incl. PSS)	...	...	...	...	...	...	7	26	13	9	7	4
Dominican Rep. (1998)^d												
% of primary income	...	...	...	...	...	...	3	10	7	6	4	1
% of total income (incl. PSS)	...	...	...	...	...	...	3	9	7	5	4	1
Uruguay (1998)												
% of primary income	11	47	23	15	9	5	9	46	21	12	7	3
% of total income (incl. PSS)	10	32	19	13	8	5	8	31	17	11	6	3
Simple average^e												
% of primary income	17	86	39	26	19	9	10	66	28	16	10	3
% of total income (incl. PSS) ^f	15	46	28	21	16	8	9	40	22	14	9	3

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of national surveys provided by the Inter-American Development Bank (IDB) and official figures from the countries.

^a In all cases excludes expenditure on housing, water and sewerage.

^b Public spending on education excludes in this case the amount allocated to higher education.

^c Only includes public spending on health.

^d Only includes education.

^e Simple average of the countries which provided figures for education, health and social security.

^f Calculated on the basis of the previous line, and not as an average of the values of each country.

Generally speaking, although social spending and its components are not progressive in absolute terms, they are so in relative terms, as the degree of concentration in the medium- and high-income groups, or the benefits received by those groups, is very different from that of the primary income distribution. It may therefore be predicted that social spending has a deconcentrating effect on total income, although in many cases it is rather slight.³⁷ Considering the information provided in the first section of the chapter on the resources assigned to social spending in the different countries, it can be seen from table II.13 that, with the exception of Uruguay, in the countries where social spending is higher (Argentina, Brazil and Costa Rica), it has a

more significant deconcentrating effect, even though the household income is also high in the regional context. In Argentina, social spending increases the primary household income by about 31%, which is a very significant volume of resources in view of the high level of household income. Argentina is one of the countries where social spending is less regressive, even though social security is a significant item because of the stage that that country has reached in the demographic transition process and the significant amount of resources allocated to retirement and other benefits. Of the countries which provided information, social spending has the greatest deconcentrating effect on primary income distribution in Argentina. The

³⁷ Information was available for only 9 countries on the distribution of spending on education, health and social security by quintiles, which allows a more or less adequate consideration of the effect of social spending on households. The studies on the distribution of social spending that were used did not consider spending on housing, sewerage and drinking water.

quasi-Gini coefficient of the primary income distribution amounts to 0.51, but the effect of social spending distribution reduces it by 0.11, so that the final coefficient is 0.40. The final income distribution is thus one of the least inequitable among the countries considered, surpassed only by Costa Rica and Uruguay.

The situation is similar in both Brazil and Costa Rica. In Brazil, the resources allocated to social spending increase primary income by about 30%, allowing a fairly substantial correction of its high concentration, lowering the quasi-Gini coefficient from 0.56 to 0.49. Meanwhile, in Costa Rica, although lower amounts are allocated to social spending than in Argentina and Brazil (social spending adds an additional 26% to primary income), its high degree of relative progressiveness (or low absolute regressiveness, similar to that of Argentina) has a significant impact, especially as the primary income distribution is the least concentrated of the countries in the region. This is reflected in the quasi-Gini primary income indicator, which is reduced from 0.43 to 0.35 when social spending is included in the calculation.

Uruguay is an exception among the countries with both higher per capita income levels and higher social spending levels because, owing to the high degree of ageing of its population and the extended social security coverage (which benefits, inter alia, a significant proportion of retired workers from the higher-income groups), its spending is highly regressive. This to a large extent mitigates the net effect of social spending on the total income distribution. The relatively slight increase in household income (the items of expenditure recorded would only mean a little over 10% of primary income), together with the rather regressive nature of social spending in absolute terms, result in a significantly lower reduction of the quasi-Gini coefficient: from 0.41 to 0.39.

Meanwhile, little optimism is inspired by the situation of the medium and low per capita income countries, which have significantly lower levels of social spending than the previous group while at

the same time relatively high proportions of their population live in poverty and indigence. In Colombia and Mexico, middle-income countries with low-to-medium social spending in the regional context, the social spending items represent a contribution to households of between 12% and 13% of primary income distribution. The net effect of social spending on income redistribution is quite low. In Colombia the quasi-Gini coefficient is reduced by 0.03 to reach 0.50, and in Mexico it is reduced by 0.04, reaching 0.45. In both cases, in addition to the fact that social spending is relatively low, the slight attenuation of income concentration is mainly due to the highly regressive effect of the social security component, whose quasi-Gini coefficient is 0.68 in Colombia and 0.38 in Mexico, and to its high share of total social spending (35% and 29% respectively).

Lastly, in the countries with the lowest levels of social spending (Bolivia, Ecuador and Guatemala, with per capita social spending of US\$ 136, US\$ 76 and US\$ 126 in 2002–2003, respectively), the effect of social spending on primary income is relatively low. The exception is Bolivia, where social spending increases household income by 19%. In Ecuador and Guatemala, the contribution does not exceed 6% of primary income. In all three countries, this low impact brings only a slight adjustment of the concentration indices. After allowing for social spending in relation to the various income quintiles, the quasi-Gini coefficient is situated at 0.41, 0.46 and 0.51 respectively.

2. THE EFFECTS OF SOCIAL SPENDING IN TERMS OF INCREASING THE INCOME OF THE POOREST HOUSEHOLDS

The effect of social spending in terms of increasing the income of all households is relatively low, but its effect on the income of the poorest households is very significant.

The impact of social spending on income for all quintiles can be seen from table II.13. An analysis of

the simple average for the 9 countries for which information is available on education, health and social security shows that while social spending increases primary income for all households by 17%, it almost doubles the income of the lowest-income quintile, for which social spending increases income by 86%; as a proportional contribution, its effect is over five times higher than the effect on all households and over 10 times higher than the effect on the income of upper quintile. This ratio of contributions to primary income of the highest- and lowest-income groups is more or less similar across the countries. In Brazil, Colombia, Costa Rica, Ecuador, Guatemala, Mexico and Uruguay the contribution received by the lowest quintile is between 9 and 11 times higher than that of the richest quintile. In Argentina, the contribution is 16 times more than that received by the highest-income quintile, and in Bolivia it is only 6 times higher.

Despite the fact that the ratio of contributions to the lower and upper quintiles is more or less constant, the impact of social spending on the primary income of the lowest-income group varies significantly in the different countries. In Argentina, Brazil and Costa Rica, social spending represents more than one half of the total income of households with the lowest income (65%, 62% and 56% respectively), which is mainly explained by the large volume of social spending allocated by these countries, its low level of regressiveness (Argentina and Costa Rica) and the strong primary income concentration (especially in Brazil, despite the fact that the social security component in that country is fairly regressive, as the richest quintile receives 7.3 times the amount of social security received by the poorest quintile).

In contrast, in the poorest countries, in this case Bolivia, Ecuador and Guatemala, the proportion of the income of the poorest households which is contributed by public spending is 40% or less (in the last two countries it is no more than 20%). This reflects not only the higher absolute regressiveness of social spending mostly due to social security, but also the low level of social spending in general, and of spending channelled to the first quintile in particular.

3. SECTORAL REDISTRIBUTIVE IMPACTS

As can be seen in the previous sections, the level, sectoral composition and the degree of progressiveness of the distribution of the different spending items influences to a significant extent the impact of social spending on household income. In the same way, the increase in more progressive items or in the progressiveness of current items (for example, expanding educational and health coverage or distributing pensions to lower-income groups) can have a significant influence on increasing the income and consequently the well-being of the poorest households.

There follows a brief analysis of the social spending items which have the greatest impact on the lowest-income groups and, in contrast, on the highest-income groups.

Table II.14 contains details of the sectoral spending distribution in each income group. In the nine countries for which all the necessary information is available, the most relevant item for the lower-income groups is education, which represents, on average, 52% of the social public contribution to those groups; in contrast, in the highest-income quintile, this proportion falls to 27%. A similar situation occurs in the case of social spending on health, which represents 33% of the total contribution to the 20% of poorest households and only 15% in the richest quintile. Clearly, in the case of social security, the situation is quite the opposite, as it represents only 16% of the contribution for the lowest quintile, while it amounts to almost 58% of the public contribution to the households of the upper quintile. To sum up, it may be said that over 80% of the contribution received by the lower-income households corresponds to expenditure on human capital (education and health), while this figure is only 42% in the case of the highest-income households, which receive the greater part of their State support in the form of social security.

Table II.14

LATIN AMERICA (9 COUNTRIES): DISTRIBUTION OF PUBLIC SOCIAL SPENDING ^a WITHIN EACH INCOME QUINTILE (Percentages)						
Country	Total	Income quintiles				
		Quintile I	Quintile II	Quintile III	Quintile IV	Quintile V
Argentina (1998)						
Education	23.7	28.3	26.8	24.6	20.7	19.2
Health	24.8	42.4	32.3	24.5	18.4	11.2
Social security	51.5	29.3	40.9	50.9	60.9	69.6
Social spending on human capital	48.5	70.7	59.1	49.1	39.1	30.4
Total social spending ^a	100.0	100.0	100.0	100.0	100.0	100.0
Bolivia (2002)						
Education	49.5	61.9	55.3	59.5	47.1	37.1
Health	11.5	9.3	11.3	9.2	12.4	13.1
Social security	39.1	28.8	33.4	31.3	40.5	49.7
Social spending on human capital	60.9	71.2	66.6	68.7	59.5	50.3
Total social spending ^a	100.0	100.0	100.0	100.0	100.0	100.0
Brazil (1997)						
Education	19.0	30.6	28.2	20.3	18.3	12.7
Health	18.5	28.0	30.6	24.2	21.6	8.7
Social security	62.5	41.4	41.2	55.5	60.1	78.6
Social spending on human capital	37.5	58.6	58.8	44.5	39.9	21.4
Total social spending ^a	100.0	100.0	100.0	100.0	100.0	100.0
Colombia (2003)						
Education	32.4	56.8	51.8	44.8	34.4	11.5
Health	32.9	43.2	43.4	43.2	40.4	18.3
Social security	34.7	0.0	4.8	12.0	25.2	70.2
Social spending on human capital	65.3	100.0	95.2	88.0	74.8	29.8
Total social spending ^a	100.0	100.0	100.0	100.0	100.0	100.0
Costa Rica (2000)						
Education	30.0	31.3	32.3	34.2	35.1	21.6
Health	32.0	46.1	43.1	38.4	26.7	13.4
Social security	38.0	22.7	24.6	27.4	38.1	65.0
Social spending on human capital	62.0	77.3	75.4	72.6	61.9	35.0
Total social spending ^a	100.0	100.0	100.0	100.0	100.0	100.0
Ecuador (1999)						
Education	57.6	66.5	66.5	55.4	56.7	49.9
Health	17.7	25.9	23.5	19.6	19.0	7.3
Social security	24.7	7.6	10.0	25.0	24.3	42.8
Social spending on human capital	75.3	92.4	90.0	75.0	75.7	57.2
Total social spending ^a	100.0	100.0	100.0	100.0	100.0	100.0
Guatemala (2000)						
Education	54.1	68.8	70.0	63.7	55.2	34.9
Health	23.2	29.5	25.8	29.9	28.2	12.1
Social security	22.7	1.7	4.2	6.4	16.6	53.0
Social spending on human capital	77.3	98.3	95.8	93.6	83.4	47.0
Total social spending ^a	100.0	100.0	100.0	100.0	100.0	100.0
Mexico (2002)						
Education	47.0	66.6	55.6	47.2	44.2	33.8
Health	24.1	26.9	25.6	26.7	22.6	20.1
Social security	29.0	6.5	18.8	26.0	33.2	46.1
Social spending on human capital	71.0	93.5	81.2	74.0	66.8	53.9
Total social spending ^a	100.0	100.0	100.0	100.0	100.0	100.0
Uruguay (1998)						
Education	40.9	53.5	50.6	41.8	35.5	25.9
Health	38.8	43.6	41.8	41.8	38.0	29.5
Social security	20.3	2.9	7.7	16.4	26.5	44.6
Social spending on human capital	79.7	97.1	92.3	83.6	73.5	55.4
Total social spending ^a	100.0	100.0	100.0	100.0	100.0	100.0
Simple average of the countries						
Education	39.3	51.6	48.6	43.5	38.6	27.4
Health	24.8	32.8	30.8	28.6	25.3	14.8
Social security	35.8	15.6	20.6	27.9	36.2	57.8
Social spending on human capital	64.2	84.4	79.4	72.1	63.8	42.2
Total social spending ^a	100.0	100.0	100.0	100.0	100.0	100.0

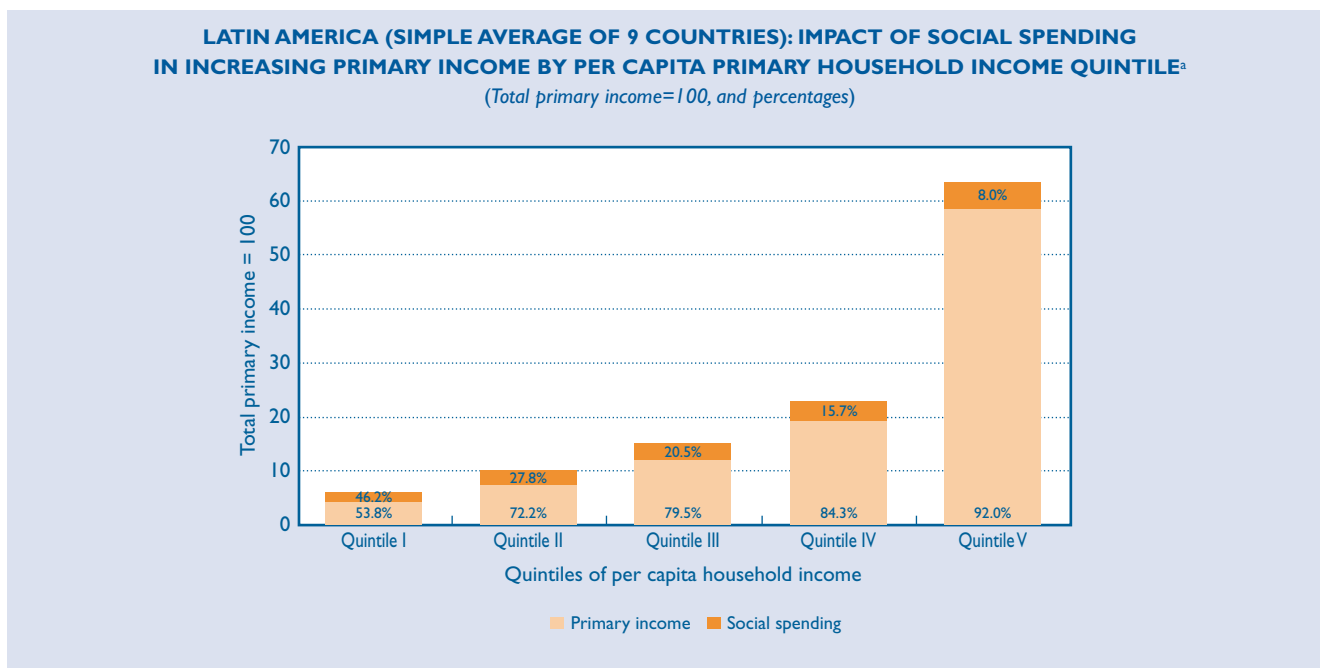
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of national surveys provided by the Inter-American Development Bank (IDB) and official figures from the countries.

^a Excludes spending on housing, water and sewerage.

Although the percentages vary from one country to another, expenditure on human capital usually represents a very significant proportion of the resources received by the lowest-income sectors. With the exception of Brazil, where there are extensive pension programmes for low-income older adults, expenditure on human capital represents between 70% and almost 100% of the resources that benefit the poorest groups. It is different, however, at the upper extreme of income distribution. Although the highest share of resources for this group tends to come from social security and spending on human capital provides a smaller share, the situation is more variable. While in Argentina, Brazil, Colombia and Costa Rica, expenditure on social security represents at least 65% of the resources received by the upper income quintile, in Bolivia, Ecuador, Mexico and Uruguay it represents less than half of the spending allocated to these groups.

Although the various studies of the distribution of social spending point to a mixed situation in relation to progressiveness or regressiveness, it clearly represents a significant contribution to the well-being of households. When this contribution is calculated in monetary terms and compared with household income, its impact, especially on the lower-income groups, is very significant, and sometimes doubles the resources available to meet their basic needs and for social and labour integration (see figure II.16). At the sectoral level, the most significant contribution to the poorest groups is spending on human capital, and within this area, spending on education, which for these groups is mainly primary education (see section B). Meanwhile, spending on social security and protection tends to benefit to a greater extent the higher-income groups, although this does not necessarily mean a substantial increase in their incomes.

Figure II.16



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of national studies provided by the Inter-American Development Bank.

^a Does not include spending on housing, water and sewerage.

The fact that social spending in many cases is not progressive and that it benefits to a significant extent the high-income sectors (see figure II.17), should not be interpreted as an indicator of the lack of targeting of social spending. In the case of social security, the most regressive spending component is retirement pensions for former workers whose past and current incomes place them in the non-poor groups. This does not necessarily reflect an incapacity or lack of will of the governments to benefit the low-income sectors, but is rather the result of complying with commitments relating to contributions based on legal regulations associated with the past and current functioning of the labour market, where the formal sector includes only about half of the urban labour force. In the case of spending on education and health, the low level of progressiveness in these areas is often due not to the fact that education and health services are focused on medium- and high-income groups, but rather to insufficient access for potential beneficiaries from low-income groups owing to a lack of awareness of their existence, distance, low valuation or to gradual processes of social exclusion. This is the case of secondary and tertiary education: the lower enrolment rate and the higher degree of school failure in primary education (repetition and drop-out) among children of the poorest groups results in a lower entrance rate and performance in secondary education and, naturally, an almost zero or very low enrolment rate in higher education. It does not necessarily follow that public financing of secondary and tertiary education is inadequately focused and that the State should not incur expenses in these areas.

An enhanced focusing of social spending on the poorest groups, and the resulting higher degree of progressiveness, depends both on the investment effort and the availability of social services for the low-income groups (including free access or very low co-payments) and on the actual access of these groups to such benefits. As indicated in the first section of this chapter, the Governments took significant measures in the 1990s to increase social

spending, which has been reflected both in an absolute increase in the resources allocated to social services and in a real improvement in access to education, health and social assistance, and this in turn has brought a significant improvement in various human development indicators.

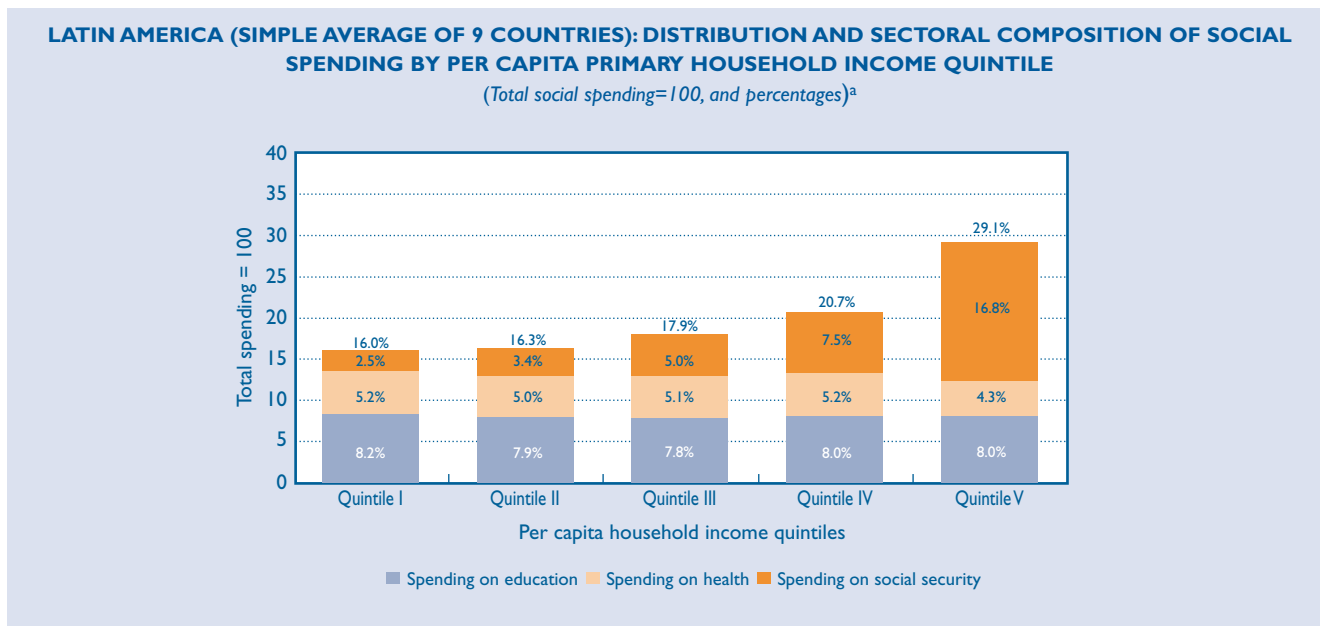
These efforts must be continued in order to increase the material and social well-being of the lowest-income sectors. This means continuing to give priority to investment and the development of social services, while providing facilitating channels to ensure that the benefits are actually obtained by the poorest groups. This includes direct confrontation with all of the mechanisms of poverty reproduction and social exclusion, enhancing the efficiency of public resource use and developing instruments to control the management and impact assessment of social policies and programmes. Measures to enhance the efficiency of social spending and to orient social investment towards the poorest groups do not necessarily mean re-allocating the resources that currently benefit non-poor groups, as in many cases families have lifted and maintained themselves out of poverty precisely because of the benefits obtained from public social spending and the opportunities they were given to be part of productive and social protection systems.

There is also the need to go beyond both the segmented protection systems that were typical in the past, such as the purely compensatory view of social policy that predominated in the past two decades, as such systems ignore the principles of universality, solidarity and efficiency, which are prerequisites for good social policy. These principles, however, do not have a simple correlation in practice. As resources are always scarce, certain benefits have to be focused on the most vulnerable groups. Even so, the targeting in itself cannot be a social policy principle, but rather a tool for establishing priorities in relation to resources. Although it has a redistributive effect in the short term, it should not be extended indefinitely as it is

not the best option for moving towards the creation of more egalitarian societies. The greatest risk is that it could lead to the establishment of a segmented regime in terms of the quality of the services

provided (education for the poor and the non-poor, health for the poor and the non-poor), reinforcing inequalities in paths and results, however much effort is made to equalize access opportunities.

Figure II.17



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of national studies provided by the Inter-American Development Bank.

^a The percentages in the bars are expressed with respect to the total accumulated in all the quintiles.



Demographic inequalities and social inequality: recent trends, associated factors and policy lessons

INTRODUCTION

Over the last 15 years, the progress of the demographic transition might, it would be expected, have helped to narrow the longstanding mortality and fertility gaps among socio-economic groups and regions in the Latin American and Caribbean countries. Findings obtained from the processing of microdata from the 1990 and 2000 census rounds show diverse trends. In most of the countries, infant mortality dropped more sharply in lower socio-economic groups (especially in urban areas), thus reducing this severe manifestation of social inequality, although wide disparities remain visible owing to the large number of preventable premature deaths among the most disadvantaged groups. Fertility differences decreased in only a minority of the countries examined, however. What is more, in almost all the countries adolescent fertility increased at the low and mid-range socio-economic levels, which accounts for the failure of early fertility to decline as well as the notable increase in the social inequality of fertility in those age groups. While these findings show that the disadvantage structure generated by social inequality limits demographic convergence, they also indicate that, thanks to measures specifically targeting the proximate determinants of mortality and fertility, headway can be made even under adverse conditions. Hence there is a clear need to step up those measures and to implement new policies and approaches to deal with emerging issues such as the inequality of fertility timing.

A. DEFINITIONS, DEBATE FRAMEWORK AND RESEARCH PURPOSE

For the purposes of this work, broadly speaking demographic inequalities refer to three aspects of demographic change: (i) risk of early mortality, which is larger the lower the socio-economic level of individuals and communities; (ii) final fertility intensity (that is, the number of children women have) which increases as the socio-economic level of individuals and communities decreases; (iii) the timing of fertility¹ which is biased towards earlier ages at lower socio-economic levels, as seen in adolescent maternity levels that decrease higher up the socio-economic scale. These three types of disparity do not cover the full, complex range of sociodemographic inequalities,² but they do form the core of what are known as the "demographic dynamics of poverty", and thus warrant particular attention.

Such disparities are not a healthy sign of variety, nor are they the outcome of random heterogeneity or the fruit of harmless diversity. On the contrary, they reflect the systemic pattern inherent in the demographic dynamics of poverty and feed back into that same pattern, since they tend to worsen or to put pressure on the situation of groups or geographical units at lower socio-economic levels, thus sharpening the existing social

inequalities. In addition, such inequalities imply that human rights, be it the elemental right to life or the basic reproductive right to realize aspirations in terms of number and timing of children, are exercised asymmetrically. Thus, a genuine reduction³ in demographic inequality would not only help to shut down one of the circuits feeding into poverty and social inequality, but would also promote the expansion of citizenship.

¹ The timing of the fertility schedule, or fertility timing, refers to the distribution of births over the reproductive period. Earlier timing implies that a higher proportion of women have their children at younger ages.

² First, because they make no reference to the inequalities that arise from internal or international migration or location within a national territory. Second, because additional inequalities exist even among the variables of natural increase in the population, such as those relating to a higher life expectancy at birth at higher socio-economic levels.

³ Genuine in the sense that it occurs in the framework of a sustained, across-the-board reduction in mortality and a growing and increasingly universal capacity to meet reproductive aspirations. If convergence were to occur in a context of rising overall mortality rates or inability to make and follow through on reproductive decisions, then it would be spurious.

The evolution of demographic inequalities is the subject of some debate. On the one hand, they are considered to be a manifestation of deeper social inequalities, especially as they relate to people's status in productive activities and to income, assets and wellbeing. The inference of this viewpoint is that while the underlying inequalities persist, the demographic ones will too. On the other hand, a different standpoint is that demographic inequalities are driven by cultural forces that can be changed by information or modernization, access to certain technologies that can be made universal and social inequalities that can be narrowed by specific, targeted programmes and policies. The corollary of this vision is that convergence between demographic patterns is feasible and could be achieved relatively independently of developments in the hard core of socio-economic inequalities, i.e., those that relate to income and wellbeing. The experience of the developed countries is mixed on

this point, leaving open to doubt which of the two visions best describes recent patterns in demographic inequalities.

This work is intended, precisely, to systematize new and recent information on demographic inequality patterns in Latin America and the Caribbean. The backdrop to this analysis is interwoven with contrasting trends. One is the absence of any widespread decrease in income disparities (ECLAC, 2004), which casts doubt upon the feasibility of narrowing other gaps, such as demographic ones. The other is that early mortality and total fertility (though not adolescent fertility) have declined in all the social groups, which makes convergence⁴ look more achievable. Hence, the main purpose of this work is to shed light upon whether these patterns in mortality and total fertility imply that the demographic gaps between social groups and geographical units have narrowed.

⁴ In this work, the notion of convergence reflects the idea of absolute convergence employed in research pertaining to the economic theory of "endogenous growth". The hallmark of this type of convergence is that the levels of the variables studied become gradually closer, hence the changes in the respective differentials are such that they move towards each other. Conditional convergence is operationally and technically more difficult to estimate, since the work is based on census data and covers only two points in time. Nevertheless, since the study aims to track intranational inequalities, any convergence found will be conditional anyway, at least in the segmentation variable used.

B. BACKGROUND, KEY RESEARCH QUESTION AND METHODOLOGY

1. SOCIAL AND DEMOGRAPHIC INEQUALITIES: LINKS AND INTERACTIONS

Two recent global studies (United Nations, 2005b and UNDP, 2005) have warned of the risks associated with social inequality, especially given the way it has increased in many parts of the world. They have also drawn attention to the consolidation of mechanisms that help to perpetuate inequality. Inequalities in income distribution and in access to assets, goods and basic social services, markets and information have created "disadvantage structures" which are mutually reinforcing and transmitted across generations (UNDP, 2005). In a number of its publications, ECLAC has pointed up the injustices and social and economic costs of the glaring social inequality in the region, which several studies have found to be the least equitable in the world.

The broadly documented higher and earlier fertility and higher mortality found at lower socio-economic levels are part of the disadvantage structure which facilitates the transmission of poverty across generations. Earlier parenthood and a large number of children act as a brake on the various forms of capital and asset formation for parents and children alike, especially when poorer couples have more children than they would ideally wish and when they have fewer resources to meet the challenges of caring for and educating them, as is often the case. Poor women are doubly affected since, on the one hand, high fertility hinders their entry to the labour market and, on the other, women

that do break into the labour market often find themselves shouldering a double burden, as they continue to be responsible for domestic work and raising their children. This is in addition to the fact that they may have less family support (owing to the absence of close family members from the previous generations, or of a partner, etc.), all of which helps to build up a situation in which children may be at increased social risk.

At the same time, these more numerous offspring have higher morbidity and mortality risks, mainly because the deficient material living conditions and gaps in access to health services experienced by

lower socio-economic groups erode their ability to prevent and treat diseases, the majority of which are, moreover, easily avoidable.

Lastly, the higher fertility that prevails in the areas where lower socio-economic groups live tends to translate into a faster rate of population growth and a younger age structure. Hence, those countries and communities with fewest economic resources are precisely the ones called upon to meet the social needs of expanding populations (Paz and others, 2004).

2. CAN THE DEMOGRAPHIC GAPS BE NARROWED WITHIN COUNTRIES WITH SHARP, PERSISTENT SOCIAL INEQUALITY?

This is the research question behind this work. The convergence of mortality and fertility levels among the different socio-economic groups and geographical units is an idea that is inherent in demographic transition theory. In its original form, this approach assumed that a sustained drop in fertility and mortality would follow on from the

social and economic modernization that would sooner or later encompass all populations and territories, levelling out the factors influencing early death risk and decisions on the number and timing of children. Underlying this assumption was the historical evolution of the population in Europe, where demographic inequalities have, indeed, tended to lessen in the last few decades. Although these inequalities have not disappeared, they have become negligible in most countries, especially in absolute terms. Table 1 shows the average number of children born to women aged 35–39 years, with different levels of education: in most of the countries the disparities are not large, even when strongly contrasting groups are compared. Interestingly enough, in some countries, such as Belgium, the traditional link between socio-economic level and number of children has become inverted.

Latin America has historically exhibited very large demographic inequalities. These might easily be thought relatively unchanging, given the historical link between this type of inequality and the region's deep and enduring economic and social disparities. The fact that the demographic transition has moved ahead relatively independently of business cycles in the last three decades in almost

Table III.1

EUROPE (SELECTED COUNTRIES): NUMBER OF CHILDREN BORN TO WOMEN AGED 35 TO 39 YEARS, BY LEVEL OF EDUCATION									
Level of education ^a	Countries								
	Austria 1995–1996	Belgium 1991–1992	France 1994	Germany 1992	Italy 1995–1996	Netherlands 1993	Norway 1988–1989	Sweden 1992–1993	Switzerland 1994–1995
0–2	1.7	1.5	2.5	1.6	1.9	1.9	2.3	2.4	1.8
3–4	1.8	1.9	1.9	1.6	1.4	1.9	2.0	2.0	1.7
5–6	1.6	1.8	1.6	1.7	1.3	1.5	1.9	1.9	1.1

Source: United Nations Economic Commission for Europe (UNECE), Population Activities Unit [online]<http://www.unece.org/ead/pau/ffs/f_h_151b.htm>

^a Refers to the European standard scale known as International Standard Classification of Education (ISCED): ISCED category 0 refers to pre-primary education. "ISCED category 1 comprises primary education which generally begins at age 5, 6, or 7 and lasts about five years. ISCED categories 2 and 3 correspond to the first and second stages of secondary education. The first stage begins at age of 11 or 12 and lasts about three years, while the second stage begins at age 14 or 15 and also lasts about three years. A period of on-the-job training and experience may be necessary, sometimes formalised in apprenticeships. This period may supplement the formal training or replace it partly or, in some cases, wholly. ISCED category 4 stands for post-secondary education, which usually begins at age 17 or 18, lasts about four years, and leads to an award not equivalent to a first university degree. ISCED categories 5 and 6 also refer to post-secondary education beginning at age 17 or 18, lasting about three, four, or more years and leading to a university or postgraduate university degree or equivalent." (www.unece.org/ead/pau/ffs/part.pdf).

all the Latin American and Caribbean countries, however, gives grounds to suppose that inequalities in mortality and fertility have decreased. This hypothesis suggests that the region's process of social modernization has continued to advance, in spite of the economic, political and institutional crises that have struck in the last 30 years. This is reflected in the continuous rise in levels of education, the improvement in accessible health technologies, the expansion of cultural interchange with the rest of the globe and exposure to types of social communication and other symbolic and informative channels, and the increased number of women in the labour force. As has been widely documented, all these "modernizing" trends favour the reduction of fertility and mortality.

Indeed, the most recent evidence obtained from the specialized surveys described later suggests that the demographic transition is encompassing not only all the region's countries, but, generally speaking, all its socio-economic groups, i.e., the process is a socially and territorially transversal one. The same evidence also shows, however, that the region continues to suffer from significant demographic inequalities, especially in certain countries, such as Bolivia, Guatemala and Peru. These countries exhibit highly distinctive patterns of territorial location of disadvantaged groups, particularly indigenous peoples, and geographical disparities in access to basic services (Larrea, 2002).

This dual situation, in which the progress of the demographic transition and the persistence of demographic inequalities are combined, is less contradictory than it may seem. This is because the reduction of demographic inequality depends on the rate of change in fertility and mortality in different socio-economic groups and geographical areas, and the specialized surveys show a mixed panorama in

this respect: in some countries, fertility and mortality have declined fastest in the poorest socio-economic groups and geographical areas (which translates into a narrowing of demographic differences that may be synoptically referred to as convergence), whereas in others the opposite has occurred (which implies a widening of inequalities, or divergence). The specialized surveys have also been useful in analysing the effect of the intermediate and underlying socio-economic and cultural variables associated with these disparities.⁵

3. DATA SOURCES AND PROCEDURES FOR MEASURING SOCIAL AND DEMOGRAPHIC INEQUALITY

(a) Census microdata as main pillar and specialized demographic and health surveys as supporting sources

The analysis undertaken in this study brings forth new information about the evolution of demographic inequalities in the region. In order to do so it makes intensive use of the census microdatabases maintained by CELADE–Population Division of ECLAC. These microdatabases are available in REDATAM format (Recovery of data on small areas by microcomputer) and can thus be mined extensively. Census data offer the following advantages: (i) higher capacity to provide representative estimates for small geographical areas; (ii) the existence of recent censuses in a number of Latin American and Caribbean countries that are not included in international specialized survey programmes; and (iii) the possibility of controlling for the distortions in composition that can occur in survey-based convergence analysis. This last problem arises from the use of socio-economic groups whose

⁵ The distinction between intermediate and underlying variables is a classic feature of interpretative demographic models. The idea, basically, is that the factors that determine conduct and decisions in demographic matters have a material and cultural substratum which is reflected in demographic behaviour differentiated by socio-economic level, ethnic status and geographical area. However, those underlying factors act through others, which are denominated "intermediate" and which, ultimately, are those that directly affect the demographic sphere. In the case of fertility, the intermediate variables refer to sexuality, marriage rate, contraception and abortion. In the case of infant mortality, they relate to prenatal, natal and postnatal care, weight at birth, nutrition, household care, exposure to vectors, contamination and other pathogenic agents, immunization and access to quality health services.

representation varies over time (urban and rural population, educational segments, and so forth), which means that possible differences in the two dates have quantitative and substantive implications. This limitation is controlled here by using socio-economic groups that maintain their relative representation over time: socio-economic quantiles that are specific to urban and rural areas.⁶

Of course, surveys, too, have certain advantages over censuses and are therefore also used in this study, specifically to deal with such aspects as: (i) intermediate variables of fertility and mortality; (ii) micro-modeling; and (iii) unwanted fertility. Box III.1 gives a synoptic and concise description of the data sources used.

Box III.1

DATA SOURCES USED IN THE STUDY

A combination of three main demographic data sources were used to prepare this document: (i) censuses; (ii) specialized surveys, and (iii) vital statistics.

In the case of census data, the sources used were the census microdatabases from the 1990 and 2000 census rounds in REDATAM format maintained by CELADE–Population Division of ECLAC. Databases are available for 13 countries for the 2000 round and 16 countries for the 1990 round (including Costa Rica's census of 1984 and that of Honduras for 1988). From the perspective of this study's core objective of investigating the evolution of demographic inequalities, however, censuses for both rounds are available for only 10 countries. The census-based empirical analysis will therefore be limited, in most cases, to those countries. In practice, the great majority of the analyses consider fewer countries, because a number of censuses do not have comparable sets of questions that would serve to build up some of the social segmentations used here (socio-economic levels or ethnic status, for example). National housing and population censuses compile information that enables indirect estimates of mortality and fertility using standardized demographic procedures, some of which are available as modules ("applications") in REDATAM. In order to arrive at those estimates, it was necessary to revise and standardize all the sections on fertility and mortality (which enquire on at least the following three points: number of children born, surviving children and children born in the last year), which, in some cases, involved evaluation, appraisal and allocation. Special variables for socio-economic segments also had to be devised, as described in box III.3 at the end of the chapter.

In the case of the specialized surveys, two international series were employed. First, the Demographic and Health Surveys (DHS) conducted by Macro International and, second, the International Reproductive Health Surveys (IRHS), run with the support of the United States Centres for Disease Control and Prevention (CDC). The DHS website (www.measuredhs.com) was used to obtain a set of selected indicators on the different thematic survey areas. In the study, fertility modeling at the individual level is based on the processing of selected DHS databases. These surveys are essential for investigating aspects not covered in the census, particularly those relating to intermediate variables of fertility and mortality and subjective areas such as reproductive ideals, which do not form part of the census questionnaire. Vital statistics are used more occasionally, basically to compare and validate indirect estimates with census data on fertility and infant mortality. Strictly speaking, calculations of basic demographic rates should be based on vital statistics. However, the irregular quality of these statistics, as well as their lack of socio-economic information crucial to the analysis of demographic inequality, makes it difficult to use them in a systematic manner, especially in research covering several countries within the region.

Lastly, some calculations, especially those used to analyse fertility and mortality convergence among countries, are based on demographic estimates and projections prepared by CELADE. These estimates are also used in comparisons and adjustments made to adjust indirect estimates of fertility and mortality.

Source: Prepared by the author.

⁶ These will be quintiles or terciles depending on the country and rural or urban location. In the rest of the chapter, these groups will be referred to as socio-economic levels or groups; the term "quintile" will be used only to refer to the socio-economic classification developed by Macro International for its Demographic and Health Surveys (DHS). Box III.3 at the end of the chapter gives a more detailed presentation of the two groupings and of calculation procedures.

(b) Different ways of measuring inequality and of grouping the population

Generally speaking, inequality refers to important and systematic differences to be found among individuals and social groups in any given population. In this study, inequalities in mortality and reproduction correspond to gaps in the probabilities of early death and of more intensive and earlier reproduction between population groups or geographical units, which are differentiated, respectively, by their socio-economic level and urban or rural location.

There are a variety of ways to measure these inequalities. Recent papers on such methodologies have emphasized the need to match the type of measure used to the research purpose. The most prominent proposals have been developed in the area of health and have drawn on progress made in the study of income inequality by experts in economics (Wagstaff, Paci and Van Doorslaer, 1991; Mackenbach and Kunst, 1997; Schneider and others, 2002; Keppel, Pamuk and Lynch, 2005). Box

III.2 gives a summary of the types of inequality measurement used in this study.

A number of methods exist, too, for socially segmenting the population in order to evaluate the existence of disparities. This is essential for examining demographic inequalities because, as several recent studies have shown, the use of different criteria in social segmentation can result in very different inequality findings (Schoumaker, 1999).

This work employs three segmentation variables: (i) territorial units, specifically national boundaries, defined in political and administrative terms (using larger divisions for inequality and smaller ones for the aggregate modelling of conditioning factors of fertility and mortality levels), and by urban and rural areas; (ii) socio-economic level (see box III.3), and (iii) ethnic status, the definition of which will depend on the procedure used in each census, as documented in detail in the framework of the project developed by the Inter-American Development Bank (IDB) and ECLAC on indigenous peoples and afro-American population (ECLAC/IDB, 2005).

MEASURING INEQUALITY

The first group of inequality indicators used in this work consists of a set of simple measurements, expressed as absolute or relative differences between estimated fertility and mortality rates for different population aggregates. These indicators are: (i) the absolute difference between rates, which is the simple arithmetic difference between the rate for each group and that for a reference group (for which the group with the most favourable rate was chosen); (ii) the ratio between the rates for the worst-off and best-off groups; (iii) the absolute variation of the rates during the latest intercensal period; and (iv) the relative variation of the rates during the same period. Both types of measurements, absolute and relative, are important, and they generally complement each other.

The second group of indicators corresponds to disparity measurements conceptually similar to the traditional variability measurements used in statistics. In this case, the arithmetic mean is used as the point of reference and the sum of the absolute differences between the rates for each population group and the mean deviation is calculated using the mean of those rates, divided by the number of observations. Lastly, the coefficient of variation is derived from the quotient between the standard deviation and the mean. The coefficient of variation is a measurement recommended for analysing the degree of spatial heterogeneity of indicators relating to the state of health or the components of demographic change (Castillo-Salgado, Loyola and Roca, 2001; Tomka, 2002). In this case it has been used in order to verify whether, within the countries, levels of infant mortality and fertility by geographical unit tend to show some convergence.

The third group of indicators is based on measures of the effect or impact of socio-economic conditions on levels of mortality and fertility. These measures use categories defined by a socio-economic indicator which is quantifiable in population terms (Schneider and others., 2002). In this case a socio-economic stratification index has been used; its construction is explained in the next section. The indicators used are: (i) the difference in the rates; (ii) the ratio of the rates; and (iii) the concentration index and concentration curve. In the first two cases, comparison is made between the groups at each extreme of the socio-economic scale (for example, between the poorest and richest quintiles of distribution, by stratification index). One advantage of these indicators is that they can communicate the feeling of urgency entailed by these differences by showing, for example, that the health indicator for the poorest group is a certain number of times lower than that for the richest group. It is, however, in the very fact of considering the extreme groups that their main limitation lies. Even if improvements were achieved in the intermediate groups, this would not, when using those indicators, be reflected in a lesser disparity. This limitation can be overcome by using the concentration index and concentration curve, which use information from all the socio-economic groups. The concentration curve is a generalized Lorenz curve which, in the case of infant mortality, for example, shows the cumulative proportion of deaths (on the y axis) varying with the cumulative proportion of children at risk (on the x axis), classified by the socio-economic level of the household and sorted by the quality of the situation, from worst to best. If the concentration curve coincides with the diagonal, the infant mortality rate is the same for all children, regardless of their socio-economic level. If it is above the diagonal, inequalities in terms of mortality are to the detriment of poorer children; on the other hand, if it were to lie below the diagonal, the inequalities would be worst felt by the children of better-off families. The further the curve is from the diagonal, the greater the degree of inequality among the socio-economic quintiles. The concentration index (CI) is a numerical measurement of inequality, defined as double the area between the concentration curve and the diagonal. The value of the CI is zero when the concentration curve coincides with the diagonal, negative when the curve is above the diagonal, and positive when the curve is below. One limitation of the CI is that its absolute value provides little information as to the magnitude of the disparity. Nonetheless, when it is used for making comparisons over time or between different population groups, the CI can show the relative magnitude of inequalities.

It has been argued that, within the group of indicators used, the CI may be considered one of the best for measuring inequalities, because: (i) it reflects the socio-economic dimension of inequalities; (ii) it incorporates data for all the population groups defined by the stratification indicator; and (iii) it is sensitive to changes in distribution and the size of the population throughout the socio-economic scale (Schneider and others., 2002).

C. INEQUALITIES IN INFANT MORTALITY

Mortality in the early years of life has dropped sharply in the last four decades in the Latin American and Caribbean countries (United Nations, 2005a; ECLAC, 2004). This progress, which was not interrupted by economic recession or by the political crises experienced in the last 40 years, is attributable mainly to a formula combining high-impact, low-cost mother and child health programmes with long-term socio-economic processes, such as the expansion of basic services, the increase in schooling and the drop in fertility.

Despite this overall drop in infant mortality, however, the inequalities still evident among and within the countries give cause for concern. In fact, the region will be able to meet the fourth Millennium Development Goal –to reduce child mortality– only if much of the future decline in early deaths occurs in the most disadvantaged groups. It comes as no surprise, therefore, that some authors have suggested that the only way to achieve targets measured by national indicators is to design policies and implement measures to reduce subnational inequalities in childhood mortality (UNDP, 2005).

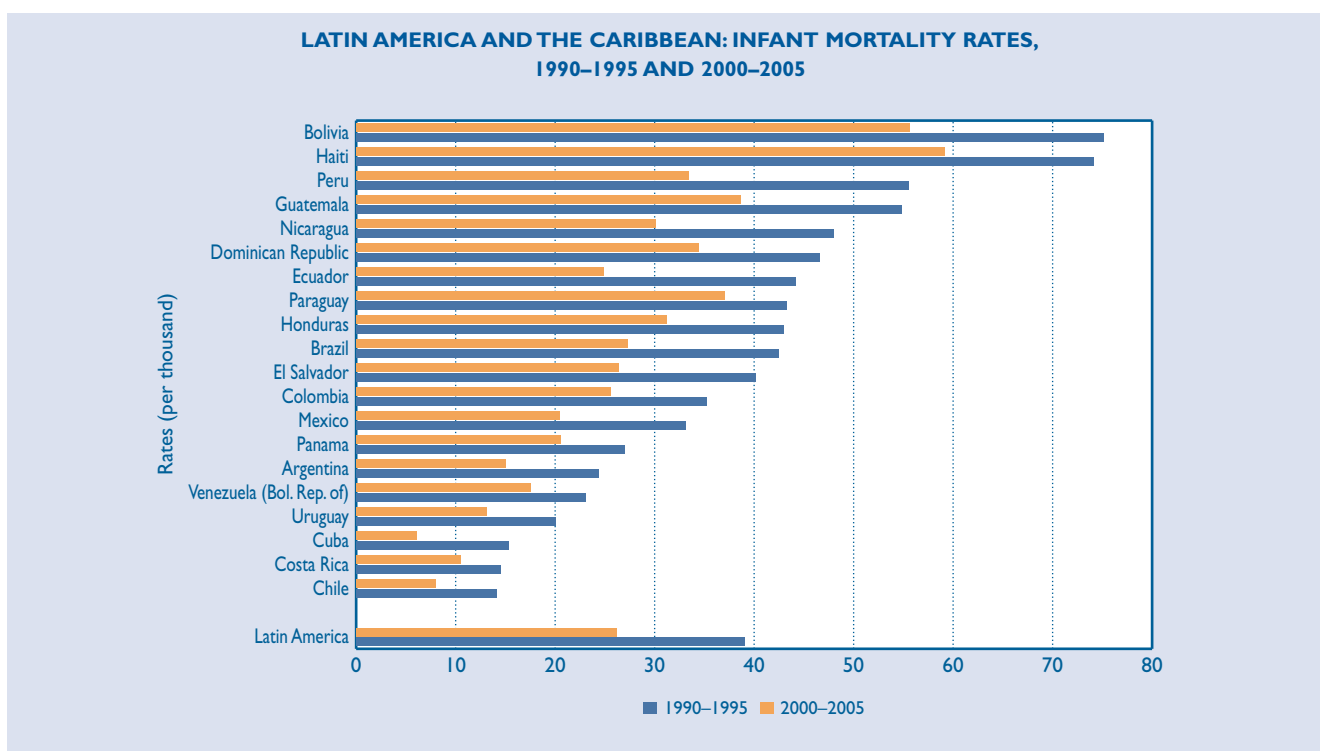
1. NATIONAL TRENDS IN INFANT MORTALITY: LEVEL DROPS AND HETEROGENEITY INCREASES

Even against the background of large reductions achieved in infant mortality in the last 15 years, the relative gaps among the countries have failed to narrow (see figure III.1). According to national estimates, in the first five years of the 1990s there was a difference of 61 points between the countries with the highest and lowest rates of infant mortality. Ten years later, that difference had decreased to 53 points (the distance between Cuba and Haiti). In

the first half of the 1990s, nine countries registered levels below the regional average, and this number has now risen to 10. In addition, the countries have become more heterogeneous, since the (unweighted) coefficient of variation of the 20 countries shown in figure III.1 moved from 45% in 1990–1995 to 51% in 2000–2005. Such heterogeneity implies inequality insofar as the disparities follow a set pattern, with the highest levels of infant mortality being reported in the region’s poorest countries (ECLAC, 2004). This is not an excuse, however, since in several cases the persistence of poverty and social inequality has not prevented a sustained decrease in infant mortality.

In short, not only are levels of mortality failing to converge in the region, but the countries with the lowest rates of infant mortality have been able to maintain their downward momentum, which has further sharpened the disparities within Latin America and the Caribbean. Even though the countries that have made more headway towards the Millennium Development Goals cannot maintain the rates of reduction seen hitherto (because of the declining rate of return on investments and health programmes below a certain infant mortality threshold), the existing gaps can only be narrowed if the groups with the highest infant mortality rates achieve a rapid and sustained decrease.

Figure III.1



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of current population estimates and projections and United Nations, *The Millennium Development Goals: A Latin American and Caribbean Perspective* (LC/G.2331-P), J.L. Machinea, A. Bárcena and A. León (coords.), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), August 2005. United Nations publication, Sales No. E.05.II.G.107.

2. GEOGRAPHIC, SOCIO-ECONOMIC AND ETHNIC INEQUALITIES IN INFANT MORTALITY

In order to give an overview of inequalities in infant mortality data, this study uses data from population censuses conducted in those countries that have completed the 2000 round and offer intercensal comparability. The examination will focus on territorial, socio-economic and ethnic gaps.⁷

(a) Larger administrative areas, by area of residence

The nationwide rate of infant mortality often masks a mixture of situations that emerge among a country's larger administrative divisions and even within them when the figures are disaggregated by area of residence. In general, in more urbanized regions with a higher level of socio-economic development, the main risk factors for children's

health are better controlled. Such factors relate basically to low rates of schooling, limited sanitary coverage and poorer access to basic services.

A comparison of the population groups with the highest and lowest rates of infant mortality in the countries of the region (see table III.2) gives a first snapshot of territorial disparity in early death risk. In Brazil, children born in the State of Alagoas are 4.4 times more likely to die before age 1 than those born in Rio Grande do Sul; in Panama an even wider gap (4.8) is observed between children born in the Ngöbe Gublé Shire and in the Province of Panama, where the capital city is located. The disparities are slightly less marked in Mexico, Honduras and Paraguay. Costa Rica and Chile exhibit the smallest territorial differences: in Costa Rica, Guanacaste Province records a rate 30% higher than Limón and, in Chile, the rate for the Antofagasta Region is 50% higher than that for Magallanes.

Table III.2

LATIN AMERICA (SELECTED COUNTRIES): INDICATORS OF INEQUALITY IN TOTAL, URBAN AND RURAL INFANT MORTALITY, BY LARGER ADMINISTRATIVE DIVISIONS, CENSUS ROUNDS OF 1990 AND 2000											
Country	Census	National	Number of divisions	Minimum	Maximum	Ratio	Range	Average	Median	Standard deviation	Coefficient of variation
Brazil	1991	58.2	28	30.1	117.2	3.9	87.1	59.0	55.6	23.4	39.6
	Urban	53.3	28	29.7	108.1	3.6	78.3	53.5	56.5	21.4	39.9
	Rural	69.1	28	31.0	127.7	4.1	96.6	71.6	59.3	25.9	36.2
	2000	41.3	28	20.0	87.9	4.4	67.9	40.1	37.7	17.4	43.4
	Urban	37.7	28	19.6	83.6	4.3	64.0	36.7	38.7	16.1	43.7
	Rural	50.5	28	21.4	95.1	4.4	73.7	50.9	35.6	19.2	37.6
Chile	1992	20.8	13	15.3	25.3	1.7	10.0	20.8	21.7	2.6	12.6
	Urban	19.7	13	15.8	22.5	1.4	6.8	19.7	20.8	1.9	9.5
	Rural	26.2	13	8.1	38.0	4.7	29.9	26.2	25.6	7.1	27.2
	2002	12.6	13	9.4	14.1	1.5	4.8	12.6	12.2	1.4	11.4
	Urban	12.4	13	9.6	14.1	1.5	4.5	12.4	11.8	1.4	11.6
	Rural	13.6	13	11.4	16.9	1.5	5.5	13.6	13.9	1.4	10.6
Costa Rica ^a	1984	23.7	8	18.4	32.3	1.8	13.9	25.3	24.5	5.4	21.3
	Urban	18.5	8	13.7	28.9	2.1	15.2	20.5	18.9	5.1	25.1
	Rural	27.2	8	21.5	33.6	1.6	12.1	27.5	26.6	4.8	17.4
	2000	14.6	8	13.2	17.0	1.3	3.8	14.6	14.3	1.2	8.1
	Urban	13.4	8	11.6	14.1	1.2	2.4	13.1	13.1	0.9	6.5
	Rural	15.9	8	13.6	18.4	1.4	4.9	15.7	15.6	1.5	9.3

⁷ In many cases, the estimates used may contain errors due to inaccurate statements of the number of children born alive and subsequently deceased, which form the basis of the calculations. In order to control for this factor, the rates for each of the subgroups examined have been adjusted using official demographic estimates, and based on the assumption that the errors are similar in the different groups.

Table III.2 (concluded)

LATIN AMERICA (SELECTED COUNTRIES): INDICATORS OF INEQUALITY IN TOTAL, URBAN AND RURAL INFANT MORTALITY, BY LARGER ADMINISTRATIVE DIVISIONS, CENSUS ROUNDS OF 1990 AND 2000											
Country	Census	National	Number of divisions	Minimum	Maximum	Ratio	Range	Average	Median	Standard deviation	Coefficient of variation
Ecuador	1990	65.3	22	46.9	10.0	2.2	58.1	66.3	74.1	21.7	32.8
	Urban	47.3	22	34.8	72.3	2.1	37.5	47.4	50.1	18.0	38.1
	Rural	86.1	22	65.4	126.1	1.9	60.7	80.5	81.3	23.5	29.2
	2001	40.6	22	27.0	73.3	2.7	46.3	40.7	47.8	11.2	27.6
	Urban	30.3	22	22.7	46.8	2.1	24.0	37.0	31.2	8.5	22.8
	Rural	54.2	22	38.8	94.1	2.4	55.3	50.9	53.7	12.8	25.1
Guatemala	1994	68.6	22	48.3	93.8	1.9	45.5	69.1	72.5	10.3	14.9
	Urban	56.6	22	43.6	79.9	1.8	36.3	56.6	62.9	9.5	16.9
	Rural	74.0	22	56.7	96.0	1.7	39.2	74.2	73.1	10.5	14.2
	2002	49.0	22	35.2	64.6	1.8	29.4	49.3	50.2	6.8	13.8
	Urban	41.7	22	27.9	60.5	2.2	32.6	41.9	46.1	7.6	18.1
	Rural	53.9	22	43.6	66.7	1.5	23.0	54.0	52.2	6.5	12.0
Honduras	1988	69.0	18	52.7	96.0	1.8	43.2	68.6	72.9	11.4	16.5
	Urban	55.0	18	45.4	83.6	1.8	38.2	53.2	66.4	18.6	34.9
	Rural	76.9	18	57.2	98.8	1.7	41.6	75.7	76.0	10.3	13.6
	2001	40.8	18	25.5	59.6	2.3	34.1	40.7	43.1	9.2	22.7
	Urban	28.7	18	12.6	43.5	3.4	30.9	28.1	33.0	7.5	26.8
	Rural	49.4	18	19.8	64.4	3.3	44.6	48.8	48.2	9.4	19.3
Mexico ^a	1990	45.8	32	27.5	65.3	2.4	37.7	44.6	43.5	10.0	22.4
	Urban	37.1	32	26.9	50.4	1.9	23.6	37.5	37.9	6.7	17.8
	Rural	63.7	32	36.6	78.8	2.2	42.2	57.3	57.9	10.3	17.9
	2000	32.7	32	20.0	44.2	2.2	24.2	30.5	30.1	6.2	20.3
	Urban	27.4	32	17.4	36.6	2.1	19.1	26.9	25.7	4.8	17.7
	Rural	39.5	32	15.9	50.6	3.2	34.7	39.3	35.8	6.8	17.3
Panama	1990	31.4	9	19.1	66.3	3.5	47.2	31.4	33.9	17.3	54.9
	Urban	18.7	9	15.9	57.2	3.6	41.3	18.6	19.2	13.7	73.3
	Rural	42.4	9	20.0	76.3	3.8	56.3	42.9	39.6	18.3	42.6
	2000	27.0	9	17.4	48.8	2.8	31.4	27.0	21.8	10.5	38.8
	Urban	16.9	9	13.4	37.3	2.8	23.9	16.8	18.6	7.5	44.5
	Rural	38.7	9	15.2	70.5	4.6	55.3	47.7	23.2	17.6	36.9
Paraguay	1992	47.9	18	40.0	93.4	2.3	53.4	47.8	47.9	14.2	29.7
	Urban	46.8	18	39.2	86.0	2.2	46.9	46.7	48.4	10.9	23.3
	Rural	48.8	18	40.4	108.8	2.7	68.4	48.8	49.3	22.6	46.3
	2002	40.5	18	35.1	86.7	2.5	51.6	40.3	40.3	12.4	30.7
	Urban	40.2	18	34.3	64.9	1.9	30.6	40.0	39.3	7.3	18.2
	Rural	40.6	18	35.5	114.9	3.2	79.3	40.5	40.1	22.2	54.8

Source: Prepared by the author, on the basis of estimates obtained by special processing of census microdatabases.

^a Weighed by proportion of births in larger administrative areas.

These findings are further substantiated when the analysis of disparities is based on an indicator such as the coefficient of variation, which sums up the degree of heterogeneity. Costa Rica and Chile exhibit the lowest coefficients of variation, reflecting a more even risk pattern within these countries, and in both cases this indicator has tended to drop. These two countries are distinguished within the region by their low level of infant mortality, attributable to the breadth of their health services and mother and child programmes, which reach the remotest parts of their territories. Conversely, Brazil and Panama,

which have reduced their infant mortality rates significantly in the last few years, exhibit the highest rates of spatial variation, which, moreover, failed to recede at all in the 1990s.⁸

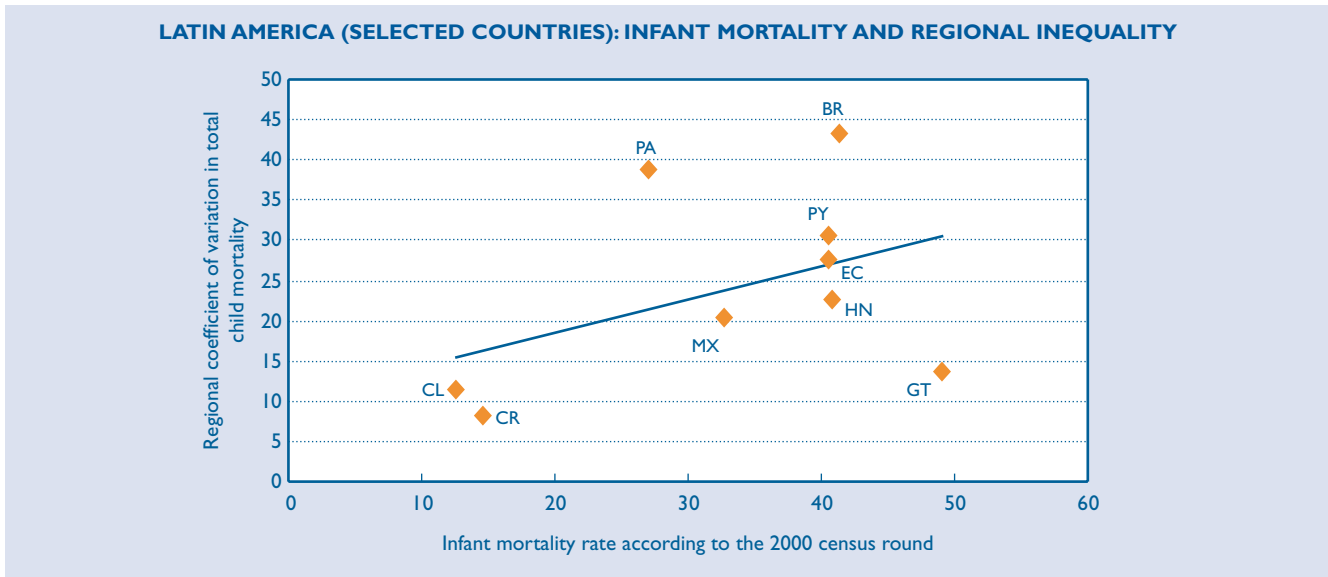
Briefly, the available evidence leads to two conclusions which are different, though not contradictory, since the first is static and the second dynamic. The first conclusion is that there is indeed a relationship between the level of infant mortality and regional inequality. This relationship fits in with the notion of convergence implicit in classic

⁸ In Panama the spatial heterogeneity of infant mortality appears to have worsened, although perhaps not to the extent suggested by the change in the coefficient of variation, whose value in the last census was affected by an alteration to the territorial division. The 2000 census round included three new administrative divisions, which correspond to three shires with a wholly rural population and a large indigenous presence.

demographic transition theory, since the countries with the lowest rates of infant mortality tend to also have the lowest level of regional inequality in terms of early mortality (see figure III.2).⁹ The second conclusion is that the recent drop in infant mortality in the region has not been accompanied, at least not systematically, by a decrease in the heterogeneity

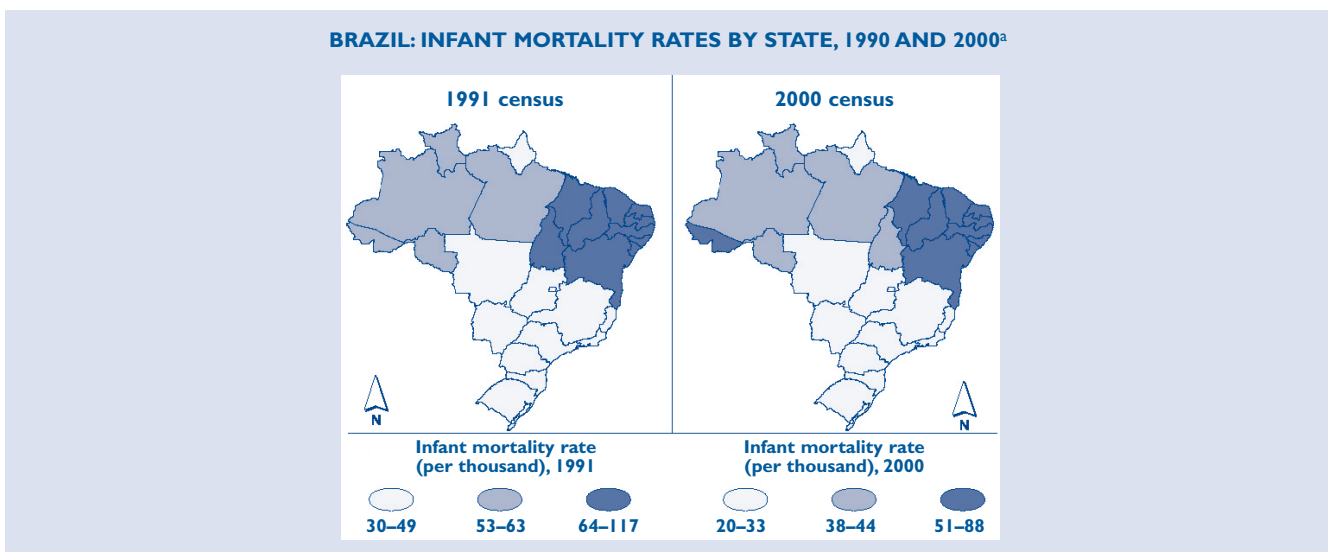
between administrative units (see the case of Brazil on map III.1). This does not signify, however, that the drop in infant mortality cannot be reflected in a gradual convergence of infant mortality indices in the region, especially if the geographical areas with the lowest levels of infant mortality reach thresholds after which it is difficult to reduce them any further.

Figure III.2



Source: Prepared by the author, on the basis of estimates obtained from special processing of census microdatabases.

Map III.1



Source: Prepared by the author, on the basis of estimates obtained from special processing of census microdatabases.

^a The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations.

⁹ In fact, the simple correlation coefficient of the two variables is 0.43 (calculated using the data from 2000 in table 2).

(b) Socio-economic levels

The progress made in reducing socio-economic disparities in early mortality was calculated using estimates and analyses of infant mortality rates by socio-economic level based on the last two censuses for six Latin American countries on which the necessary information for the calculations was available, controlling for the composition effect.¹⁰ The results shown in table III.3 indicate that infant mortality has dropped across all the socio-economic groups of the population, controlling for area of residence. The magnitude of this reduction, however, varied from one socio-economic level to another, which has affected inequality patterns.¹¹

The infant mortality ratio of the highest to lowest socio-economic level provides a first impression of the impact of social inequality on early death risk (table III.3). The gap is, in general, tending to narrow, particularly in the cases where the difference is largest (urban Brazil and rural Panama), with only two exceptions (rural Honduras and rural Paraguay), where it has widened. Chile is notable for the simultaneous occurrence of three factors: (i) low infant mortality in urban and rural areas; (ii) relatively small gaps between groups at either extreme, and (iii) declining differences between the two. Interestingly enough, in the period Chile has continued to exhibit high and unchanging levels of income inequality, which adds weight to the proposition that demographic convergence can

occur without a reduction in economic disparities. It is no less true that in the last 15 years Chile's poverty indices have decreased substantially and its network of health care and basic services has extended to encompass the poorest members of the population. This has much to do with the fact that the infant mortality rate decreased fastest at the lowest socio-economic levels.

The concentration index and curve confirm the existence of a systematic, negative relationship between socio-economic level and infant mortality, as illustrated by the negative values of the concentration index (see table III.3) and the position above the diagonal (or equality line) of the concentration curves (see figure III.3). Of all the countries covered in the analysis, Chile has the lowest degree of socio-economic inequality as regards infant mortality. In addition, it is the country to have achieved the largest relative reductions in this form of demographic inequality in recent years, owing mainly to a notable decrease in socio-economic disparities in urban infant mortality.

At the other extreme, Brazil and Panama exhibit the largest differences in infant mortality by socio-economic level. In Panama, this reflects the large socio-economic inequalities as regards children's use of health services, especially among children from indigenous and marginal urban populations.

¹⁰ This is because the socio-economic levels correspond to quantiles (quintiles or terciles, depending on the possibilities of the original distribution) and, therefore, the relative proportion of each group is constant over time.

¹¹ Area of residence is controlled for in a direct manner because of the way in which the variable of socio-economic level was constructed, since urban and rural variables were derived separately according to the distribution of the socio-economic index. This is explained in more detail in box III.3.

Table III.3

LATIN AMERICA (SELECTED COUNTRIES): RATES OF INFANT MORTALITY AND CONCENTRATION INDEX OF INFANT MORTALITY BY SOCIO-ECONOMIC LEVEL, 1990 AND 2000 CENSUS ROUNDS									
Country	Area of residence	Census	Levels					Lowest/highest ratio	Index of concentration
			1 (lowest)	2	3	4	5 (highest)		
Brazil	Total	1991	93.7	65.7	53.0	40.7	23.0	4 068	-0.2222
		2000	64.4	39.3	37.4	28.6	17.7	3 635	-0.2080
		Variation Percentage	-31.3	-40.2	-29.3	-29.7	-23.1		
	Urban	1991	90.6	57.9	39.9	37.1	20.3	4 456	-0.2520
		2000	62.9	38.3	28.5	26.2	17.1	3 686	-0.2312
		Variation Percentage	-30.6	-33.8	-28.7	-29.3	-16.1		
Rural	1991	94.0	72.8	47.5	—	—	1 978	-0.1438	
	2000	65.4	49.5	33.8	—	—	1 936	-0.1242	
	Variation Percentage	-30.5	-32.1	-29.0	—	—			
Chile	Total	1992	28.4	23.7	21.0	17.3	14.3	1 982	-0.1294
		2002	15.7	13.1	12.0	11.5	10.8	1 453	-0.0694
		Variation Percentage	-44.8	-44.8	-43.0	-33.6	-24.7		
	Urban	1992	27.7	22.6	19.4	15.7	13.3	2 082	-0.1420
		2002	15.4	13.1	11.7	11.1	10.7	1 438	-0.0714
		Variation Percentage	-44.3	-42.2	-39.5	-29.3	-19.3		
Rural	1992	32.3	26.6	21.3	—	—	1 519	-0.0914	
	2002	16.0	13.5	12.0	—	—	1 334	-0.0625	
	Variation Percentage	-50.6	-49.2	-43.8	—	—			
Panama	Total	1990	50.9	32.7	28.8	20.1	15.4	3 306	-0.2135
		2000	44.1	30.2	24.8	18.9	13.9	3 173	-0.2065
		Variation Percentage	-13.4	-7.9	-13.8	-5.9	-9.8		
	Urban	1990	26.4	19.8	17.9	15.1	11.7	2 250	-0.1440
		2000	21.4	18.6	16.9	13.8	10.9	1 969	-0.1164
		Variation Percentage	-18.9	-6.1	-5.4	-8.4	-7.3		
Rural ^a	1990	68.9	35.3	21.6	—	—	3 198	-0.2443	
	2000	61.7	30.4	20.2	—	—	3 051	-0.2368	
	Variation Percentage	-10.5	-14.0	-6.2	—	—			
Honduras	Total	1988	88.9	80.2	70.7	63.2	42.0	2 117	-0.1200
		2001	45.9	47.2	29.1	29.6	16.0	2 871	-0.1601
		Variation Percentage	-0.48	-0.41	-0.59	-0.53	-0.62		
	Urban	1988	80.4	67.2	53.7	41.1	26.9	2 990	-0.1884
		2001	39.2	30.4	24.8	18.4	13.1	2 999	-0.1876
		Variation Percentage	-51.2	-54.7	-53.9	-55.3	-51.3		
Rural	1988	89.3	79.7	64.8	—	—	1 379	-0.0672	
	2001	54.2	48.3	32.1	—	—	1 689	-0.0965	
	Variation Percentage	-39.3	-39.4	-50.4	—	—			
Paraguay	Total	1992	65.0	52.3	46.9	41.8	31.7	2 048	-0.1253
		2002	52.5	43.4	41.5	33.7	26.0	2 017	-0.1200
		Variation Percentage	-19.3	-17.1	-11.6	-19.3	-18.0		
	Urban	1992	69.2	52.3	44.7	35.9	27.3	2 535	-0.1661
		2002	53.5	44.6	39.9	30.5	24.8	2 161	-0.1394
		Variation Percentage	-22.7	-14.7	-10.8	-15.0	-9.3		
Rural	1992	57.7	48.1	40.5	—	—	1 426	-0.0817	
	2002	43.2	33.6	28.6	—	—	1 509	-0.0955	
	Variation Percentage	-25.1	-30.1	-29.2	—	—			

Source: Prepared by the author, on the basis of estimates obtained from special processing of census microdatabases.

^a No data available because tertiles are used.

Figure III.3

LATIN AMERICA (SELECTED COUNTRIES): INFANT MORTALITY CONCENTRATION CURVES BY SOCIO-ECONOMIC LEVEL AND URBAN OR RURAL AREA, 1990 AND 2000 CENSUS ROUNDS

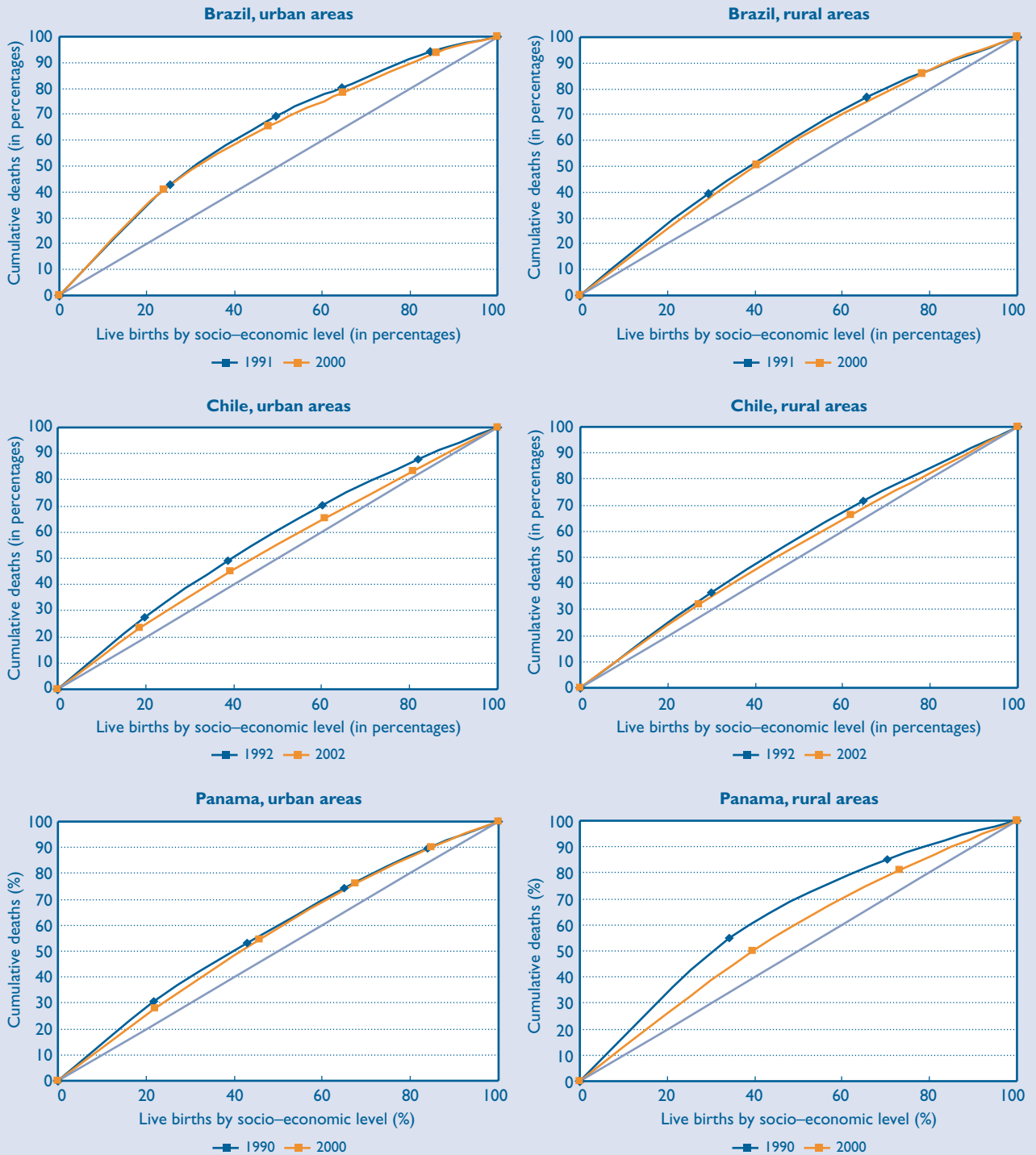
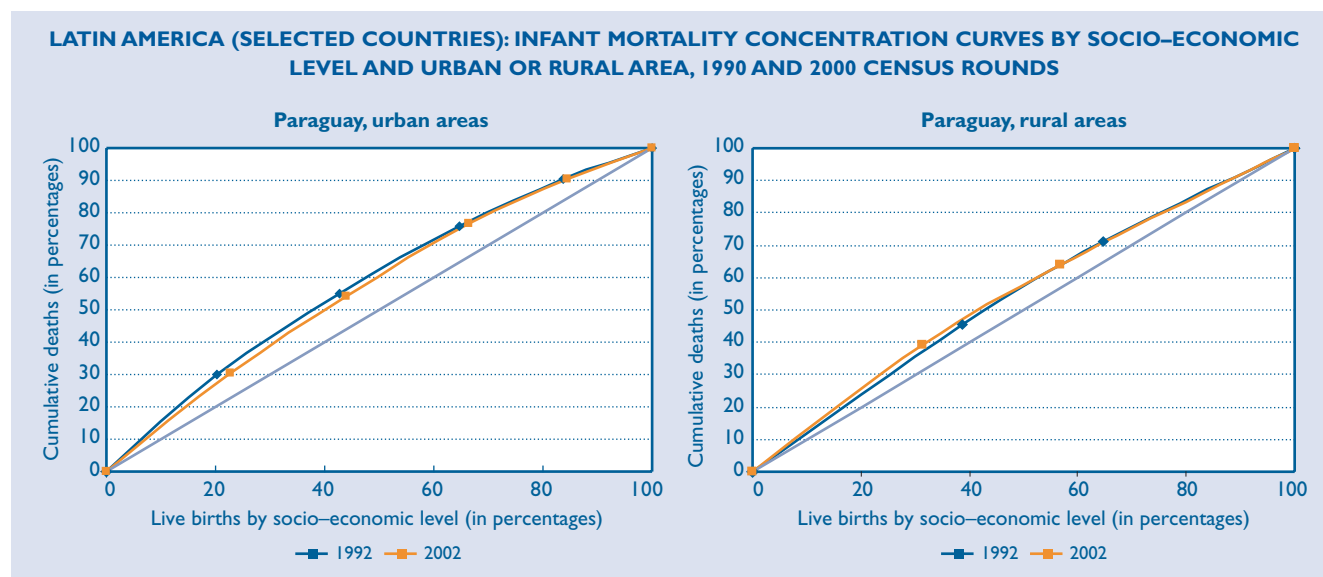


Figure III.3 (concluded)



Source: Prepared by the author, on the basis of estimates obtained from special processing of census microdatabases.

A study on inequality in health conducted in Panama found that poorer children use health services to a very limited extent. In addition, according to coverage indicators of immunization programmes, children who do not receive vaccinations are almost exclusively poor. Huge social inequalities were also detected in use of health services during bouts of childhood diarrhea or respiratory infection, two of the main causes of infant mortality (Sandiford and Salvetto, 2002).

Brazil is notable for the demographic inequality found in its urban areas, which nevertheless eased in the 1990s. Rural areas of Honduras and Paraguay, conversely, exhibit an increase in inequality, which is due, to some extent, to the fact that the upper socio-economic levels of both countries had a high rate of infant mortality around 1990 (60 per thousand in Honduras, as shown in table III.2), which left plenty room for a significant reduction.¹² Turning to the concentration curves (see figures III.3a–3d), Brazil exhibits the largest demographic

inequality in urban areas, since 40% of infant deaths registered in urban areas correspond to the poorest quintile and less than 7% to the highest socio-economic quintile. There is a clear difference with respect to Chile, whose concentration curve shows that 23% of infant deaths occur in the most disadvantaged quintile, compared with 17% in the highest income group. Panama's concentration curve shows as extreme a situation as Brazil, but in this case as regards rural areas, where 60% of infant deaths occur in the first tercile and only 15% in the richest one.

Briefly, the evidence here shows that there has been a generalized drop in the socio-economic inequality of infant mortality in urban areas, reflecting the combined effect of a diminishing returns of health interventions on the very low levels of infant mortality in the highest socio-economic quintile and the notable effect of such interventions on the high infant mortality in the lower quintiles. A very different situation prevails in rural

¹² The values of the concentration indices calculated for Brazil and Paraguay in this work are very similar to those obtained by D. Gwatkin and his colleagues in a study whose main data source was demographic and health surveys (Gwatkin and others, 2000). Unfortunately, the authors of that study were unable to estimate concentration indices broken down by areas of residence, given the sample limitations of demographic and health surveys for these effects. This points, again, to the advantages of census information for this type of analysis.

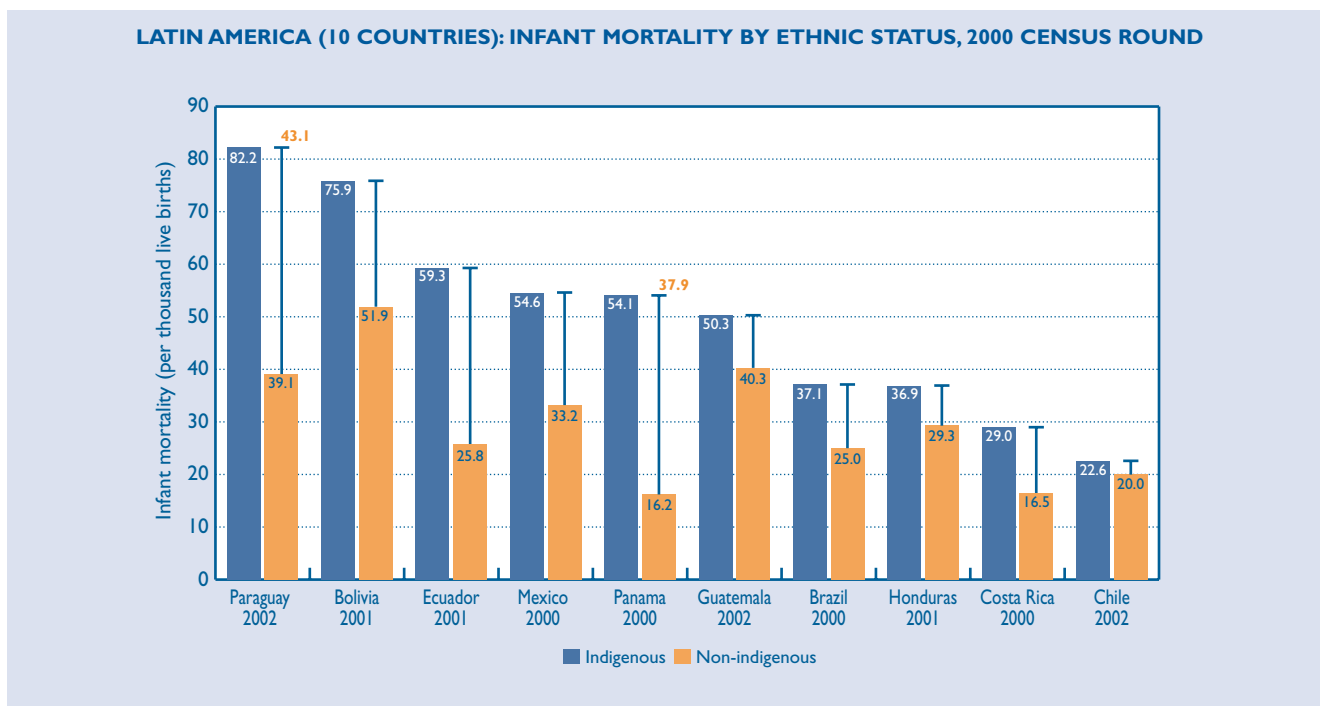
areas; in fact two countries saw an increase in social inequality as regards infant mortality and the situation was practically unchanged in another, which indicates that progress on infant survival in rural areas is still being led by the higher terciles. The panorama of geographical inequalities shows less conclusive findings: in some countries the drop in infant mortality has been accompanied by a reduction of inequalities among regions, but in others infant mortality has dropped significantly at the national level even as the average disparity among regions has sharpened, and the remaining countries exhibit no defined pattern.

(c) Ethnic groups

There is a consensus that the decline in mortality has started later and advanced more slowly in

countries with a large indigenous population, as illustrated by the fact that indigenous groups register the highest rates of infant mortality (see figure III.4). These ethnic disparities are associated with some of the socio-economic factors that place indigenous groups at a disadvantage, such as lower levels of education, less salubrious household conditions and poorer knowledge of medical technologies. Studies on Bolivia, Guatemala, Peru and Chile have also shown, however, that other factors, too, are instrumental in accounting for the differences between infant mortality in indigenous and non-indigenous populations. These factors include the coverage of health programmes, distribution of health services and access to sanitation (Robles, 1999; Torres, 2001; Larrea, 2002). In Guatemala, for example, 50% of non-indigenous women (*ladinas*), but only 14% of

Figure III.4



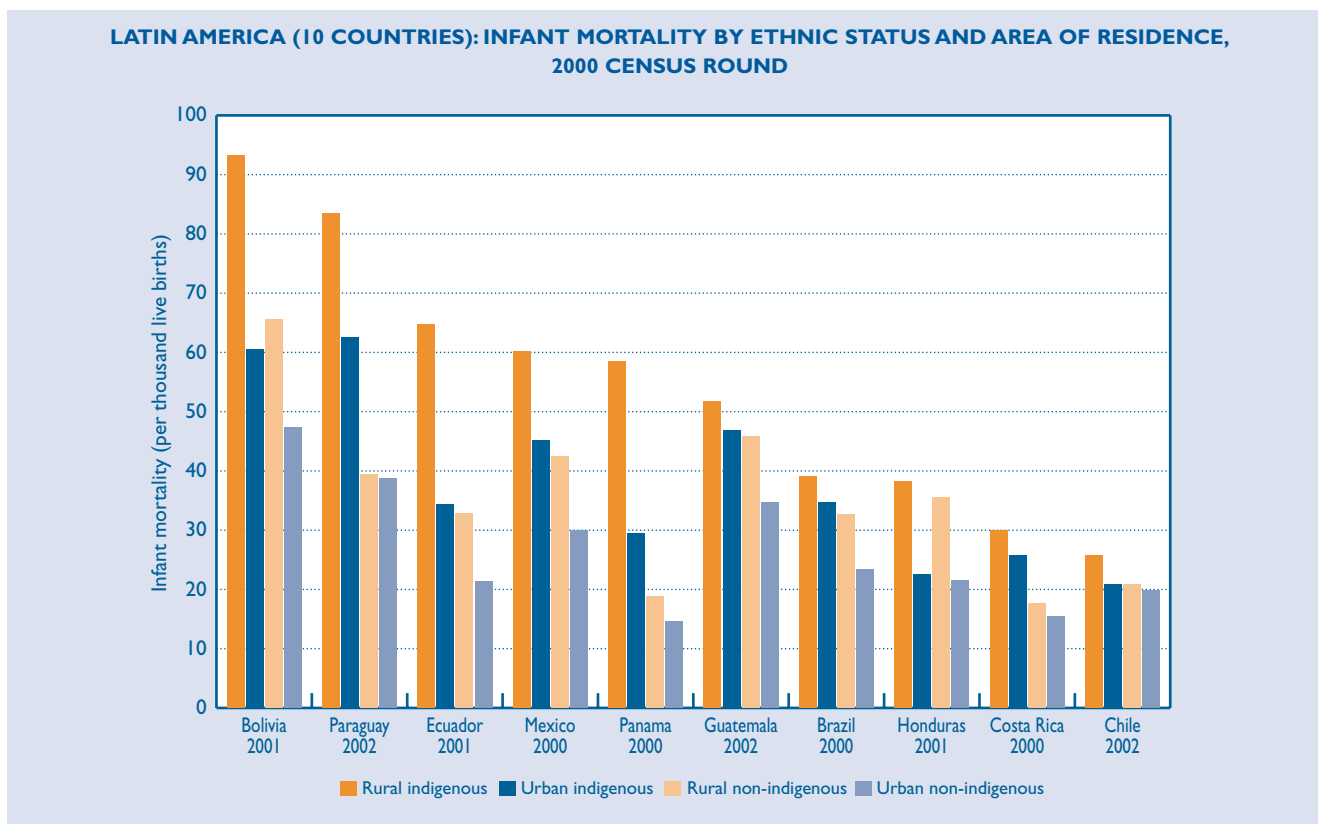
Source: Prepared by the author on the basis of Inter-American Development Bank (IDB)/Economic Commission for Latin America and the Caribbean (ECLAC), project on indigenous peoples and afro-American population and special processing of census microdatabases.

indigenous women, are attended by a doctor during childbirth. The majority of births among indigenous women take place at home. Indigenous Guatemalan women attend very few antenatal check-ups because of the distance to health service facilities, mistrust and services shortfalls, among other factors. Simply broadening the coverage of health programmes and sanitation is not enough to improve infant survival among the indigenous population, however. It must also be considered that indigenous groups do not perceive health measures or relate health services with themselves in the same way as the non-indigenous population. Measures to improve health services must therefore be designed to take into account certain traits of the indigenous population, such as their language, and prevent them from acting as barriers to access to health programmes.

In the past, information shortfalls limited the possibilities of arriving at a relatively detailed determination of ethnicity-based disparities in mortality. However, a large group of countries recently undertook to research indigenous populations in the 2000 census round and the resulting data have updated and broadened the knowledge available on the distribution of early-death risk among indigenous and non-indigenous populations and on the pattern of those disparities across national territories and specific ethnic groups. Of the 10 countries shown in figure III.4, Paraguay exhibits the highest early-death risk among the

indigenous population, as well as the largest absolute difference with respect to the infant mortality rate among non-indigenous people (43 points). Bolivia has the second highest mortality rate, but smaller absolute and relative gaps with respect to non-indigenous people. Panama is notable for the greatest relative inequality by ethnic status, since the country's indigenous infant mortality rate is triple the rate among non-indigenous Panamanians. Costa Rica's infant mortality rate has declined as significantly as Chile's, but it shows a larger ethnic-based inequality, with indigenous infant mortality 80% higher than the non-indigenous rate. Chile figures again with the lowest levels of demographic inequality, this time by ethnic status.

The disadvantages associated with ethnic status are exacerbated in combination with rural residence (see figure III.5). In Paraguay, for example, the non-indigenous population's urban and rural infant mortality rates are practically the same, but both figures are much higher for the indigenous population. In Ecuador, Mexico, Brazil, Guatemala and, particularly, Chile, the indigenous population residing in urban areas exhibits infant mortality rates similar to those of non-indigenous rural populations. Settlement in urban areas helps to facilitate access to certain health services for these indigenous populations and thereby increases their rates of infant survival, but is not enough to eliminate the effect of ethnic status and associated social disadvantages.



Source: Prepared by the author on the basis of Inter-American Development Bank (IDB)/Economic Commission for Latin America and the Caribbean (ECLAC), the project entitled “Indigenous and Afrodescendent Population in Census” and special processing of census microdatabases.

The ECLAC/IDB project entitled “Indigenous and Afrodescendent Population in Census” has furnished detailed information on ethnic and spatial gaps in infant mortality in Bolivia, Ecuador and Panama. As observed previously, this last country is notable for the breadth of the gap in infant mortality risk by ethnic status. The spatial gaps in infant mortality are also much larger among the indigenous than the non-indigenous population, which shows little variation from one province to another. By provinces and shires, indigenous infant mortality is highest in the Ngöbe Buglé Shire (70 per thousand), the Kuna Ayala Shire (58 per thousand) and Darien Province (48 per thousand), whereas in Panama Province the rate is much lower, with 35 deaths of children under age 1 per thousand live births. In Ecuador, the highest rates are registered in the

provinces of Chimborazo and Cotopaxi (81 per thousand in both cases), where the largest concentrations of the indigenous population are found. In Bolivia, the highest rate of indigenous infant mortality –105 deaths of children under 1 per thousand live births– is recorded in the Potosí Department, whose population is 90% indigenous, mainly of Quetchua origin and residing in rural areas. This is followed by the departments of Oruro and Chuquisaca, with indigenous infant mortality estimated at 88 and 80 per thousand live births, respectively. Both departments have a considerable indigenous population in rural parts and a large Aymara and Quechua presence. In general, Bolivia’s lowest indigenous infant mortality rates are registered in the departments of Tarija, Santa Cruz and Beni, although all these have rates of over 50 per thousand live births.

Specific studies on these three countries have acknowledged that, in general, the pattern of high infant mortality in the indigenous population of some subnational administrative areas is fuelled by certain traits, such as low levels of schooling among the population, shortfalls in the coverage of drinking water and sanitation services, and the distance to health care facilities (ECLAC/IDB, 2005).

(d) Intermediate variables of infant mortality: policy axes

The geographical, economic and ethnic factors reviewed in the previous sections ultimately influence infant mortality. They do not do so directly, however, but through what are known as "intermediate variables". In the case of infant

mortality, these refer to certain maternal traits, such as very early or late pregnancy or having had many children already, and to medical attention during pregnancy, birth and the postnatal period, access to immunization, quality of nutrition and exposure to pathogens. Demographic and health surveys have corroborated the links between infant mortality and these intermediate variables (see table III.4). Generally speaking, infant mortality rates vary enormously between mothers who do not receive medical attention during pregnancy and birth and those who have access to such health services. By the same token, much higher mortality rates are associated with birth intervals of less than two years and with higher parities. Both these are associated with poor satisfaction of family planning needs, which is identified mainly in less advantaged groups.

Table III.4

LATIN AMERICA AND THE CARIBBEAN (SELECTED COUNTRIES): INFANT MORTALITY RATES BY MEDICAL ATTENTION, MOTHER'S AGE AND BIRTH TRAITS ^{a, b}															
Country	Survey year	Qualified medical attention			Mother's age				Order of birth				Birth interval		
		Neither antenatal nor at delivery	Antenatal or at delivery	Antenatal and at delivery	Under 20	20-29	30-39	40-49	1	2-3	4-6	7+	Less than 2 years	2-3 years	4 years or more
Bolivia	1994	107.4	71.4	35.3	88.6	79.1	94.8	122.3	63.0	76.8	100.5	114.3	138.4	76.8	51.3
	2003	90.4	58.3	22.8	79.4	65.0	65.9	73.8	55.1	60.3	77.2	90.2	115.4	59.7	34.2
Brazil	1986	73.3	-	-	102.8	78.6	84.0	142.8	61.8	69.0	98.9	156.9	137.4	60.3	49.5
	1996	206.5	63.3	20.7	56.8	43.8	50.9	63.8	36.7	44.1	66.9	85.7	80.9	41.6	39.6
Colombia	1990	23.8	22.3	13.4	33.3	24.7	27.6	31.7	17.0	26.5	32.7	56.3	40.1	28.3	25.8
	2000	43.8	29.6	15.2	30.8	20.7	25.9	41.7	19.5	25.0	34.9	24.4	37.5	24.5	20.4
Ecuador	1987	95.5	68.4	34.3	62.0	63.3	63.2	140.8	59.1	52.1	68.4	104.8	94.2	51.8	45.6
	1999	-	-	-	-	-	-	-	-	-	-	-	-	-	-
El Salvador	1985	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1998	89.5	61.5	-	100.0	52.9	80.1	111.6	70.7	57.1	74.9	99.6	87.5	55.9	42.9
Haiti	1994/1995	90.9	66.8	72.1	115.2	85.0	75.3	119.8	98.0	76.2	78.2	114.3	111.6	78.9	42.2
	2000	109.6	60.4	62.9	130.8	83.0	82.9	80.7	92.5	86.8	78.5	110.4	127.0	75.0	51.2
Nicaragua	1992/1993	119.4	40.4	21.7	54.5	37.9	50.1	63.6	42.9	39.4	38.4	76.3	75.0	29.7	31.4
	2001	65.0	51.3	15.8	41.6	29.1	41.9	44.6	28.3	33.0	33.1	59.1	59.8	28.7	22.7
Peru	1992	98.9	78.3	31.6	78.5	58.0	63.4	100.5	46.2	57.5	71.8	96.4	111.2	56.0	32.5
	2000	45.9	33.2	15.1	52.0	39.5	41.3	80.4	33.2	39.1	50.8	67.0	78.3	41.5	28.1
Dominican Republic	1991	105.2	41.8	41.7	66.5	37.5	42.6	50.9	43.6	40.3	50.2	56.4	62.9	31.5	36.3
	2002	109.9	51.4	21.5	41.4	31.4	35.9	31.8	28.5	30.4	52.4	57.2	56.7	29.4	25.1

Source: Macro International, Demographic and Health Surveys (DHS) [online] <<http://www.measuredhs.com>>.

^a Rates of infant and child mortality by contextual characteristics (10-year rates): rates of infant and child mortality for the 10 years before the survey date, by selected individual characteristics (rates for a period of 5 years for the maternal care variable). Excludes the interview month.

^b Rates of infant and child mortality by demographic characteristics (10-year rates): rates of infant and child mortality for the 10 years before the survey date, by selected demographic characteristics. Excludes the interview month.

Examination of socio-economic inequality as regards these intermediate variables, again using demographic and health surveys and their proposed "welfare quintiles", shows a pattern that tends to coincide with that observed in the case of infant mortality. That is, a highly unequal distribution of "adequate conditions" with respect to these intermediate variables. Tables III.5 and III.6 show

a number of inequality indicators on antenatal care and attention during delivery. The concentration index shows, first, a positive link between welfare quintile and skilled care during pregnancy and birth and, second, levels of inequality that vary, but are, generally speaking, not very different from those observed in relation to infant mortality.

Table III.5

LATIN AMERICA (SELECTED COUNTRIES): WOMEN ATTENDING ANTENATAL APPOINTMENTS, BY WELFARE QUINTILE, AND INEQUALITY INDICATORS									
(Percentages)									
Country	Indicator ^a	Quintiles					Average	Lowest/highest ratio	Concentration index
		1 (lowest)	2	3	4	5 (highest)			
Bolivia 1994	Assisted by trained personnel	38.8	57.8	70.4	88.6	95.3	65.1	0.407	0.1725
	Assisted by doctors	26.7	50.1	67.9	87.6	95.1	59.4	0.281	0.2319
	Assisted by trained nurses or midwives	12.2	7.7	2.5	1.1	0.2	5.7	61.000	-0.4428
	Attended two or more appointments	31.7	51.8	65.5	85.8	92.8	60.0	0.342	0.2030
Brazil 1996	Assisted by trained personnel	67.5	87.7	93.4	96.9	98.1	85.6	0.688	0.0763
	Assisted by doctors	58.1	83.8	91.6	95.7	98.1	81.4	0.592	0.1042
	Assisted by trained nurses or midwives	9.4	4.0	1.8	1.1	0.0	4.2	-	-0.4673
	Attended two or more appointments	64.2	83.9	90.5	95.0	97.2	82.8	0.660	0.0843
Colombia 1995	Assisted by trained personnel	62.3	81.1	89.8	95.4	95.9	82.5	0.650	0.0851
	Assisted by doctors	58.3	78.0	87.2	92.6	94.5	79.6	0.617	0.0935
	Assisted by trained nurses or midwives	4.0	3.1	2.5	2.8	1.5	3.0	2.667	-0.1375
	Attended two or more appointments	58.4	79.7	88.3	94.6	95.7	80.7	0.610	0.0953
Guatemala 1995	Assisted by trained personnel	34.6	41.1	49.3	72.2	90.0	52.5	0.384	0.1905
	Assisted by doctors	24.7	30.3	40.2	67.3	89.6	44.6	0.276	0.2604
	Assisted by trained nurses or midwives	9.8	10.9	9.1	5.0	0.5	7.9	19.600	-0.1981
	Attended two or more appointments	76.0	81.6	83.1	87.3	93.4	82.9	0.814	0.0361
Haiti 1994-1995	Assisted by trained personnel	44.3	60.0	72.3	83.7	91.0	67.7	0.487	0.1350
	Assisted by doctors	18.3	23.9	39.2	60.1	84.0	40.7	0.218	0.2963
	Assisted by trained nurses or midwives	26.0	36.1	33.1	23.6	7.0	26.9	3.714	-0.1089
	Attended two or more appointments	43.0	53.9	65.0	78.6	83.7	62.4	0.514	0.1317
Nicaragua 1997-1998	Assisted by trained personnel	67.0	80.9	86.9	89.0	96.0	81.5	0.698	0.0679
	Assisted by doctors	28.1	39.0	45.6	44.5	40.6	38.4	0.692	0.0832
	Assisted by trained nurses or midwives	38.9	41.9	41.3	44.4	55.3	43.1	0.703	0.0538
	Attended two or more appointments	61.8	75.4	82.0	85.9	93.8	77.0	0.659	0.0791
Paraguay 1990	Assisted by trained personnel	69.5	79.5	85.6	94.8	98.5	83.9	0.706	0.0724
	Assisted by doctors	14.0	18.9	8.6	6.7	4.3	11.1	3.256	-0.2131
	Assisted by trained nurses or midwives	55.5	60.6	77.0	88.0	94.2	72.8	0.589	0.1158
	Attended two or more appointments	77.1	82.0	85.7	92.2	96.5	85.6	0.799	0.0460
Peru 1996	Assisted by trained personnel	37.3	64.8	79.1	87.7	96.0	67.3	0.389	0.1736
	Assisted by doctors	9.0	24.5	36.8	48.4	69.5	31.7	0.129	0.3357
	Assisted by trained nurses or midwives	28.3	40.3	42.2	39.3	26.5	35.6	1.068	0.0295
	Attended two or more appointments	33.7	61.5	75.9	85.6	95.0	64.4	0.355	0.1879
Dominican Republic 1996	Assisted by trained personnel	96.1	98.2	99.0	99.2	99.9	98.3	0.962	0.0072
	Assisted by doctors	94.7	97.6	98.9	99.0	99.9	97.7	0.948	0.0101
	Assisted by trained nurses or midwives	1.4	0.6	0.2	0.2	0.0	0.6	-	-0.4950
	Attended two or more appointments	93.2	96.6	96.7	97.7	97.6	96.1	0.955	0.0088

Source: Macro International, Demographic and Health Surveys (DHS) [online] <<http://measuredhs.com>>.

^a Estimated on the basis of births in the three years prior to the survey.

Table III.6

LATIN AMERICA (SELECTED COUNTRIES): WOMEN BY TYPE AND PLACE OF CARE DURING DELIVERY, BY WELFARE QUINTILE, AND INEQUALITY INDICATORS, FROM DEMOGRAPHIC AND HEALTH SURVEYS									
(Percentages)									
Country	Indicator ^a	Quintiles					Average	Lowest/ highest ratio	Concentration index
		1 (lowest)	2	3	4	5 (highest)			
Bolivia 1994	Assisted by trained personnel	19.8	44.8	67.7	87.9	97.9	56.7	0.20	0.2773
	Assisted by doctors	14.6	39.3	64.3	85.8	97.5	52.9	0.15	0.3143
	Assisted by trained nurses or midwives at a public facility	5.2	5.5	3.3	2.1	0.4	3.8	13.00	-0.2403
	at a private facility	14.2	34.9	48.6	63.3	50.5	39.1	0.28	0.2344
	at home	1.5	6.0	14.9	22.1	46.5	14.1	0.03	0.4969
Brazil 1996	Assisted by trained personnel	83.7	58.0	35.3	14.0	2.6	46.0	32.19	-0.3516
	Assisted by doctors	71.6	88.7	95.7	97.7	98.6	87.7	0.73	0.0668
	Assisted by trained nurses or midwives at a public facility	52.5	77.5	89.2	94.3	97.6	77.6	0.54	0.1240
	at a private facility	19.1	11.2	6.5	3.4	1.0	10.0	19.10	-0.3752
	at home	75.9	88.3	86.6	72.2	61.3	77.9	1.24	-0.0278
Colombia 1995	Assisted by trained personnel	2.1	6.6	11.0	26.5	37.8	13.6	0.06	0.4901
	Assisted by doctors	20.0	3.6	0.9	0.3	0.0	7.0	-	-0.6115
	Assisted by trained nurses or midwives at a public facility	60.6	85.2	92.8	98.9	98.1	84.5	0.62	0.0925
	at a private facility	41.1	71.7	84.7	94.3	96.5	73.8	0.43	0.1546
	at home	19.4	13.5	8.1	4.6	1.6	10.8	12.13	-0.3304
Guatemala 1995	Assisted by trained personnel	42.7	71.8	76.8	75.3	60.6	64.5	0.70	0.0753
	Assisted by doctors	2.4	4.2	10.8	20.9	36.7	12.3	0.07	0.4819
	Assisted by trained nurses or midwives at a public facility	53.8	23.3	11.9	3.8	1.9	22.6	28.32	-0.4708
	at a private facility	9.3	16.1	31.1	62.8	91.5	34.8	0.10	0.4243
	at home	7.0	12.6	28.0	57.0	88.8	31.4	0.08	0.4587
Haiti 1994–1995	Assisted by trained personnel	2.3	3.5	3.1	5.9	2.7	3.4	0.85	0.1108
	Assisted by doctors	8.9	14.9	28.5	54.2	58.6	28.4	0.15	0.3672
	Assisted by trained nurses or midwives at a public facility	0.4	0.8	2.1	8.4	31.1	6.0	0.01	0.6923
	at a private facility	90.1	83.1	68.4	36.5	8.9	64.7	10.12	-0.2264
	at home	24.0	37.3	47.4	60.7	78.2	46.3	0.31	0.2106
Nicaragua 1997–1998	Assisted by trained personnel	1.4	2.9	8.5	22.3	54.1	14.2	0.03	0.5837
	Assisted by doctors	22.5	34.4	38.9	38.4	24.1	32.1	0.93	0.0462
	Assisted by trained nurses or midwives at a public facility	1.8	4.2	11.7	22.4	34.1	12.7	0.05	0.4697
	at a private facility	0.0	0.6	0.9	2.9	21.7	3.7	0.00	0.7382
	at home	97.5	94.1	84.4	66.3	35.8	79.8	2.72	-0.1310
Paraguay 1990	Assisted by trained personnel	32.9	58.8	79.8	86.0	92.3	64.6	0.36	0.1932
	Assisted by doctors	20.8	36.5	46.7	47.3	42.3	36.7	0.49	0.1443
	Assisted by trained nurses or midwives at a public facility	12.1	22.3	33.1	38.7	49.9	27.9	0.24	0.2573
	at a private facility	32.2	57.7	75.4	80.7	78.2	60.6	0.41	0.1719
	at home	0.3	0.4	3.3	4.4	11.6	3.1	0.03	0.5808
Peru 1996	Assisted by trained personnel	66.0	39.9	20.2	13.0	8.6	34.8	7.67	-0.3506
	Assisted by doctors	41.2	49.9	69.0	87.9	98.1	66.0	0.42	0.1840
	Assisted by trained nurses or midwives at a public facility	5.2	7.5	10.3	14.4	18.9	10.5	0.28	0.2549
	at a private facility	35.9	42.4	58.8	73.5	79.1	55.4	0.45	0.1708
	at home	20.6	26.8	43.6	62.4	56.2	39.7	0.37	0.2235
Dominican Republic 1996	Assisted by trained personnel	4.9	6.1	13.1	15.2	36.3	13.6	0.13	0.3887
	Assisted by doctors	73.5	65.4	42.5	21.6	7.1	45.7	10.35	-0.3063
	Assisted by trained nurses or midwives at a public facility	13.7	48.0	75.1	90.3	96.6	56.4	0.14	0.3083
	at a private facility	5.2	24.4	41.2	54.5	67.0	32.2	0.08	0.3722
	at home	8.5	23.6	34.0	35.7	29.6	24.2	0.29	0.2229

Source: World Bank, "Round I Country Reports on Health, Nutrition, Population Conditions among Poor and Better-Off in 45 Countries (2000)" [online] <<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/>>.

^a Estimated on the basis of births in the three years prior to the survey.

This information is of great value from the point of view of policymaking, since measures directed at demographic inequalities are designed to act on the intermediate (not the underlying) variables. It is precisely the action of these intermediate variables that makes it technically possible to reduce demographic inequalities independently of reductions in socio-economic inequalities. In effect, if targeted programmes can bring about improvements across the intermediate variables, this would ensure a decline in infant mortality at all the socio-economic levels. Should the improvements be greater among the poorer groups or should the infant mortality profile of those groups prove more responsive to certain improvements, it would be perfectly possible to reduce demographic inequalities without a contingent decrease in socio-economic inequality.

(e) Summary

Infant mortality has declined in all the countries of the region, especially in urban areas, and urban socio-economic disparities have narrowed thanks to a larger decline in infant mortality in the most disadvantaged groups. The same is not true of geographic inequalities, however. Progress with respect to infant mortality has not always been reflected in a drop in the spatial distribution of early-death risk; what is more, some countries still exhibit large gaps between the mortality rates of areas that are less developed in socio-economic terms and those where living standards are better. Indigenous populations are lagging furthest behind in the mortality decline and show huge infant mortality disparities with respect to the non-indigenous population.

D. INEQUALITIES IN REPRODUCTION

1. NATIONAL FERTILITY TRENDS: STEADILY DECLINING AND SLIGHTLY LESS UNEVEN

Nowadays, none of the region's countries has a fertility rate of more than five children per woman, although in the early 1970s, 11 of the 20 Latin American countries had total fertility rates (TFRs) of over 5. Most of the Central American countries (except Guatemala, which now has the region's highest TFR), as well as Bolivia, Paraguay and Haiti, which began the transition later, have a TFR no higher than four children. In all these countries, moreover, the rate has declined sharply in the last two decades.

The largest group in the region is formed by countries with fertility rates of less than three children per woman. These countries all have rates relatively close to the regional average of 2.5. Most of them have undergone major changes in the last three decades and several of those which now have quite low fertility rates experienced a significant percentage variation in the last decade. The countries in what is considered to be the low fertility group (2.4 or fewer children) are Uruguay, which has historically had low rates, Brazil, Chile, Costa Rica, Argentina and Mexico. Cuba, too, may be included in this group, since it has the region's lowest TFR (1.6). Cuba has been registering rates below replacement level for more than two decades now (Chackiel, 2004).

This widespread drop in fertility has translated into a slight reduction in inequalities among countries, since the coefficient of variation in the distribution of national TFRs has dropped from 28% to 26% in the last 15 years. It has also led to a shift in priorities, since concern has moved away from high nationwide rates of reproduction towards the timing of fertility, owing to evidence of an increase in teenage fertility in several countries (ECLAC, 2004).

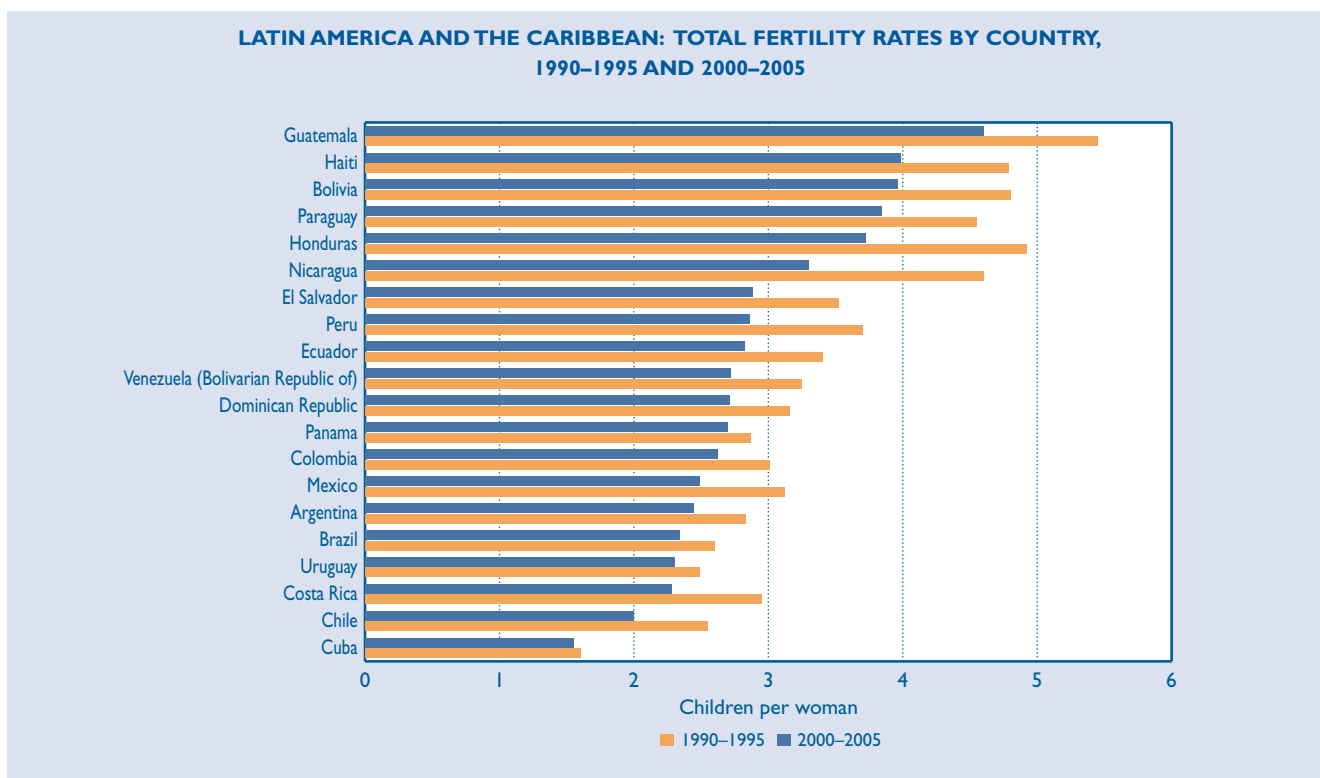
Although it is well documented that recent fertility changes have included large declines among socially disadvantaged sectors, such as the rural population and women with less schooling (Chackiel and Schkolnik, 1997; Paz and others,

2004), it is not clear that this has lessened the inequalities that exist among groups and geographical areas that differ in terms of socio-economic level. In fact, at the subnational level, fertility rates far higher than the national average are still found in socially lagging population groups and areas, which have initiated a sustained fertility decline later and have done so at a slower rate.

Although fertility has declined markedly in all the other age groups, it has not decreased among women aged under 20. In some countries, even those where fertility has dropped heavily in recent years, there are signs that early fertility is tending to increase (Rodríguez, 2003; Flórez and Núñez, 2002). Also, little relation is observed between adolescent and total fertility levels, particularly in Latin

America, where some countries with a low TFR have teenage fertility rates that are moderate (Brazil and Colombia) or high (Dominican Republic), whereas some countries with a high TFR (Haiti and Bolivia), register relatively low or moderate fertility in the 15–19 age group (Rodríguez, 2005). What is clear is that early maternity is basically circumscribed to poor population groups (Paz and others, 2004; Santillán, 2005). The links between early maternity and poverty should be viewed from two perspectives. First, women who have children at very young ages face obstacles to their continued schooling and find fewer opportunities to join the labour market under conditions that would allow them to generate sufficient resources for their children’s upbringing. Teenage reproduction is therefore considered to be one of the links in the transmission of poverty across

Figure III.6



Source: Economic Commission for Latin America and the Caribbean (ECLAC), "Latin America and Caribbean: population estimates and projections, 1950–2050", *Demographic Bulletin*, No. 73 (LC/G.2225-P), Santiago, Chile, Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, January 2004.

generations. Second, poverty usually implies a lack of opportunities and places constraints on the construction of life plans, which encourages some poor girls to see early motherhood as a base for the construction of a life narrative (Stern, 1997, ECLAC, 1998b; Buvinic, 1998; Rodríguez, 2005 and 2003; Pantelides, 2004; Freitez, Di Brienza and Zúñiga, 2000).

2. GEOGRAPHICAL, SOCIO-ECONOMIC AND ETHNIC INEQUALITIES IN INTENSITY AND TIMING OF FERTILITY

(a) Larger administrative units by area of residence

The steady decline in fertility has encompassed the full extent of the region's geography. In most of the countries this process has extended to all the national territory, albeit from different starting points, at different initial rates and leading to a variety of situations now.

A first look at the geographical inequalities within the countries, based on the absolute difference

between the geographical units with the lowest and highest fertility rates, shows differences of up to five children.¹³ This extreme disparity occurs in Panama in 2000 and is the result of the incorporation of shires populated largely by indigenous peoples into the calculations. Differentials of around three children are observed in Honduras (departments of Gracias a Dios and Francisco Morazán), Guatemala (departments of Quiché and Guatemala), Paraguay (Departments of Alto Paraguay and Asunción) and Ecuador (provinces of Morona Santiago and Pichincha). Except in Ecuador, these gaps tended to remain constant throughout the 1990s. In the case of Brazil, although the difference continues to be marked, it has tended to narrow in recent years and the 2000 census shows a difference of slightly under two children between Amapa State and the Federal District. By contrast with these sharp territorial disparities, Chile exhibits a difference of less than 0.5 children per woman between the Metropolitan and Atacama Regions.

The panorama described above is confirmed by a more comprehensive index of heterogeneity, in the form of the coefficient of variation (see table III.7).

¹³ It should be noted that direct comparison between countries is questionable, since the number and surface area of the largest political and administrative divisions, which are used for this first exercise, vary from one country to another. This does not prevent those inequalities from being considered as regional and specific to each country, however, since the geographical entities used in the calculations are actual regions and, therefore, the objects of the central State's policy measures.

Table III.7

LATIN AMERICA (SELECTED COUNTRIES): INDICATORS OF FERTILITY INEQUALITY BY LARGEST ADMINISTRATIVE DIVISIONS, 1990 AND 2000 CENSUS ROUNDS											
Country	Census	National	Number of divisions	Minimum	Maximum	Ratio	Range	Average	Median	Standard deviation	Coefficient of variation
Bolivia	1992	4.9	9	4.4	6.4	1.5	2.1	5.3	4.9	0.8	14.3
	Urban	4.0	9	3.7	5.3	1.4	1.6	4.3	4.0	0.6	13.2
	Rural	6.4	9	5.9	7.7	1.3	1.8	6.7	6.6	0.6	9.3
	2001	4.0	9	3.5	5.3	1.5	1.8	4.4	4.0	0.7	16.7
	Urban	3.3	9	2.9	4.3	1.5	1.4	3.4	3.3	0.4	13.3
	Rural	5.8	9	4.7	7.1	1.5	2.4	5.9	5.9	0.8	14.2
Brazil	1991	2.8	27	2.0	4.9	2.4	2.9	3.3	3.4	0.8	23.5
	Urban	2.4	27	2.0	4.1	2.0	2.1	2.9	2.8	0.5	19.1
	Rural	4.3	27	2.6	7.6	2.9	5.0	4.6	4.8	1.3	27.8
	2000	2.4	27	1.9	3.6	1.9	1.7	2.6	2.5	0.5	17.6
	Urban	2.2	27	1.9	3.3	1.8	1.5	2.4	2.3	0.3	14.1
	Rural	3.5	27	2.5	6.8	2.7	4.2	3.7	3.5	1.0	27.7
Chile	1992	2.6	13	2.5	3.0	1.2	0.5	2.7	2.7	0.2	6.0
	Urban	2.5	13	2.5	3.0	1.2	0.5	2.6	2.6	0.2	6.6
	Rural	3.0	13	2.7	4.1	1.5	1.4	3.1	3.1	0.4	12.0
	2002	2.1	13	2.0	2.3	1.2	0.4	2.2	2.1	0.1	6.1
	Urban	2.0	13	2.0	2.4	1.2	0.4	2.1	2.1	0.1	6.6
	Rural	2.3	13	2.0	2.6	1.3	0.6	2.3	2.3	0.2	7.3
Ecuador	1990	3.7	22	3.1	6.3	2.1	3.2	4.5	4.4	1.0	21.3
	Urban	3.0	22	2.7	4.8	1.8	2.0	3.4	3.3	0.6	16.4
	Rural	4.9	22	3.8	9.3	2.5	5.5	5.6	5.4	1.3	22.9
	2001	2.9	23	2.3	5.0	2.1	2.6	3.5	3.3	0.8	22.8
	Urban	2.5	23	2.2	3.5	1.6	1.3	2.7	2.6	0.4	14.5
	Rural	3.6	23	2.8	6.1	2.2	3.3	4.1	4.1	1.0	23.7
Guatemala	1994	5.4	22	3.4	7.1	2.1	3.8	5.8	5.9	1.0	16.3
	Urban	3.7	22	2.9	5.4	1.9	2.5	4.3	4.3	0.7	15.4
	Rural	6.5	22	4.6	7.6	1.7	3.0	6.5	6.7	0.9	13.8
	2002	4.6	22	3.0	6.6	2.2	3.5	5.0	5.0	0.9	17.1
	Urban	3.4	22	2.8	5.3	1.9	2.5	3.8	3.8	0.7	17.9
	Rural	6.1	22	4.7	7.1	1.5	2.3	5.9	5.8	0.7	12.5
Honduras	1988	5.3	18	3.9	7.3	1.9	3.4	6.0	6.3	1.0	17.0
	Urban	3.7	17	3.2	5.4	1.7	2.2	4.3	4.2	0.6	13.1
	Rural	6.8	18	4.3	7.6	1.8	3.3	6.7	6.9	0.8	11.6
	2001	3.9	18	2.9	6.1	2.1	3.3	4.5	4.6	0.9	20.2
	Urban	2.9	18	2.6	5.2	2.0	2.6	3.3	3.4	0.5	16.2
	Rural	5.1	18	3.3	6.4	1.9	3.1	5.1	5.1	0.8	15.5
Panama	1990	3.0	9	2.1	5.9	2.8	3.8	3.7	3.6	1.3	36.0
	Urban	2.4	9	1.8	4.6	2.6	2.8	2.8	2.6	0.9	31.1
	Rural	4.1	9	2.2	7.0	3.1	4.7	4.4	4.3	1.4	32.8
	2000	2.8	12	2.3	6.9	3.0	4.6	3.9	3.2	1.5	39.1
	Urban	2.3	12	1.9	3.6	1.9	1.7	2.5	2.3	0.6	22.3
	Rural	3.9	12	2.4	6.9	2.9	4.5	4.3	3.9	1.4	31.4
Paraguay	1992	4.6	18	2.7	6.6	2.5	3.9	5.1	5.2	0.9	18.5
	Urban	3.7	18	2.7	6.0	2.2	3.3	4.3	4.2	0.7	16.2
	Rural	6.0	18	4.3	7.0	1.6	2.7	5.8	5.8	0.8	13.3
	2002	3.9	18	2.4	5.8	2.4	3.4	4.4	4.3	0.9	20.4
	Urban	3.3	18	2.4	5.1	2.1	2.6	3.6	3.6	0.6	16.1
	Rural	5.3	18	3.7	7.3	2.0	3.6	5.3	5.5	1.0	17.8
Venezuela (Bolivarian Republic of) ^a	1990	3.4	23	2.4	5.9	2.4	3.5	3.9	3.7	0.8	21.6
	Urban	3.2	23	2.4	5.3	2.2	2.9	3.6	3.6	0.7	19.4
	Rural	5.1	23	4.0	6.6	1.7	2.7	5.1	5.2	0.8	15.6
	2001	2.8	25	2.1	4.0	1.9	1.9	3.0	3.0	0.5	15.0
	Urban	2.7	25	2.1	3.6	1.7	1.5	2.8	2.8	0.4	12.7
	Rural	4.3	25	3.5	5.1	1.5	1.6	4.2	4.2	0.4	9.4

Source: Prepared by the author, on the basis of estimates obtained from special processing of census microdatabases.

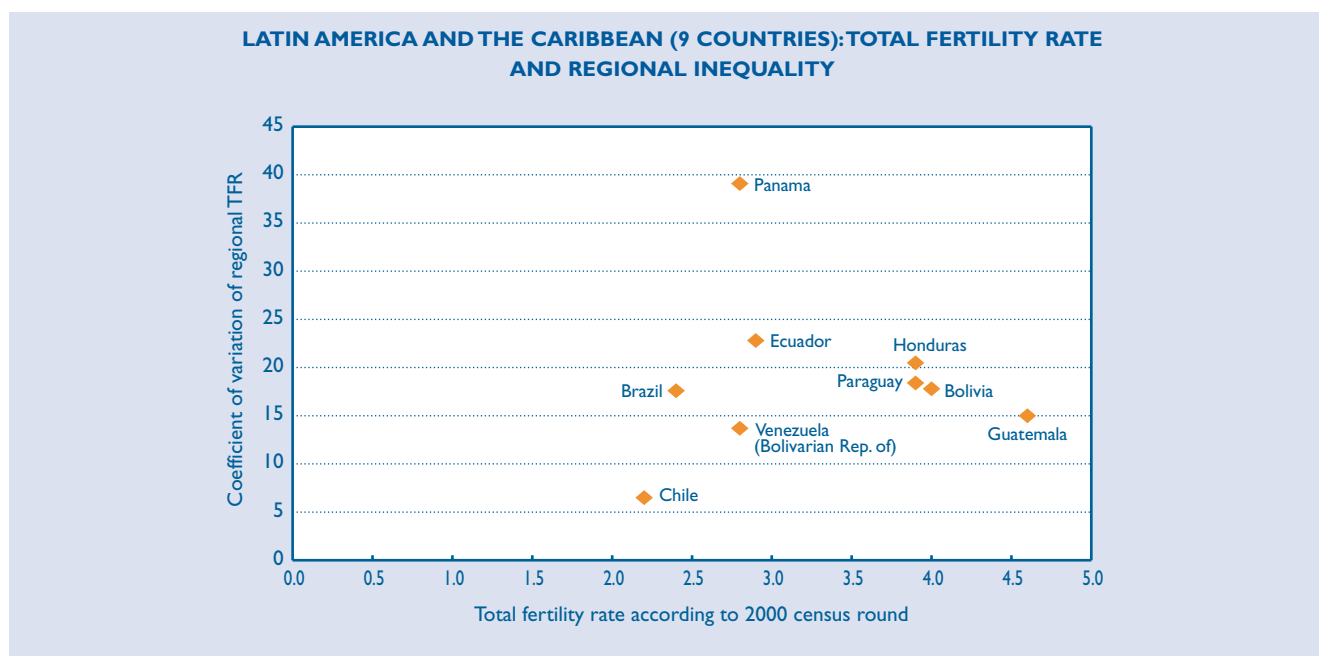
^a Weighted by proportion of births by largest administrative areas.

The coefficient of variation shows two distinct groups of countries regarding the evolution of regional differences in fertility: (i) those in which differences have narrowed (Bolivarian Republic of Venezuela, Brazil, and Guatemala), and (ii) those in which they have increased (Bolivia, Ecuador, Honduras, Panama and Paraguay).¹⁴ Chile appears to be fairly stable as regards regional inequalities in fertility, albeit in the framework of very small spatial disparities. The increase in the regional inequality of fertility in the countries mentioned is due mainly to the fact that the rates dropped only slightly in the regions where they were highest at the beginning of the 1990s. The decline in subnational heterogeneity in Brazil substantiates this, since the country's urban

fertility rate dropped very sharply in the poorer population segments, which showed the highest levels of reproduction 15 years ago. It has been pointed out that the spread of access to reproductive health services and to sterilization procedures (in 1996, 40% of women in stable unions were sterilized), made for a generalized decline in fertility in the 1990s.

These findings suggest that there is no link between the overall level and the regional inequality of fertility (see figure III.7), or between the rate of fertility decline and the evolution of regional inequality.¹⁵

Figure III.7



Source: Prepared by the author, on the basis of estimates obtained from special processing of census microdatabases.

¹⁴ In the case of Panama, as was seen in the case of infant mortality, the alteration of territorial divisions between the two censuses examined may be influencing the measurement of spatial variation in fertility, since it probably magnifies the change recorded in the intercensal period.

¹⁵ In fact, the simple linear correlation coefficient between the two variables is 0.007 (calculated using the data for 2000 given in table III.7 or the data in figure III.7).

(b) Socio-economic levels**(i) Fertility intensity: total fertility rate**

A first indicator of the magnitude of the socio-economic disparity of fertility is given by the difference between the TFRs registered for the highest and lowest socio-economic levels. According to the 2000 census round, in Chile the gap was only 0.3 children, while in all the other countries examined it exceeded 1.5, reaching almost 3 in Panama (see table III.8).

In Brazil and Chile, fertility has declined at the same rate at the lower and upper socio-economic

levels, which implies that there has been no change in this measure of inequality. In the Bolivarian Republic of Venezuela and Paraguay, by contrast, the difference has widened, which is attributable to a faster decrease in fertility in the highest socio-economic group. In Panama and Honduras, the gaps between the two extremes, though still large, have narrowed in recent years (see table III.8).

The calculations systemized in table III.8 reveal a number of aspects that point to socio-economic inequality in reproductive matters. One of the most significant, because of its implications for regional prognoses, is the sustained decline in fertility in the middle and upper urban socio-economic levels in

Table III.8

LATIN AMERICA (SELECTED COUNTRIES): INDICATORS OF FERTILITY (TFR) INEQUALITY BY SOCIO-ECONOMIC LEVEL								
Country	Area of residence	Census	Socio-economic level					Lowest/highest ratio
			1 (lowest)	2	3	4	5 (highest)	
Brazil	Total	1991	4.3	3.0	2.7	2.2	2.1	2.09
		2000	3.5	2.6	2.4	1.9	1.7	2.07
	Variation	Absolute	-0.9	-0.4	-0.3	-0.3	-0.4	-
		Percentage	-19.8	-13.4	-11.5	-12.6	-19.1	-
	Urban	1991	3.5	2.7	2.0	2.1	2.1	1.70
		2000	3.3	2.5	1.9	1.9	1.6	2.03
	Variation	Absolute	-0.2	-0.2	0.0	-0.2	-0.4	-
		Percentage	-6.1	-7.5	-2.3	-8.8	-21.2	-
	Rural	1991	5.9	4.4	3.2	-	-	1.88
2000		4.1	3.6	2.6	-	-	1.60	
Variation	Absolute	1.8	0.9	0.6	-	-	-	
	Percentage	29.9	-19.5	17.7	-	-	-	
Chile	Total	1992	2.9	2.6	2.6	2.6	2.5	1.14
		2002	2.3	2.0	2.1	2.0	2.0	1.11
	Variation	Absolute	-0.6	-0.6	-0.5	-0.6	-0.5	-
		Percentage	-20.8	-21.9	-18.9	-22.1	-19.0	-
	Urban	1992	2.7	2.4	2.6	2.5	2.5	1.08
		2002	2.2	2.1	2.1	2.0	2.0	1.07
	Variation	Absolute	-0.5	-0.4	-0.5	-0.6	-0.5	-
		Percentage	-19.2	-14.8	-20.8	-22.9	-18.7	-
	Rural	1992	3.3	2.9	3.0	-	-	1.09
2002		2.5	2.2	2.3	-	-	1.08	
Variation	Absolute	-0.8	-0.7	-0.7	-	-	-	
	Percentage	-24.1	-24.6	-23.3	-	-	-	

Table III.8 (concluded)

LATIN AMERICA (SELECTED COUNTRIES): INDICATORS OF FERTILITY (TFR) INEQUALITY BY SOCIO-ECONOMIC LEVEL								
Country	Area of residence	Census	Socio-economic level					Lowest/highest ratio
			1 (lowest)	2	3	4	5 (highest)	
Panama	Total	1990	5.2	3.7	2.7	2.5	2.0	2.60
		2000	4.4	3.1	2.6	2.3	1.8	2.38
	Variation	Absolute	-0.8	-0.5	-0.1	-0.2	-0.2	-
		Percentage	-15.8	-14.5	-3.0	-6.3	-7.9	-
	Urban	1990	2.9	2.5	2.4	2.3	1.9	1.50
		2000	2.9	2.6	2.2	2.0	1.8	1.64
Variation	Absolute	0.0	0.1	-0.2	-0.3	-0.2	-	
	Percentage	0.0	5.4	-7.7	-13.0	-8.6	-	
Rural	1990	5.9	4.3	3.0	-	-	1.99	
	2000	5.4	4.0	2.8	-	-	1.94	
Variation	Absolute	-0.5	-0.4	-0.2	-	-	-	
	Percentage	-8.8	-8.4	-6.7	-	-	-	
Honduras	Total	1988	7.3	5.5	5.8	5.3	3.5	2.14
		2001	4.6	4.7	3.2	3.5	2.5	1.84
	Variation	Absolute	-2.7	-0.8	-2.6	-1.8	-1.0	-
		Percentage	-36.7	-13.8	-45.2	-33.5	-28.6	-
	Urban	1988	4.6	4.5	3.7	3.3	3.0	1.55
		2001	3.8	3.1	2.8	2.6	2.3	1.67
Variation	Absolute	-0.8	-1.4	-0.9	-0.7	-0.7	-	
	Percentage	-17.3	-30.5	-24.3	-20.1	-23.3	-	
Rural	1988	7.8	6.9	5.9	-	-	1.27	
	2001	6.0	5.0	4.0	-	-	1.51	
Variation	Absolute	-1.5	-1.8	-1.9	-	-	-	
	Percentage	-19.5	-26.7	-32.5	-	-	-	
Paraguay	Total	1992	6.3	5.8	4.1	4.3	3.2	1.96
		2002	6.2	3.7	4.4	3.5	2.7	2.28
	Variation	Absolute	0.0	-2.1	0.3	-0.8	-0.5	-
		Percentage	-0.5	-35.9	6.6	-18.5	-14.4	-
	Urban	1992	5.4	3.8	3.8	3.1	2.9	1.89
		2002	4.5	3.7	3.5	2.7	2.5	1.78
Variation	Absolute	-0.9	-0.1	-0.3	-0.3	-0.3	-	
	Percentage	-16.9	-2.4	-7.4	-10.6	-11.7	-	
Rural	1992	7.2	5.8	5.0	-	-	1.45	
	2002	7.2	4.1	4.9	-	-	1.47	
Variation	Absolute	0.0	-1.7	-0.1	-	-	-	
	Percentage	-0.2	-29.5	-1.8	-	-	-	
Venezuela (Bolivarian Rep. of)	Total	1990	4.3	3.8	3.4	3.0	2.5	1.68
		2001	4.1	3.4	2.6	2.5	2.1	1.95
	Variation	Absolute	-0.2	-0.4	-0.9	-0.4	-0.5	-
		Percentage	-5.0	-10.8	-25.0	-14.8	-18.0	-
	Urban	1990	4.0	3.4	3.2	2.8	2.4	1.65
		2001	3.7	2.8	2.5	2.5	2.0	1.81
Variation	Absolute	-0.3	-0.6	-0.7	-0.3	-0.4	-	
	Percentage	-7.2	-17.7	-22.9	-11.7	-15.7	-	
Rural	1990	5.6	5.5	4.5	-	-	1.24	
	2001	4.9	4.8	3.4	-	-	1.45	
Variation	Absolute	-0.7	-0.7	-1.1	-	-	-	
	Percentage	-12.9	-12.4	-24.4	-	-	-	

Source: Prepared by the author, on the basis of estimates obtained from special processing of census microdatabases.

Brazil, which places the fertility rate below replacement level. If this experience is applicable to the rest of the region, there can be no doubt that this constitutes the foreseeable future for Latin American urban fertility.

In rural areas, the countries exhibit situations that are just as uneven. Brazil has registered a strong decline in fertility at the lowest socio-economic level, and the absolute difference with respect to the wealthiest level has narrowed from 2.7 to 1.5 children. In Paraguay, the lowest and highest socio-economic groups experienced a very similar percentage change in fertility and the difference between them (two children) has remained stable. In Honduras, women from the highest socio-economic group have moved ahead rapidly in the transition process, during the intercensal period, and the degree of inequality rose with respect to the lowest socio-economic group, whose TFR, despite the decrease observed, is still estimated at six children per woman.

(ii) Timing of fertility: reproduction in adolescence

New and discouraging evidence arises from estimates of adolescent fertility by socio-economic group obtained from the last two censuses conducted in six countries. These show this phenomenon tending to increase in some cases, in terms of both intensity and social inequality.

Disparities in adolescent fertility between the lowest and highest socio-economic strata are not only sharper than differences in total fertility, but are also tending to increase. In Bolivarian Republic of Venezuela, Chile, Brazil, Panama and Paraguay, the risk of procreation among girls aged 15 to 19 years from the lowest socio-economic group is four or five times higher than the risk for girls in the highest group. Honduras exhibits the smallest inequality,

since its adolescent fertility rate in the lowest socio-economic group is "only" 3.2 times higher, but this is in the context of a higher overall rate. With the exception of Panama and Honduras, the other countries have seen the ratio of adolescent fertility between the highest and lowest socio-economic groups increase in the intercensal period, particularly Bolivarian Republic of Venezuela and Brazil. This is partly because the frequency of girls from the low end of the socio-economic scale having children at an early age has increased, but also because the fertility rate has decreased in the most advantaged socio-economic group. It is important to track the distribution of teenage fertility across all the strata because, although fertility intensity is tending to drop higher up the socio-economic scale, this age group's rates are still high even at median socio-economic levels. What is more, in general, social inequality in adolescent fertility appears to be increasing in urban and rural areas alike.

Since the adolescent fertility rate and socio-economic level are inversely associated, the respective concentration indexes (CIs) bear a minus sign and the concentration curves lie above the equity diagonal. The CI values of adolescent fertility by socio-economic level show an increase in most of the countries examined, which points to a progressively unequal distribution of the risks of early procreation by socio-economic level (see table III.9). The highest CIs and, therefore, the greatest degree of inequality, are recorded in Panama, Bolivarian Republic of Venezuela, Brazil and Chile, very closely followed by Paraguay and Honduras. In urban areas, the CI increased during the intercensal period to levels that confirm the existence of a large socio-economic disparity in the frequency of early motherhood.

It is a revealing exercise to observe the concentration curves by country, since this pinpoints the increase in equality in urban areas as reflected in

the greater distance from the equity diagonal of the curve for the second census. In Bolivarian Republic of Venezuela, Brazil, Paraguay and Panama, almost a third of births to adolescent mothers in urban areas correspond to the lowest socio-economic level, and

only 6%–8% to the highest level. In Chile and Honduras an estimated 7% and 9% of those births corresponded to the lowest socio-economic level in 2002 and 2001, respectively.

Table III.9

LATIN AMERICA (SELECTED COUNTRIES): INDICATORS OF ADOLESCENT FERTILITY INEQUALITY BY SOCIO-ECONOMIC LEVEL, 1990 AND 2000 CENSUS ROUNDS									
Country	Area and change		Fertility rates (per thousand) by socio-economic level					Lowest/highest ratio	Concentration index
			1 (lowest)	2	3	4	5 (highest)		
Brazil	Total	1991	101.1	109.4	86.5	71.5	36	2 808	-0.1765
		2000	147.2	113.5	91.4	79.7	31.4	4 688	-0.2297
	Variation	Absolute	46.09	4.1	4.9	8.2	-4.6	Increase in both rate and inequality	
		Percentage	45.6	3.7	5.7	11.5	-12.8		
	Urban	1991	117.7	91.3	53.5	72.8	29.1	4 042	-0.2069
		2000	154.6	108.4	71.8	75.9	27.6	5 601	-0.2519
Variation	Absolute	36.9	17.1	18.3	3.1	-1.5	Increase in both rate and inequality		
	Percentage	31.4	18.7	34.2	4.3	-5.2			
Chile	Total	1992	100.6	77.5	70.8	64.9	31.1	3 235	-0.1710
		2002	93.5	76.9	68.7	49.8	22.2	4 212	-0.2158
	Variation	Absolute	-7.16	-0.63	-2.05	-15.1	-8.88	Slight drop in rate and increase in inequality	
		Percentage	-7.1	-0.8	-2.6	-21.3	-13.7		
	Urban	1992	91.5	67.7	71.3	57.5	26.6	3 440	-0.1734
		2002	90.3	76.4	64.6	43.9	20.5	4 405	-0.2307
Variation	Absolute	-1.14	8.66	-6.7	-13.6	-6.1	Slight drop in rate and increase in inequality		
	Percentage	-1.2	12.8	-9.4	-23.6	-22.9			
Panama	Total	1990	167.3	137.2	93.2	72.2	27.4	6 106	-0.2772
		2000	155	114	89.8	68.5	29	5 345	-0.2510
	Variation	Absolute	-12.26	-23.12	-3.36	-3.66	1.6	Slight drop both rate and inequality	
		Percentage	-7.3	-16.9	-3.6	-5.1	5.8		
	Urban	1990	97.9	84.1	68.2	49.4	22.6	4 332	-0.2418
		2000	106.1	92	67.2	50.4	20.4	5 201	-0.2459
Variation	Absolute	8.1	7.8	-1	1.1	2.3	Increase in both rate and inequality		
	Percentage	8.3	9.3	-1.5	2.2	-10			
Honduras	Total	1988	150.9	109.6	131.6	120.3	75.2	2 006	-0.0915
		2001	150.9	139.1	112.2	119.0	48.1	3 139	-0.1597
	Variation	Absolute	0.0	29.6	-19.5	-1.3	-27.1	Slight drop in rate and increase in inequality	
		Percentage	0.0	27.0	-14.8	-1.1	-36.1		
	Urban	1988	103.2	104.1	95.3	79.8	44.1	2 340	-0.1409
		2001	132.1	121.3	94.8	69.7	34.5	3 833	-0.2223
Variation	Absolute	28.9	17.2	-0.5	-10.1	-9.6	Increase in both rate and inequality		
	Percentage	28.0	16.6	-0.5	-12.6	-21.9			

Table III.9 (concluded)

LATIN AMERICA (SELECTED COUNTRIES): INDICATORS OF ADOLESCENT FERTILITY INEQUALITY BY SOCIO-ECONOMIC LEVEL, 1990 AND 2000 CENSUS ROUNDS									
Country	Area and change		Fertility rates (per thousand) by socio-economic level					Lowest/highest ratio	Concentration index
			1 (lowest)	2	3	4	5 (highest)		
Paraguay	Total	1992	157.3	121.8	80.3	117.9	48.7	3 230	-0.1768
		2002	159.7	82.4	116.2	80	39.2	4 074	-0.1952
	Variation	Absolute	2.43	-39.37	35.9	-37.92	-9.47	Drop in rate and increase in inequality	
		Percentage	1.5	-32.3	44.7	-32.2	-19.4		
	Urban	1992	132.5	86.5	88.9	60.3	31.6	4 193	-0.2389
		2002	120.1	91.8	87.5	55.9	30	4 003	-0.2272
Variation	Absolute	-12.47	5.25	-1.44	-4.37	-1.63	Slight drop both rate and inequality		
	Percentage	-9.4	6.1	-1.6	-7.3	-5.2			
Venezuela (Bolivarian Republic of)	Total	1990	108.1	96.3	97.3	66.9	34.1	3 170	-0.1254
		2001	173.5	133.2	92.7	85.3	32.8	5 290	-0.2577
	Variation	Absolute	65.4	36.9	-4.6	18.4	-1.3	Increase in both rate and inequality	
		Percentage	60.5	38.4	-4.8	27.5	-3.7		
	Urban	1990	101	84.2	85.2	60.5	27.2	3 713	-0.145884
		2001	155.6	105.5	90.8	80.1	28.9	5 377	-0.247119
Variation	Absolute	54.6	21.3	5.6	19.6	1.7	Increase in both rate and inequality		
	Percentage	54.0	25.3	6.6	32.4	6.4			

Source: Prepared by the author, on the basis of estimates obtained by special processing of census microdatabases.

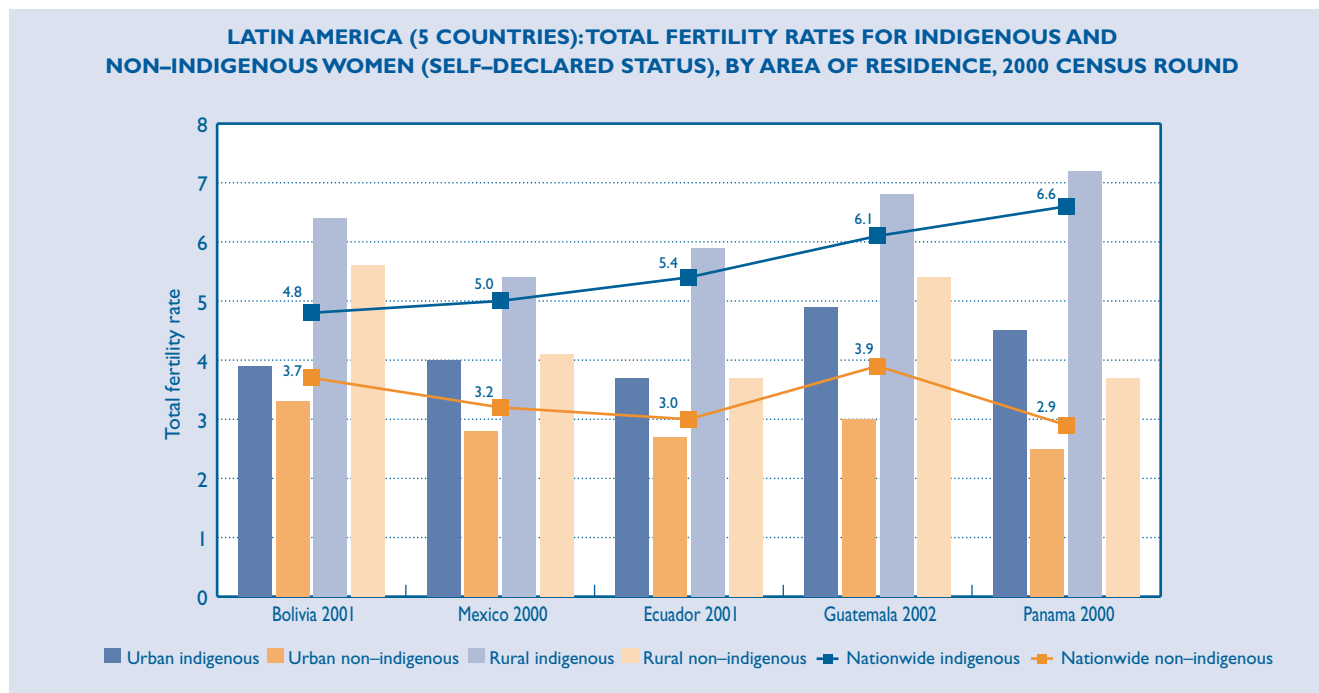
(iii) Ethnicity

Indigenous populations have generally lagged the furthest behind in the fertility transition. The difference could be as much as three to four decades in certain cases, given that some groups are now registering TFRs similar to the respective country averages observed at the start of the fertility decline. As well as specific cultural traits that encourage the endurance of traditional reproductive patterns, exclusion from a set of important services is a factor for many indigenous populations, partly because of their geographical and political isolation.

The findings of socio-demographic research in indigenous populations in Ecuador, Bolivia and Panama suggest that ethnicity-based intranational inequalities remain (ECLAC/IDB, 2005). In Panama, fertility among indigenous groups averages 6.6 children per woman. The cultural acclimatization

process that occurs when indigenous people leave their original territories and become assimilated into an urban environment, however, influences their reproductive behaviour. Hence, there is a difference of just under three children per woman between urban and rural indigenous groups. Nevertheless, this lower reproductive intensity is still far higher –by an estimated two children– than the average for non-indigenous urban residents. Average fertility is almost two children more among indigenous Ecuadorian women (5.4 children) than among their non-indigenous counterparts. A similar gap is observed between the TFRs of urban and rural indigenous women. In Bolivia, indigenous fertility is 4.8 children per woman: only one child more, on average, than non-indigenous women. Ethnicity-based disparities form a slightly less unequal pattern in Bolivia than rural-urban inequalities (see figure III.8).

Figure III.8



Source: Inter-American Development Bank (IDB)/Economic Commission for Latin America and the Caribbean (ECLAC) project on indigenous peoples and Afro-American populations.

(iv) Geographical and ethnic disparities

In Panama, the only indigenous populations to register fertility levels of four to five children per woman are those residing in the Provinces of Colón and Panamá and in the Kuna Yala Shire. In the other provinces, TFRs stand at more than six children per woman, with Darien Province registering the highest indigenous TFR of all (8.3). Not all the indigenous groups are at the same stage in the fertility transition, however. Some groups, generally those with a large proportion now residing in urban areas, are lagging less far behind. This is the case of the Bri-Bri and the Kuna, whose TFRs are around 3.3 and 4.7 children per woman, respectively.

The pattern of indigenous fertility in Bolivia shows the highest levels in the departments of Potosí, Pando, Beni and Chuquisaca, where TFRs are over five children per woman. In Potosí and Chuquisaca there are significant differences between the indigenous and non-indigenous population, but

not in Pando and Beni. The other five departments (Cochabamba, Santa Cruz, Oruro, La Paz and Tarija) post rates of between 3.9 in Tarija and 4.4 in Cochabamba, which stands at the national average. In this group of departments, the indigenous TFR varies from 4.3 to 4.8 and the non-indigenous rate, from 2.7 to 3.9. It is noteworthy that the two groups of departments defined by fertility level are not more homogenous in terms of Bolivia's traditional ecological strata. Both groups have departments in high- and low- altitude areas, different indigenous cultures and a variety of structures of production. Fertility levels by ethnic group show that the Aymara have the lowest TFR (4.4), close to the country's overall average, followed by the Quetchua (5.0) and the Guarani (5.5), but those overall rates mask large differences between departments. For example, the average number of children per woman in Aymara and Quetchua groups is lower in departments that offer better socio-economic conditions, such as La Paz, Santa Cruz and Cochabamba.

Ecuador's indigenous fertility map exhibits the same pattern of spatial differences as the overall population. With the exception of Esmeraldas, the coastal provinces have the lowest TFRs, quite close to the rates for the non-indigenous population. The highest indigenous fertility rates, of 6.4 to 7.6 children per woman, are recorded in the Amazon provinces. Those provinces also exhibit the sharpest disparities with respect to the non-indigenous population, with a difference of three children in almost all cases. The mountainous provinces (the Sierra) show an intermediate pattern, with lower indigenous fertility than the Amazon region and smaller gaps with respect to non-indigenous woman.

(v) Intermediate variables or proximate determinants of fertility

It is acknowledged that fertility levels and disparities are determined by a series of economic, social and cultural factors that act through what are known as intermediate variables, which influence fertility directly. Although Davis and Blake (1956) first identified a group of 11 variables in the intermediate category, Bongaarts later demonstrated that, in fact, most fertility variations are attributable to only four: marriage rate, use of contraceptives, postpartum infertility and induced abortion (Bongaarts, 1978, 1982; Bay, Del Popolo and Ferrando, 2003). It is amply demonstrated in the literature on the fertility transition in the region that, of the four intermediate variables mentioned, contraceptive use has made the largest contribution to the drop in fertility.¹⁶ Countries that have attained high rates of contraceptive use, such as Brazil, Costa Rica, Colombia and Mexico, among others, have seen a rapid reduction in the average number of children per woman. In addition, modern contraceptive methods now prevail in those

countries. On the other hand, in Haiti, Guatemala and Bolivia, the countries furthest behind in the demographic transition, contraceptive use is much lower (www.measuredhs.com).

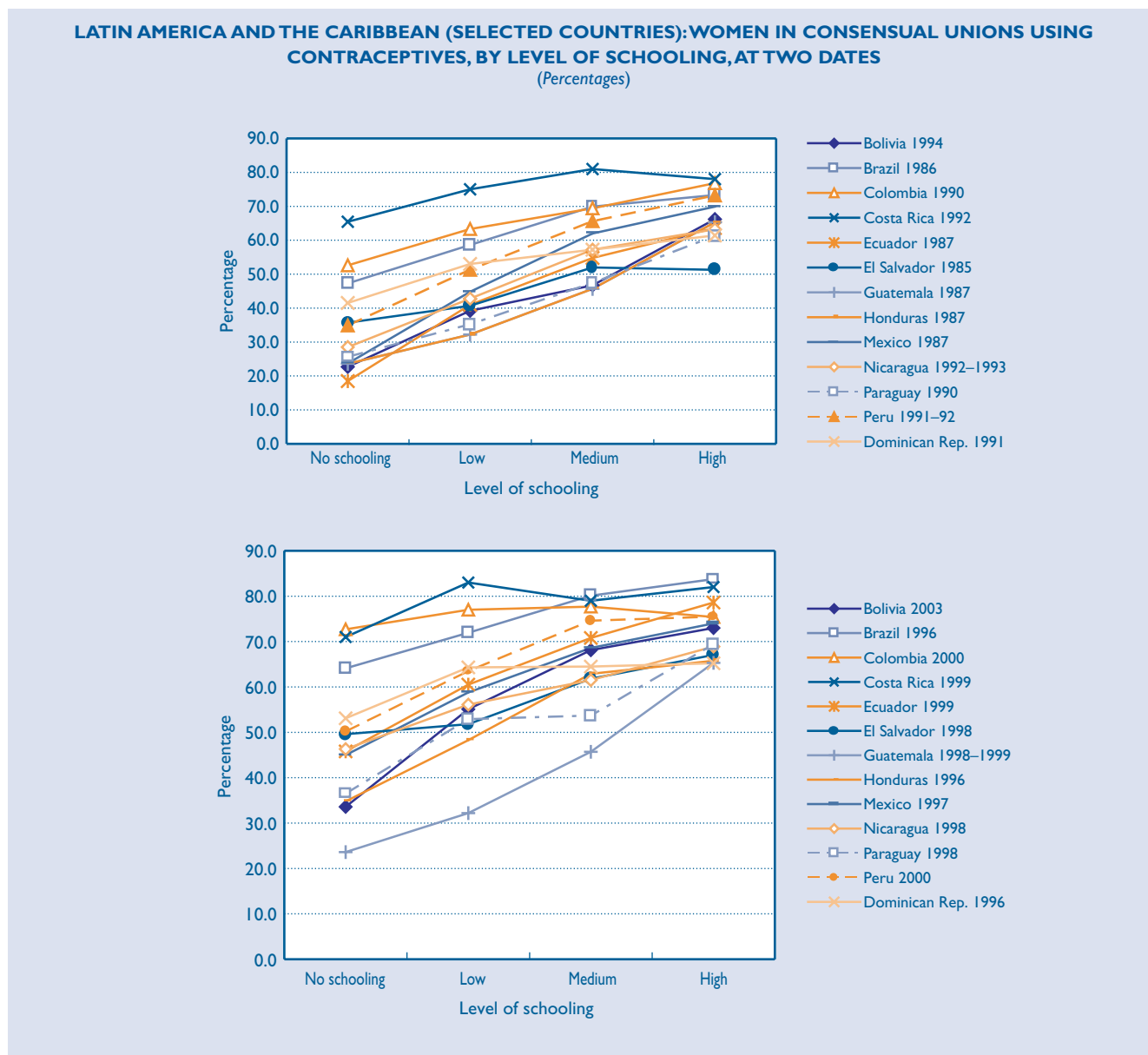
Within the countries, contraception is used to a lesser extent in less advantaged sectors (lacking education, poor, rural and indigenous) although, in some cases in which national family planning programmes have become widespread, those groups now have more ready access to contraception (see figure III.9).

Generally speaking, the marriage rate does not appear to have played a very important role in determining fertility. This perception is supported by the fact that, at least up until the 1990s, it had not undergone any radical changes, adding weight to the proposition that the spread of contraceptive use was the key intermediate variable in accounting for the large drop in fertility in the region. However, there are differences within the countries between socio-economic segments as regards the percentage of women now married or in consensual unions and their age at first union, two of the indicators that determine the marriage pattern.¹⁷ Age at entry into union affects the period of exposure to pregnancy, and it tends to be younger in groups at lower socio-economic levels. Though the effect of this indicator on the fertility gaps between socio-economic levels appears to be declining, it is still a significant factor in inequality as regards adolescent fertility. As shown in table III.10, women who have secondary or higher education exhibit a median age at first union 7% to 34% higher than women with no schooling. Moreover, the differences between the two groups show varying trends: widening in some countries (Bolivia and Guatemala), and narrowing in others (Peru and Colombia), in the 1980s and 1990s.

¹⁶ This research includes a concise examination of only two of these variables: contraceptive use and the marriage rate. The other two have a secondary effect or lack reliable information for analysis.

¹⁷ The percentage of women married or in consensual unions at the present time depends on age upon entry into union and the frequency of dissolution of union. A third factor influencing the marriage rate is never-married status, but this represents an insignificant proportion in most countries.

Figure III.9



Source: Prepared by the author on the basis of demographic and health surveys of each country and Guiomar Bay, Fabiana Del Popolo and Delicia Ferrando, "Determinantes próximos de la fecundidad. Una aplicación a países latinoamericanos", *Población y desarrollo series*, No. 43 (LC/L. 1953-P), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 2003.

A complementary input to the analysis of proximate determinants is provided by the differences between desired and observed fertility. These differences illustrate the extent to which women have the capacity to realize their wishes and expectations. Figure III.10 shows a notable difference in this respect between women with no

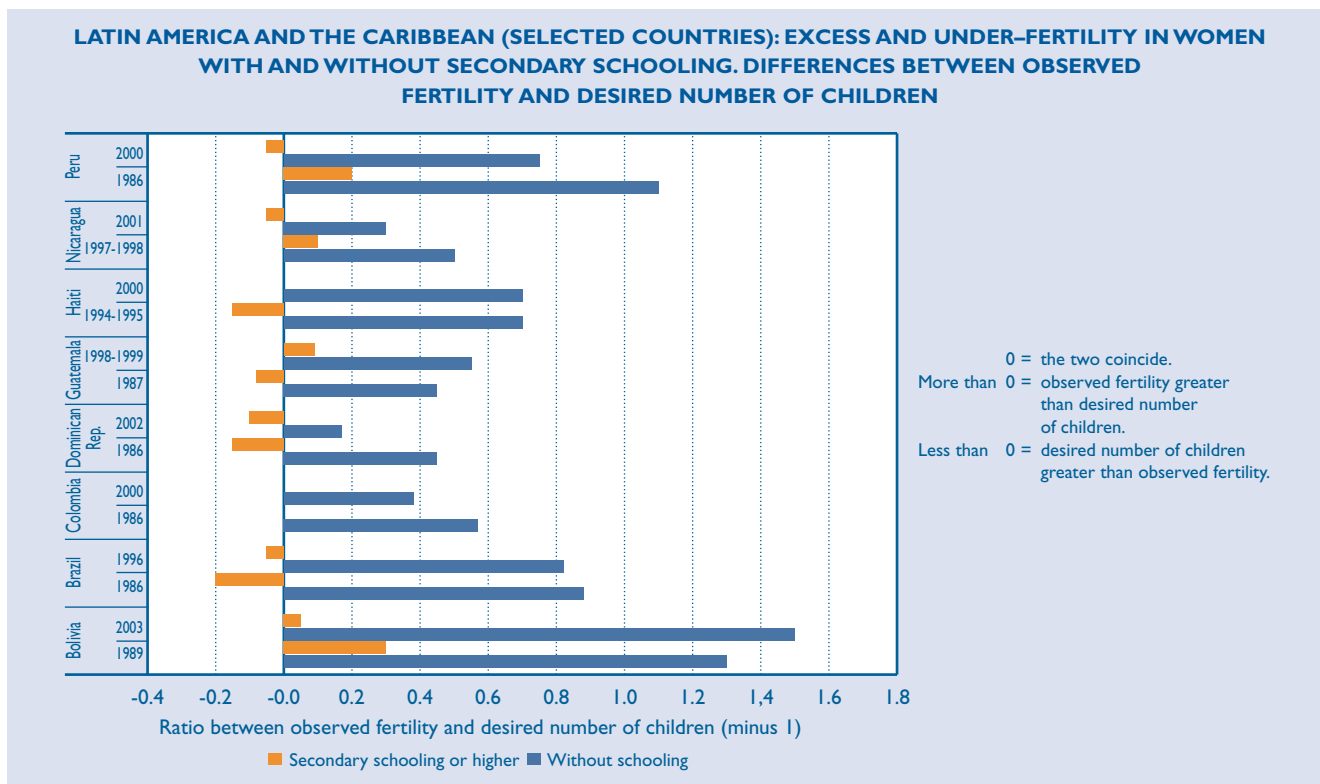
schooling and women with a secondary education or above. Among the first, "excess" fertility is much higher. Women with a higher level of schooling can attain their desired fertility, and even arrive at a position in which they would like to have more children than they do.

Table III.10

LATIN AMERICA (SELECTED COUNTRIES): MEDIAN AGE AT FIRST UNION, BY LEVEL OF SCHOOLING				
Country/level of schooling	Year			
	Bolivia	1989	1994	1998	2003
No schooling	20.6	20.7	21	20.6
Primary	20.5	20.6	20.3	20.1
Secondary or higher	22.4	22.2	22.7	23
Ratio secondary or higher/no schooling	1.09	1.07	1.08	1.12
Colombia	1986	1990	1995	2000
No schooling	18.9	19.5	19.5	19.4
Primary	20.8	20.7	20.4	20.3
Secondary or higher	23.6	24.3	24	23.7
Ratio secondary or higher/no schooling	1.25	1.25	1.23	1.22
Guatemala	1987	1995	1998/1999	2002
No schooling	19.1	19.1	19	17.2
Primary	19.8	19.9	20	18.5
Secondary or higher	23.6	23.3	22.8	23.1
Ratio secondary or higher/no schooling	1.24	1.22	1.20	1.34
Peru	1986	1992	1996	2000
No schooling	19.5	19.6	19.5	19.6
Primary	19.8	19.8	19.9	19.9
Secondary or higher	24	23.9	23.5	23.8
Ratio secondary or higher/no schooling	1.23	1.22	1.21	1.21

Source: Demographic and Health Surveys (DHS) [online] <<http://www.measuredhs.com/statcompiler>>.

Gráfico III.10



Source: Prepared by the author on the basis of demographic and health surveys of each country and Demographic and Health Surveys (DHS) [online] <<http://www.measuredhs.com/statcompiler>>.

(c) Summary

The pattern of fertility change is showing no clear convergence among groups differentiated by the variables of education and socio-economic level. Ethnic status, too, continues to be one of the most important factors in fertility differentiation. The socio-economic and ethnic variables show that the level of contraceptive use is the most conclusive proximate determinant in accounting for differences.

Total fertility in the countries examined reveals evidence of trends in both directions, with convergence in some countries and divergence in others. Adolescent fertility exhibits the clearest-cut pattern of gradual divergence, with the disparities increasing in recent years in most cases. In all the countries, the disparities between adolescent fertility in the lowest and highest socio-economic levels are not only sharper than in total fertility, but are tending to increase.

E. MULTIVARIATE ANALYSIS WITH A VIEW TO POLICY DESIGN: EXPLANATORY FACTORS

1. AGGREGATED-SCALE ANALYSIS BASED ON MUNICIPAL OR MICROREGIONAL CENSUS INDICATORS

Chapters II and III have shown that whereas rural infant mortality can more than double the equivalent urban figure, the highest-to-lowest ratio across the larger administrative divisions varies from 1.7 to as much as 4.4. The rate of mortality of children born to unschooled women can be as much as five times the rate among children born to women with complete secondary schooling or higher. Similar differences may be observed among the different socio-economic levels of the population. Fertility disparities based on these variables are less sharp than inequalities in infant mortality, but are still significant in almost all the countries.

Smaller administrative divisions show even sharper differences, with highest-to-lowest fertility ratios of over 7 in some cases, and highest-to-lowest mortality ratios of up to 10. What factors are behind these large differences? Certainly, the findings discussed in earlier sections show that these inequalities tend to be associated with: socio-economic level, schooling and area of residence, among others.

But are the inequalities entirely attributable to those variables, or are there perhaps other directly or indirectly associated factors? What is the effect of each of those variables on geographical differences, once the influence of the others has been filtered out? These were some of the questions it was

intended to answer using a multiple regression analysis, taking a mortality indicator and a fertility indicator for all smaller administrative divisions as dependent variables, together with a set of explanatory variables.

First, mortality differences between children of women aged 25–39 years at the time of the census (the sample used for the analysis) are most commonly associated with level of education, expressed as the proportion of women with three or fewer years of schooling. In effect, the education variable has a significant and independent effect on the mortality rate in the 10 countries examined (see table III.11 and figure III.11). In five of these countries (Bolivarian Republic of Venezuela,

Bolivia, Ecuador, Panama and Paraguay), the percentage of indigenous population proved to be systematically associated, net of other factors, with a higher mortality rate. This was followed, by frequency of association, by dwelling standard (expressed specifically through the variable of a mud floor) which was statistically significant in Bolivia, Mexico and Panama. Next came socio-economic level, measured by a synthetic index of availability of goods in the household, employment status of the head of household and the degree of urbanization of the administrative area, which were significant in three countries each. Lastly, lack of water in the household was statistically significant only in the case of Paraguay.

Second, the effects identified operated in the expected directions, i.e., the coefficients are all

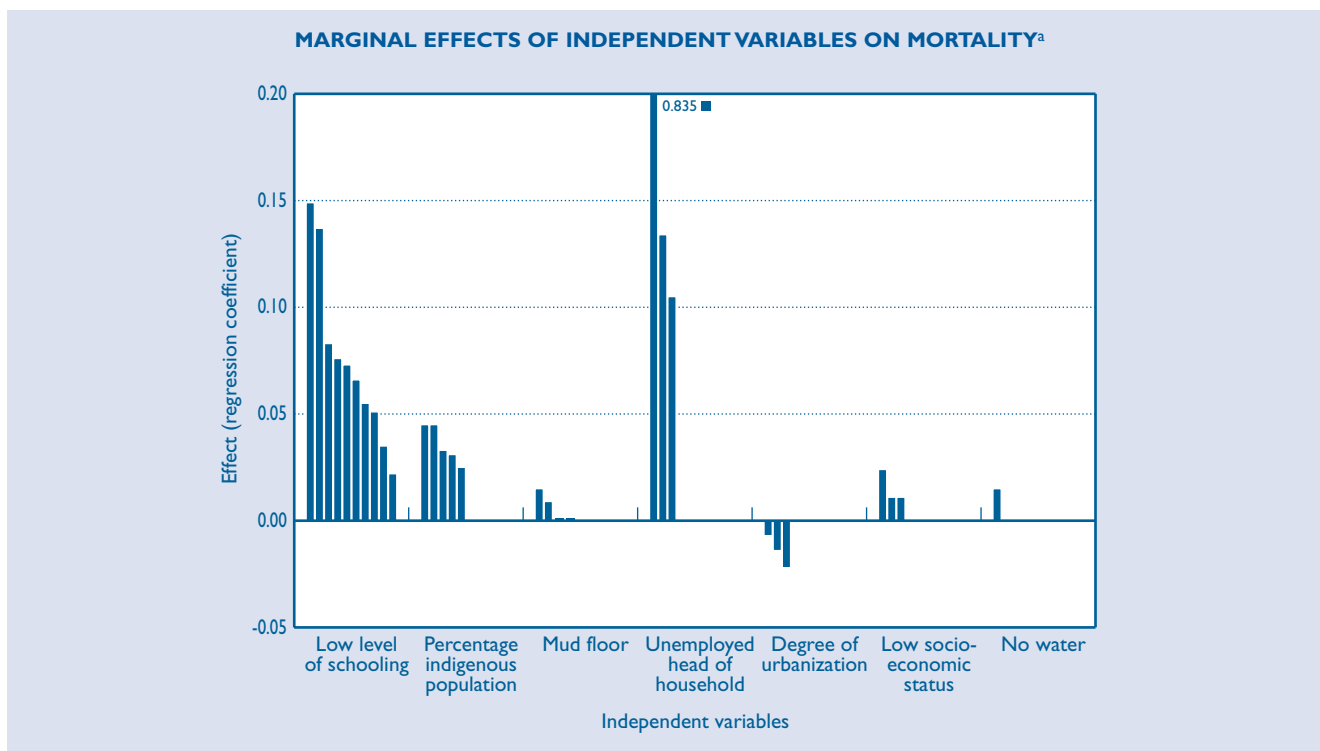
positive, except those corresponding to degree of urbanization which, as is predictable, is negative. But the magnitude of the effect does vary from one country to another and from one independent/explanatory variable to another. The variable that shows by far the greatest average quantitative impact on mortality (of 358 per thousand) is unemployed status of head of household. Although this variable was significant only in three countries (Brazil, Guatemala and Mexico), it is striking that its effect was independent of the other socio-economic variables, even of socio-economic level in the case of Mexico. Compared to other variables which are more structural in nature or evolve slowly over time, unemployment is more circumstantial and more specific to each administrative area, since it can vary widely from one year to the next and or from one geographical area to another within a country.

Table III.11

LATIN AMERICA (SELECTED COUNTRIES): CONDITIONING VARIABLES OF MORTALITY AT THE SUBNATIONAL LEVEL (MUNICIPALITIES/MICROREGIONS), REGRESSION MODEL COEFFICIENTS								
Country (2000 census rounds)	Regression coefficients (per thousand) of the conditioning variables							R ²
	Low schooling	Indigenous percentage	Mud floor	Unemployed head of household	Degree of urbanization	Low socio-economic level	No water	
Bolivia	137	45	1					0.56
Brazil	149			134				0.57
Costa Rica	55							0.49
Ecuador	73	25	1		-14			0.67
Guatemala	51			835				0.27
Honduras	83							0.36
Mexico	35		15	105	-7	24		0.38
Panama	66	33	9					0.94
Paraguay	22	45				11	15	0.37
Venezuela (Bolivarian Republic of)	76	31			-22	11		0.53
Total/average	75	36	7	358	-14	15	15	0.51

Source: Prepared by the author, on the basis of data from the 2000 census round.

Figure III.11



Source: Prepared by the author, on the basis of data from the 2000 census round.

^a Each bar in the figure represents one of the countries listed in table III.11.

By magnitude of their effect on mortality, the variables that followed in terms of impact were low level of schooling and percentage of indigenous population, with average effects of 75 and 36 per thousand, respectively. Lastly, the coefficients of degree of urbanization, socio-economic level, lack of water in the household and a mud floor in the dwelling, although statistically significant, had effects of only around 15 per thousand or less. The percentage of the variance in mortality explained by variables that were significant (R^2) varied from only 27% in the case of Guatemala, to 94% in Panama, and accounted for between a third and a sixth of total variance in most cases. This indicates that a significant proportion of mortality variance is not

explained by the variables included here, even though the simple average for 10 is 50%, which is a reasonable proportion for this type of regression.

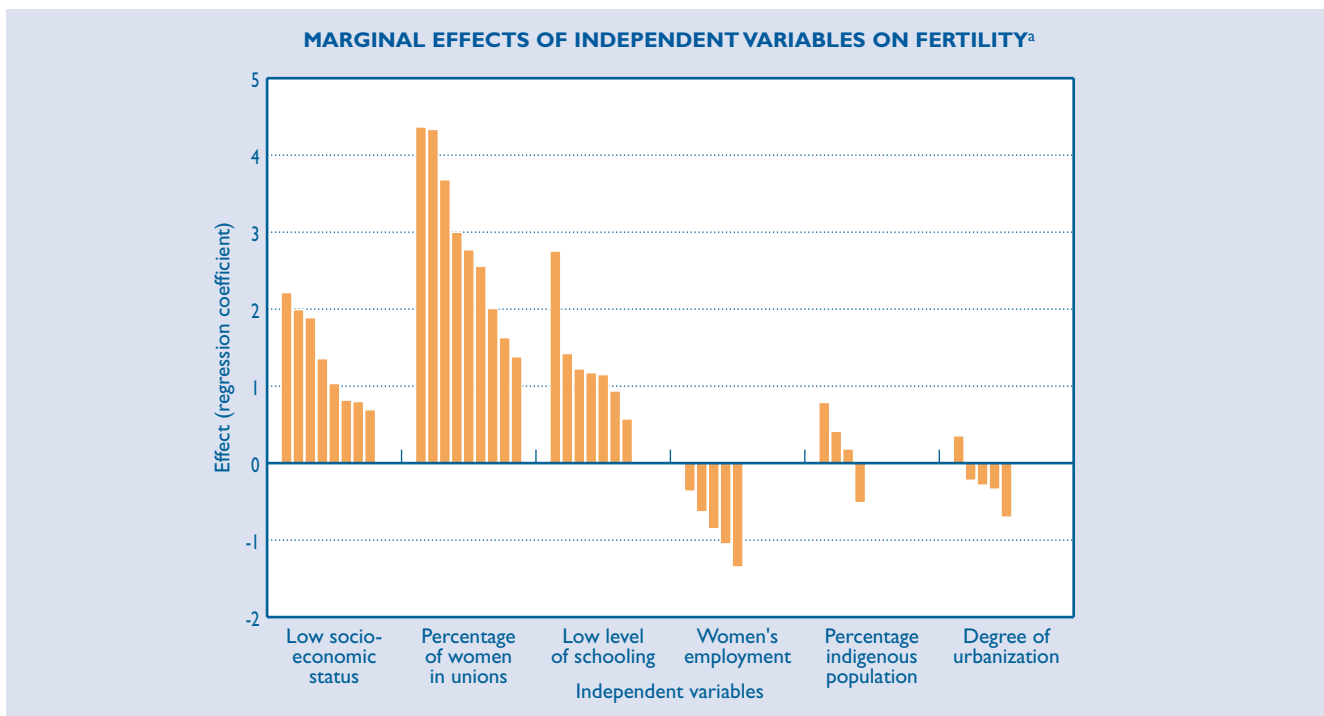
Third, the results for fertility, measured as the average number of children per women aged 25 to 34 years at the time of the census, show that the independent/explanatory variables account for a significantly higher proportion of total variance than in the case of mortality (see table III.12 and figure III.12). R^2 varies from 66% in Honduras to 92% in Panama, with a simple average of 76% for the nine countries examined, which constitutes a high proportion for this type of study.

Table III.12

LATIN AMERICA (SELECTED COUNTRIES): CONDITIONING VARIABLES OF FERTILITY AT THE SUBNATIONAL LEVEL (MUNICIPALITIES/MICROREGIONS), REGRESSION MODEL COEFFICIENTS							
Country	Regression coefficients of the independent/explanatory variables						R ²
	Low socio-economic level	Percentage of women in unions	Low level of schooling	Women's employment	Indigenous percentage	Degree of urbanization	
Bolivia	0.693	4.366	0.574		-0.513	-0.338	0.57
Brazil	1.888	2.557	1.223		0.788	0.354	0.83
Costa Rica	0.799	1.628	2.754	-0.632	0.413		0.95
Honduras	-0.009	2.771	1.423	-0.851	0.183	-0.222	0.66
Mexico	0.818	2.998	0.937	-0.363		-0.285	0.70
Panama	1.033	4.334	1.149				0.92
Paraguay	1.356	1.381		-1.348			0.67
Dominican Republic	1.993	2.008	1.174				0.70
Venezuela (Bolivarian Republic of)	2.215	3.680		-1.049		-0.701	0.86
Total/average	1.198	2.858	1.319	-0.849	0.218	-0.238	0.76

Source: Prepared by the author, on the basis of data from the 2000 census round.

Figure III.12



Source: Prepared by the author, on the basis of data from the 2000 census round.

^a Each bar in the figure represents one of the countries listed in table III.12.

Like in the case of mortality, low level of schooling and percentage of indigenous population figure frequently (in seven and four countries, respectively) as independent and significant explanatory factors in fertility differences. However, in this case the variables of socio-economic level and percentage of women in unions (which was introduced only for the regression analysis of fertility) play a more important role, with both exhibiting significant coefficients in all nine countries examined. Women's employment and degree of urbanization also appear frequently, in five and four countries, respectively.

The variable showing the largest quantitative effect on fertility differences among smaller administrative divisions is clearly the percentage of women in unions, which is to be expected given this variable's causal proximity. The estimated coefficient suggests that for every 10% more of women in unions, there are some 0.3 children more per woman, after the effects of all the other explanatory variables have been filtered out. The other variables have substantially smaller effects: a difference of 10% in the proportion of women with a low level of schooling is associated with 0.13 more children, low socio-economic status with a rise of 0.12 in fertility, women's employment with 0.08 fewer children, and every 10% change in the proportion of the indigenous population and degree of urbanization is associated with a rise of 0.02 in fertility, in both cases.

Although the effects mentioned appear small or moderate in magnitude when examined separately, they are statistically significant in all cases, with a reliability of over 95%. Moreover, given that the explanatory variables are correlated to some extent, there is usually a combined effect which is quantitatively more substantial.

Although the estimated models are able to explain a larger percentage of the variance in fertility than in mortality, the signs of the coefficient are not always as expected. For example, in Bolivia the percentage of indigenous population in the smaller

administrative area is negatively associated with fertility, unlike what occurs in the other countries, where the effect is positive. This result is not entirely unconceivable, since in certain cases fertility among indigenous women can be lower than among the rest when the effects of the other variables are filtered out, which may be due to longer periods of breast-feeding or traditional contraceptive practices known and employed in certain ethnic groups and communities. It is more difficult to explain the negative effect (though it is not very significant in quantitative terms) of low socio-economic status in Honduras or the positive effect of degree of urbanization in Bolivia, however, which may be reflecting a conditioning factor not identified with the data available.

In short, the information and analysis set out confirm known evidence of the important, if not predominant, power of education in accounting for differences in mortality and fertility. The effects of other factors were also confirmed, such as the degree of urbanization for both dependent variables, dwelling standard and employment status of the head of household in the case of mortality, and of union and women's employment in the case of fertility, albeit with considerable differences in relative significance and magnitude in the bivariate associations.

This study has also led to new findings. First is the high frequency of the effect of indigenous population percentage and the considerable quantitative effect of the head of household's employment status in the case of mortality, even after controlling for the effects of educational level and socio-economic status. In a multivariate context, the degree of urbanization sheds the clear and conclusive role it plays in bivariate associations. Second, it is interesting to note from census data that the new variable for socio-economic level, measured using a synthetic index of goods availability, shows a clear and systemic association with fertility levels, although the effect is less frequent and less strong in the case of mortality.

Lastly, in the context of policy design and formulation, some of the more structural independent/explanatory variables, such as degree of urbanization, level of schooling, percentage of indigenous population and dwelling standard can serve as a guide to identifying and defining target groups for specific programmes. Other factors, such as socio-economic level, measured through availability of goods, and women's and head of household's employment status and may be considered as variables that are open to alteration, even in the short term. Insofar as they can be influenced through policies and programmes, it should be possible to help improve the population's living standards and to reduce socio-demographic inequalities within national territories. Useful policy alternatives may be ascertained by examining the direction and magnitude of the effect of the each of these variables in each country.

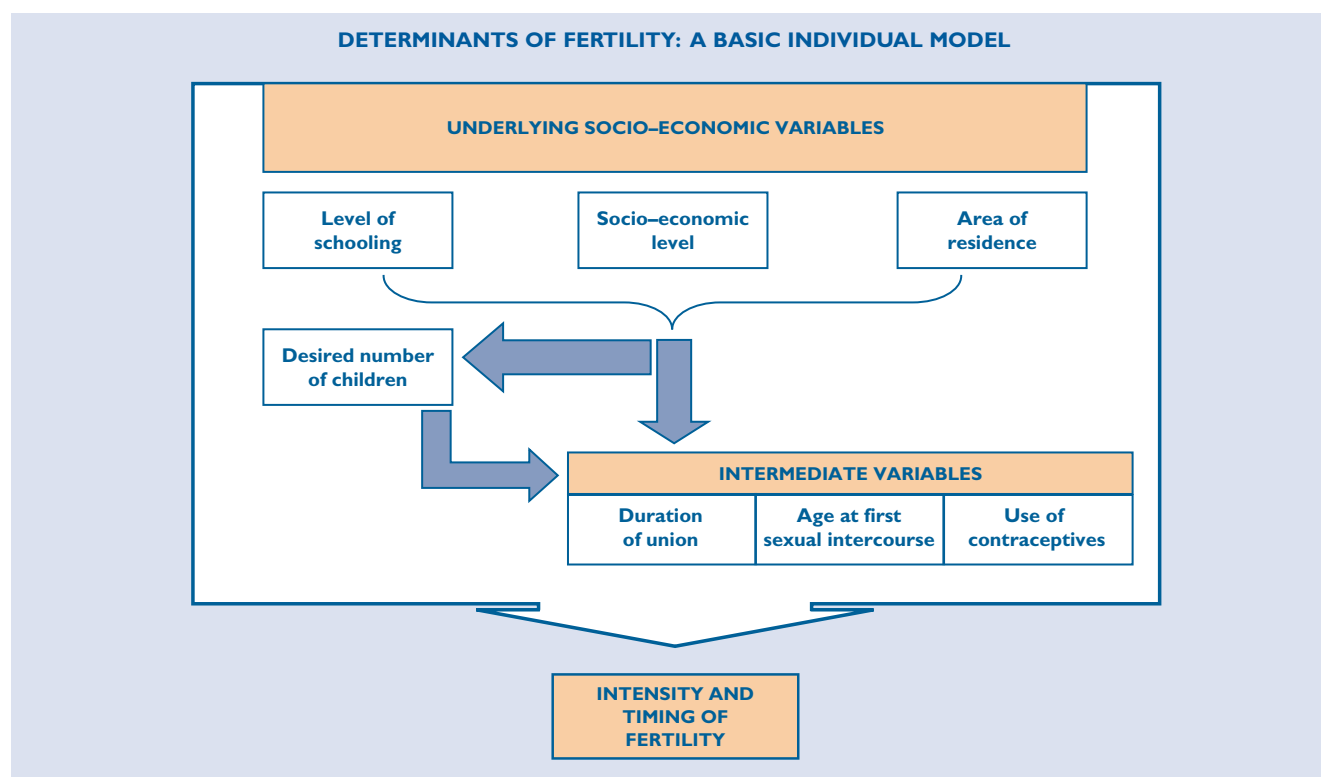
2. ANALYSIS AT THE INDIVIDUAL SCALE USING SPECIALIZED SURVEY DATABASES

(a) Introduction and analytical framework

A multivariate analysis was conducted using the databases of demographic and health surveys taken in five countries (Bolivia, 2003; Brazil, 1996; Colombia, 2000; Haiti, 2000 and Peru, 2000), obtained from the website www.measuredhs.com, in order to evaluate the net effect of underlying socio-economic factors and intermediate variables on total and early (adolescent) reproduction indices.¹⁸

The analytical framework used is set out in diagram III.1. In this two-level model, the socio-economic level operates as an underlying factor that influences fertility through intermediate variables.

Diagram III.1



Source: Prepared by the author.

¹⁸ Case selection followed a simple principle: as well as being the most recent available in www.measuredhs.com, the respective databases offered the file for the "welfare quintile" variable calculated by Macro International. This variable was used in all the models as an underlying socio-economic factor conditioning reproductive behaviour.

"Reproductive preferences" are placed in an intermediate position since, although they are influenced by underlying socio-economic factors, they carry a margin of randomness that allows them to act directly on the intermediate variables (particularly on contraceptive use).

Theoretically speaking, the effect of the three underlying socio-economic variables is predictable, although with room for ambiguity in the case of two of them. There is no doubt as regards education since it tends, through many channels (Cleland, 2002), to reduce total and early fertility, such that a higher level of schooling leads to lower average fertility rates. The effect of socio-economic level is more debatable because of its complex relationship with the cost of and demand for children; however, the evidence suggests that through channels such as opportunity costs, investment in children, biographical reflexivity¹⁹ and access to modern contraceptive methods, the deflator effect again prevails, so that the higher the socio-economic level, the lower the average fertility rates.

As regards area of residence, there is a general consensus that the living standards available in urban areas reduce total fertility. However, there is some doubt as to whether this effect is maintained after controlling for other factors –such as educational and socio-economic disparities between urban and total areas, as shown in the aggregate multivariate analysis. In addition, it is not clear whether urban residence reduces early fertility. Although it is associated with certain factors that do reduce early fertility, such as readier access to services, better reception of the messages of sex education and greater tolerance of fertility control, it is also linked to other factors that exert the opposite influence, such as broader exposure to messages that encourage early sexual activity and greater delinking between union and sexual activity.

There is no ambiguity with respect to reproductive preferences since fertility ought, on average, to increase concomitantly with them. Lastly, as regards the intermediate variables, lower exposure to risk of pregnancy (because of absence or postponement of union, later sexual initiation or use of contraceptives) lowers the rate of fertility.

(b) Methodological considerations and clarifications

A number of methodological considerations and clarifications are called for before reviewing the results of the exercise, which are set out and analysed in a highly synthetic manner. Importantly, this is not intended to be an exercise in determining causes, first, because the data are cross-sectional (there is no time lapse between them) and, second, because the models are incomplete, since they lack attributes relating to aspects that are subjective (such as religious status), cultural (such as ethnic status), biographical (levels and timing of fertility of women's mothers, for example), or contextual (such as the provision of sex education courses in schools and the availability of sexual and reproductive health services).

It should be noted that the dependent variables are the number of children born, in the case of fertility intensity, and reproductive initiation before the age of 20 years (subdivided into initiation before the ages of 15, 18 and 20 years). Given the difference between the two variables, ordinary least squares were used for the first and logistic regressions for the second (in both cases, the theoretical model only was used, with a few variations that will be substantiated in the analysis). Age must be included in the models as a control variable, because of its obvious association with the period of exposure to the risk of childbearing. In addition, although the original procedure operated in two phases –first the

¹⁹ Biographical reflexivity is a complex notion that originates in the sociology of individualization proposed by such authors as Ulrich Beck and Anthony Giddens (see ECLAC, 2002b). It deals with the adoption of strategic decisions based around a life plan (biography) selected from a range of possible options (although social inequality means that the range available varies from one person to another, quite apart from intrinsic personal preferences).

effect of the underlying socio–economic variables on the conditioned variables of fertility, then the effect of the underlying socio–economic variables on the intermediate variables– integrated models will also be presented combining underlying and intermediate socio–economic variables in order to assess more complex net effects.

(c) Findings

Table III.13 gives an account of the findings of the first model used. In this model, fertility intensity (the number of children women have) is conditioned by three underlying socio– economic variables, one subjective variable (desired number of children), one control (simple age) and one intermediate (duration of the union), with the last two being the most important in specifying the

model. The findings coincide with the conceptual proposition mentioned earlier. In all the countries, education, welfare quintile and urban residence (except in Nicaragua, where the coefficient is not significant at the 5% level), tend to reduce fertility intensity, while age, desired number of children and duration of union tend to raise it. Adjusted R–squares are satisfactory for all the countries, considering the cross–sectional nature of the data. They also reveal, however, that between 30% and 40% of the variation in number of children does not depend on education variables, which confirms the need to continue to broaden the battery of significant conditioning variables.

When the two intermediate variables not included in this model are modeled, a number of important points emerge (see tables III.14, III.15 and III.16).²⁰

Table III.13

LATIN AMERICA AND THE CARIBBEAN (SELECTED COUNTRIES): NON-STANDARDIZED COEFFICIENTS AND R ² OF REGRESSION EQUATIONS (ORDINARY LEAST SQUARES) CALCULATED FOR THE VARIABLE OF LIVE BIRTHS (WOMEN AGED 15–49 YEARS)					
Variables in the equation and percentage of variance explained	Country and year of survey				
	Brazil, 1996	Colombia, 2000	Haiti, 2000	Nicaragua, 2001	Peru, 2000
Constant	1.188995	0.914339	0.62155	0.553	0.90592
Welfare quintiles (1–5)	-0.268765	-0.16526	-0.17003	-0.243	-0.20971
Age (simple years)	0.009863	0.022	0.00872	0.029	0.03205
Years of schooling	-0.058688	-0.07393	-0.04838	-0.082	-0.08961
Desired number of children ^a	0.086833	0.127254	0.08008	0.155	0.14362
Duration of the union ^a	0.681077	0.532096	1.01966	0.796	0.70214
Area of residence ^a	-0.076845	-0.09693	-0.11058	0.0140 ^b	-0.12903
Adjusted R²	0.599	0.629	0.673	0.686	0.716

Source: Prepared by the author.

^a The regression includes all women aged 15–49 years. The variable "duration of union" is ordinal and works with five–year groups. It starts at 0 for women never married and ends at 7 for women in unions that have lasted 30 years or more. The variable "desired number of children" includes in category 6 six or more children and in category 7 non–numerical answers, usually along the lines of "as many as God sends" or "as many as possible", such that the variable remains in its original state. The variable "area of residence" takes a value of 1 for urban areas and 0 for rural areas.

^b Not significant at the 5% level.

²⁰ Both variables can be included in an extended model. However, a number of theoretical and statistical problems arise with this option. The most important is precedence in time, deriving from the use of modern contraceptive methods after having had a large number of children. Sterilization offers the best illustration of this problem, since it is a modern method that is usually associated with a large number of children. In fact, in the equation specified in the table, the coefficient of the dichotomous variable "has used contraceptive methods" (with 1 being "yes" and 0 being "no") is positive and significant –which is hardly plausible bearing in mind that all the research conducted in the region has pointed up the major fertility–reducing impact of the spread of modern contraception. This enigma is at least partly resolved when temporality is incorporated into the contraceptive–use variable. In demographic and health surveys this variable corresponds to the number of children already borne the first time contraception was used, and the results suggest that first use before having had any pregnancies significantly reduces the average number of children. Be that as it may, considering the conceptual scheme proposed (diagram III.1), the two variables were modeled separately, using only socio–economic variables and simple age as a control. Logistic regressions are used for dichotomous dependent variables: (a) has used contraceptive methods; (b) had first sexual intercourse before the age of 15 years; (c) had first sexual intercourse before the age of 18 years; (d) had first sexual intercourse before the age of 20 years.

First, sexual initiation during adolescence is usually more frequent among women with less schooling and lower socio-economic status.²¹ Second, rural residence reduces the risk of early initiation, once other socio-economic factors are controlled for. This finding is highly suggestive for the analysis of early maternity that follows. Third, the older cohorts were less likely to report early sexual initiation, on

average and after controlling for social factors, which is also very suggestive in relation to early maternity. And, fourth, among sexually initiated women, modern contraceptive use tends to increase with age, education, socio-economic status and urban residence, which is fully compatible with the low fertility rates seen in higher-income and better-schooled groups residing in cities.

Table III.14

LATIN AMERICA AND THE CARIBBEAN (SELECTED COUNTRIES): ODDS RATIO FROM LOGISTIC REGRESSIONS OF SEXUAL INITIATION STATUS BY AGE OF INITIATION (WOMEN AGED 15–49 YEARS)															
Variables	Brazil, 1996			Colombia, 2000			Haiti, 2000			Nicaragua, 2001			Peru, 2000		
	By the age of			By the age of			By the age of			By the age of			By the age of		
	15	18	20	15	18	20	15	18	20	15	18	20	15	18	20
Age	0.97	0.96	0.96	0.98	0.96	0.99	0.98	0.97	0.98	1	0.98	0.99	1.01	1.09	1
Years of schooling	0.8	0.85	0.86	0.81	0.84	0.84	0.84	0.86	0.86	0.8	0.81	0.82	0.84	1.06	0.84
Welfare quintiles	0.84	0.95	0.98^a	0.9	0.89	0.85	1.08	1.05	1.00	0.87	0.99	0.98	0.76	0.84	0.82
Area of residence (with urban as reference) ^b	0.68	0.7	0.68	0.66	0.64	0.61	1.00	0.90	0.88	0.68	0.75	0.76	0.65	0.53	0.71
Constant	1.57	8.71	16	1.27	12.1	5.98	0.36	3.79	9.09	0.95	8	16.1	0.65	0.11	18.6

Source: Prepared by the author.

^a The coefficients shown in bold were not significant at the 5% level.

^b The fact that urban residence is taken as a reference means that a coefficient of less than 1 signals a lower probability of early sexual initiation in rural areas.

Table III.15

LATIN AMERICA AND THE CARIBBEAN (SELECTED COUNTRIES): ODDS RATIO FROM LOGISTIC REGRESSIONS OF MODERN CONTRACEPTIVE USE, WOMEN AGED 15–49 YEARS (TOTAL AND SEXUALLY INITIATED)										
Variables	Country and year of survey									
	Brazil, 1996		Colombia, 2000		Haiti, 2000		Nicaragua, 2001		Peru, 2000	
	Total	Initiated	Total	Initiated	Total	Initiated	Total	Initiated	Total	Initiated
Age	1.739	1.043	1.109	1.033	1.042	0.999^a	1.103	1.009	1.087	1.004
Years of schooling	0.995	1.076	1.014	1.039	1.026	1.043	0.985	1.038	1.063	1.064
Welfare quintiles	1.090	1.376	0.959	1.113	1.327	1.326	0.989	1.186	0.844	1.092
Area of residence (with urban as reference) ^b	0.704	0.767	0.681	0.799	1.693	1.637	0.799	0.871	0.530	0.549
Constant	0.361	2.125	0.151	1.212	0.039	0.187	0.155	1.827	0.115	1.177

Source: Prepared by the author.

^a The coefficients shown in bold were not significant at the 5% level.

^b The fact that urban residence is taken as a reference means that a coefficient of less than 1 signals a lower probability of early sexual initiation in rural areas.

²¹ With few exceptions, the coefficients for the three categories of sexual initiation are below 1 in relation to schooling and welfare quintile, which implies that high schooling and socio-economic levels reduce the probabilities of having firsts sexual intercourse during adolescence.

Table III.16

LATIN AMERICA AND THE CARIBBEAN (SELECTED COUNTRIES): ODDS RATIO FROM LOGISTIC REGRESSIONS OF CHILDREN BORN BY THE AGE OF 20 YEARS, WOMEN AGED 15–49 YEARS (TOTAL AND SEXUALLY INITIATED BY THE AGE OF 18 YEARS)										
Variables	Country and year									
	Brazil, 1996		Colombia, 2000		Haiti, 2000		Nicaragua, 2001		Peru, 2000	
	Total	Initiated by the age of 18 years	Total	Initiated by the age of 18 years	Total	Initiated by the age of 18 years	Total	Initiated by the age of 18 years	Total	Initiated by the age of 18 years
Age	0.969	0.996^a	0.974	1.007	1.005	0.996	0.988	1	0.99	0.984
Years of schooling	0.827	0.89	0.824	0.878	0.826	0.859	0.832	0.925	0.836	0.897
Welfare quintiles	0.941	0.959	0.866	0.881	1.036	0.925	0.954	0.927	0.82	0.974
Area of residence with urban as reference) ^b	0.771	1.146	0.678	0.982	1.056	0.932	0.843	1.033	0.718	0.948
Constant	4.863	5.36	8.574	8.822	0.602	3.661	6.479	11.51	6.369	11.24

Source: Prepared by the author.

^a The coefficients shown in bold were not significant at the 5% level.

^b The fact that urban residence is taken as a reference means that a coefficient of less than 1 signals a lower probability of early sexual initiation in rural areas.

Modelling of early fertility (i.e., before the age of 20) confirms the systematic effect of education and socio-economic status (although the first is more regularly significant). Conversely, area of residence offers a surprise since, unlike what happens in univariate analyses, the probability of adolescent motherhood is found to be higher in the city, after controlling for socio-economic factors and generational change.

In short, both lines of modeling confirm the interactions between the socio-economic and intermediate variables. Women at a higher socio-economic level not only prefer to have a smaller number of children and have more incentives to do so, they also have better access to contraceptive methods that facilitate those aims. The foundations for a possible convergence lie precisely in those well-defined intermediate variables, which are moreover easily modified by means of targeted programmes and policies. In fact, in the framework

of increasing reproductive homogeneity (albeit still marked by social differences), the most expedite way to narrow the gaps among geographical areas and socio-economic segments and between desired and observed fertility in the different socio-economic groups is to ensure an adequate supply of contraceptive methods. The results of this study suggest, however, that this adequate supply of contraceptives needs to be significantly better timed. Though this is not to suggest that all sexual initiations should take place with protection against conception (because there are couples whose first sexual intercourse is intended for reproduction), one of the factors undoubtedly associated with unwanted and early fertility is contraceptive use only after the birth of the first child or children. Initiation in contraceptive use before having any children is much more frequent today among more educated women with a higher socio-economic status, which partly explains the socio-economic inequalities in adolescent fertility.

F. DEMOGRAPHIC CONVERGENCE IN LATIN AMERICA TODAY: CONSIDERATIONS AND CONCLUSIONS FOR POLICY DESIGN

Economic and social development still marks out major differences in behaviour as regards early death and reproduction. In the past decade, although the region as a whole registered a decrease in the probability of death early in life and in the average number of children per woman, sharp disparities remain among the countries. The deepest inequalities are found within countries, however. The groups who are most disadvantaged in terms of living standards, geographical location or ethnic status still exhibit a clear transitional lag.

In many of the region's countries, early death risk is still considerably higher among the poorest groups, even those who reside in urban areas that have seen steep drops in mortality. It has also been observed that, although progress has been made in reducing urban socio-economic inequality as regards infant survival, this has not always signified a less uneven death risk pattern. In some countries, mortality rates in the socio-economically best-off administrative divisions are still much lower than those registered in divisions where less advantageous living standards are common. In such areas, and in rural areas in general, childhood death risk is higher owing to more severe lacks in the household and the environment, but also because of inequalities in the distribution and quality of health care services.

Efforts to ease those disparities must include integrated programmes encompassing measures to promote better access to education and health services, broader coverage of basic public services and improved living standards, among other aspects. Death from avoidable diseases associated with environmental factors, which represents a large component of deaths in groups lagging in the mortality transition, can be reduced considerably by improving the structural conditions of dwellings, and increasing the proportion of the population with access to drinking water services, electric lighting and sewerage systems. These factors help to reduce the mortality risks associated with food storage, hygienic practices in the home and a salubrious environment. There are no one-stop solutions,

however. Those steps need to be combined with broader territorial expansion of health services and primary care programmes, whose effects are further strengthened when steps are taken, for example, to raise the population's level of schooling. Mothers with a formal education are better prepared to deal with information on antenatal and infant care and better able to seek specialized help when illness occurs. Education's positive influence on health can also show up through other mechanisms. For example, a higher level of schooling tends to broaden employment options, which could improve household income generation. In turn, this would enable the household to allocate more resources to meeting its members' food needs, which would help to reduce morbidity and mortality related to nutritional deficiencies.

Progress in convergence in mortality levels is contingent upon headway among the most disadvantaged groups, which have little hope of moving ahead in the transition unless integrated and sustained measures are put in place to dismantle the disadvantage structure underlying still-high probabilities of death. Some of these measures will take longer to have an effect, so will need to be combined with programmes to transfer monetary resources to poor households in the form of subsidies. Subsidy schemes may establish conditionality, which may consist of compliance with commitments for the household's children to attend school or health check-ups. A number of such schemes are already in place in the region, with varying degrees of success.

In many of the countries examined the evidence shows greater decline in rural than in urban fertility in the recent past. This has eased inequality, at least from the standpoint of the national aggregates, though very mixed situations are observed among the countries' territorial divisions.

No significant link was found, on average, between the overall level of fertility and territorial inequalities within countries. During the 1990s, when fertility was dropping in almost all the countries and all their regions, the spatial unevenness of fertility decreased in three countries, stood still in one and increased in another five. This increase in heterogeneity was mainly a reflection of the fact that the regions with the highest initial fertility recorded, on average, a slower decrease.

The findings paint a mixed picture of socio-economic disparities in fertility. On the one hand, the number of children already born to women aged 25–29 years (which is heavily influenced by early fertility) appears to show inequality worsening across the board. On the other, the parity of the 35–39 age group (close to the end of the fertile stage), indicates a drop in inequality in most cases. These data indicate that, although the total numbers of offspring born to women from different socio-economic levels are tending to converge, there are sharper social differences than before in the number of children born in the first stage of the reproductive period. This is worrying because having children while still very young (even if they do not ultimately go on to have a large number of children) narrows women's possibilities of building assets not only for education and work, but also for social mobility, an adverse effect that can even be transmitted across generations.

The convergence of fertility rates among the countries of the region is a function of how the furthest behind evolve. Those countries are precisely the ones that have fewer budgetary resources, given their lower level of development, to meet needs for mother and child care and services and access to education. Consequently, governments need to step up public policy initiatives aimed at altering reproductive behaviour (being sure to safeguard the

full exercise of all rights in this respect), and take steps to broaden opportunities to generate and make good use of productive resources, particularly among the poorest sectors. Particular efforts will need to be focused on those sectors in countries which, despite having made some headway in the fertility transition, still exhibit sharp social and spatial disparities.

No single measure can contribute a great deal to overcoming the existing inequalities as regards reproductive behaviour and infant survival. In the case of infant survival, it is extremely important to dismantle the disadvantage structures associated with high fertility. A wide range of measures are therefore needed to provide poor groups with better opportunities to access educational establishments and spend a longer period in them. Since education acts as a source of knowledge and a vehicle of socio-economic progress and value transformation, it is a strong pull factor towards change in reproductive practices. However, better sexual and reproductive health services also need to be provided in the framework of integrated health care, so that all groups can freely exercise their reproductive rights.

Although the poorest groups exhibit the highest rates of adolescent fertility, this phenomenon is not

associated exclusively with poverty. In a number of countries, high rates of early fertility are registered up to the fourth socio-economic quintile, indicating that the reproductive issue should be approached as part of a strategy of integrated adolescent care encompassing such diverse aspects as the provision of sexual and reproductive health services especially adapted for the particular needs of this age group; the divulgation of information on responsible sexual and reproductive practices; the promotion and implementation of institutional provisions (regarding family, school, church, community, and so forth) acknowledging the capacity of adolescents to take responsible decisions on these matters; and, lastly, although no less important, it is necessary to reinforce the role of the school and teaching programmes. Apart from the matter of whether educational establishments perform their role in sexual and reproductive health adequately, another question is how consistent the tools being offered to adolescents are with their life expectations, the horizons of which tend to be conditioned by the material and cultural restraints associated with their background. In the absence of other alternatives, there is the risk that maternity will become the sum total of projected expectations for some adolescents, with all the negative consequences described in this study.

SOCIO-ECONOMIC LEVEL: RATIONALE AND OPERATIONALIZATION

The variable of socio-economic status or level used in this study was constructed using a combination of two sub-indices, one referring to the equipment available in the household and the other to the head of household's level of education. The sub-index on equipment is derived from the module on household goods which forms part of most of the censuses conducted in the region, although the set of goods included in the questions varies from one country to another. The education sub-index comes from the classification of the head of household (who was chosen as a representative of the household with a completed educational profile) by means of a variable with six hierarchical educational categories: (i) no schooling; (ii) incomplete primary/basic schooling; (iii) complete primary/basic schooling; (iv) incomplete secondary/middle schooling; (v) complete secondary/middle schooling; (vi) university education (complete or incomplete), subdivided in some countries into technical higher education and university education. The preparation of this variable implied not only a case-by-case analysis, but also specific national decisions in highly complex situations (particularly when educational systems and what is understood by primary/basic and secondary/middle schooling have changed). Naturally, the comparability of this variable among countries is limited, because the number of years of schooling represented in each category of education varies from one structure to another. This procedure was chosen instead of an apparently more comparable variable, such as total years of schooling, however, because the same number of years may carry different social meanings in different countries.

The methodology used to build the index has been used in market research, precisely in order to measure socio-economic level in an objective manner. Up until a couple of years ago, such measurements were heavily influenced by subjective considerations, such as appearance and the language employed by the interviewee (Cárdenas, 2005). Basically, each of the two dimensions of the index (equipment and education) is obtained through a substantive weighting exercise. In the case of goods, the goods are assigned a weight that is the inverse of their degree of penetration, i.e., an indicator of the good's scarceness. The goods chosen are normal and do not reflect any particular lifestyle (such as a motorcycle would, for example). They correspond to a convergent distribution pattern, which means that a home that has one of the scarce goods is likely to also have the less scarce goods on the list. The index is standardized at 1,000 as the maximum score for households that have all the goods on the list. The table below shows the procedure used to calculate the equipment sub-index using data for Panama (2000). In the syntax of the REDATAM program each household accumulates the score for the goods it possesses, then all those scores are added to give a final equipment index score.

Calculation of equipment sub-index for Panama, 2000

Goods	Urban areas						Rural areas						
	Yes	No	Total households ^a	Penetration	Scarcity	Weight	Yes	No	Total households ^a	Penetration	Scarcity	Weight	
Television	419 196	39 011	458 207	0.915	0.085	18 451	120 912	123 879	244 791	0.494	0.506	66 629	
Radio	395 422	62 785	458 207	0.863	0.137	29 696	188 030	56 761	244 791	0.768	0.232	30 529	
Residential telephone line	253 528	204 679	458 207	0.553	0.447	96 808	26 921	217 870	244 791	0.110	0.890	117 182	
Cellular telephone	139 212	318 995	458 207	0.304	0.696	150 877	15 392	229 399	244 791	0.063	0.937	123 383	
Refrigerator	355 424	102 783	458 207	0.776	0.224	48 614	74 409	170 382	244 791	0.304	0.696	91 640	
Washing machine	276 047	182 160	458 207	0.602	0.398	86 158	51 731	193 060	244 791	0.211	0.789	103 838	
Electric fan	360 290	97 917	458 207	0.786	0.214	46 313	77 345	167 446	244 791	0.316	0.684	90 061	
Air conditioning	58 752	399 455	458 207	0.128	0.872	188 933	3 390	241 401	244 791	0.014	0.986	129 838	
Computer	57 091	401 116	458 207	0.125	0.875	189 719	2 667	242 124	244 791	0.011	0.989	130 227	
Automobile	152 841	305 366	458 207	0.334	0.666	144 431	27 864	216 927	244 791	0.114	0.886	116 675	
Totals for standardization					4.614	1 000	Totals for standardization					7.595	1 000

Source: Prepared by the author on the basis of special processing of the microdatabase from the 2000 census conducted in Panama.

^a Private occupied households.

For education, the maximum score (1,000) is assigned to the university level, with the other levels contributing in descending proportion on a scale determined by the distribution of the population across the educational categories. In this case, the cumulative distribution is used as the weighting factor to ensure that the classification is consistent, i.e., that the score of each category in the sub-index corresponds to its place in the hierarchy of educational achievement. The following table shows the procedure used to calculate the education sub-index, also with data for Panama (2000). In the syntax of the REDATAM program each household is assigned the weight corresponding to the educational category of its head.

SOCIO-ECONOMIC LEVEL: RATIONALE AND OPERATIONALIZATION

Calculation of education sub-index for Panama, 2000

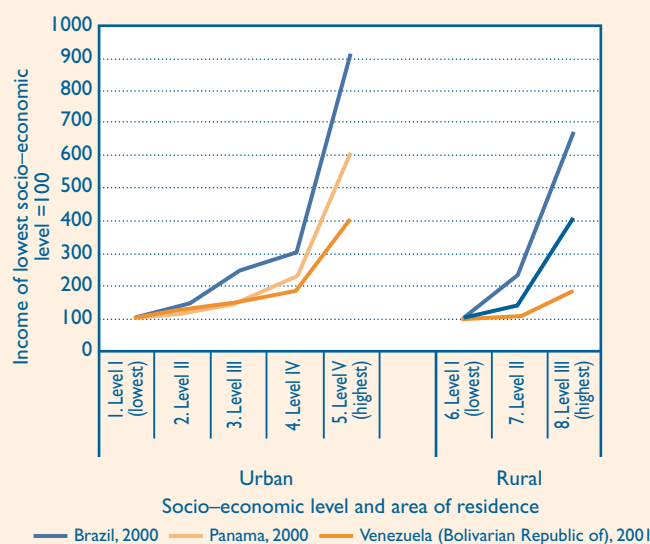
Categories of education	Urban					Rural				
	Total	Relative frequency	Cumulative	Shortfall	Weight	Total	Relative frequency	Cumulative	Shortfall	Weight
Entering university level	92 382	0.202	0.202	0.798	1 000 000	8 071	0.033	0.033	0.967	1000 000
Entering higher technical education	7 723	0.017	0.219	0.781	978 776	788	0.003	0.036	0.964	996 666
Complete secondary	90 509	0.198	0.418	0.582	730 041	16 283	0.067	0.103	0.897	927 778
Incomplete secondary	125 324	0.275	0.692	0.308	385 629	29 464	0.121	0.223	0.777	803 125
Complete primary	86 187	0.189	0.881	0.119	148 772	75 964	0.311	0.534	0.466	481 745
Incomplete primary	41 279	0.090	0.972	0.028	35 331	68 637	0.281	0.815	0.185	191 363
No schooling	12 856	0.028	1.000	0.000	0 000	45 232	0.185	1.000	0.000	0 000

Source: Prepared by the author on the basis of special processing of the microdatabase from the 2000 census conducted in Panama.

The methodology assigns an equal weight to the two dimensions considered, so the final socio-economic index is obtained from the simple average of the two sub-indices. It should be noted that the procedure was applied to rural and urban areas separately, meaning that the weighting factors used were specific to each area. Thus, the study always worked with different quantiles that were particular to urban and rural areas.

In view of the significance and the originality of this variable, the results were subjected to numerous validation procedures. These focused on the discriminating capacity of the equipment index, as the more untried and debatable of the two. The results were most satisfactory, since the quantiles constructed in this manner proved able to discriminate average schooling just as well as comparable quantiles based on income in the household surveys. The figure below illustrates the validation of the final index, presented in quintiles for urban areas and in terciles for rural areas. As may be appreciated, both cases show a systematic pattern of increase in the head of household's occupational income, to the extent that in Brazil the highest level receives an income 10 times higher than the lowest level. The fact that the differences shoot up in the highest quintile coincides perfectly with the region's income distribution, which is highly concentrated in the 20% of the population at the highest socio-economic level.

Latin America (3 countries): income from main occupation^a of heads of household aged 20 to 59 years, by socio-economic level and area of residence



Source: Prepared by the author.

^a In the case of the Bolivarian Republic of Venezuela, refers to total income.



Reproductive health and rights: HIV/AIDS and gender equality

INTRODUCTION

The gender dimensions of the HIV/AIDS¹ epidemic are of increasing concern to Caribbean governments. Research has shown that risk and vulnerability to HIV are influenced by gender, and an important indicator of this is the rising infection rates among females. The disease, which in most countries started with higher proportions of men than women, is now growing at a faster rate among women. Gender inequalities render women particularly vulnerable to HIV infection, and the increasing infection rates among the female population have devastating consequences for women's morbidity and mortality, for the health and well-being of their families and the wider community, and for perinatal transmission. Women are the nurturers and caregivers within the family and, as such, bear primary responsibility for the health and well-being of future generations. An understanding of the gender issues that drive the epidemic is important for the development of policies and programmes to halt the spread of the disease.

¹ The acquired immunodeficiency syndrome (AIDS) arises from the weakening of the human immune and nervous systems by infection by the human immunodeficiency virus (HIV).

A. AN OVERVIEW OF HIV/AIDS IN THE CARIBBEAN

1. INCIDENCE AND PREVALENCE

According to United Nations estimates, 430,000 men, women and children were living with HIV/AIDS in the Caribbean at the end of 2003. The Caribbean subregion also had the second-highest adult HIV prevalence rate² in the world (between 1.9% and 3.1%), second only to sub-Saharan Africa. Prevalence rates nevertheless vary across the Caribbean; some countries are more affected than others. Several have generalized epidemics, and national estimates at the end of 2001 showed HIV prevalence reaching or exceeding 2% in Belize, the Dominican Republic, Haiti and Trinidad and Tobago. Cuba, on the other hand, had a prevalence rate of less than 0.1% (UNAIDS, 2002; UNAIDS, 2003). See also tables IV.1 and IV.2.

In the Caribbean, the most sustained efforts to capture data on HIV/AIDS have been made by the Caribbean Epidemiology Centre (CAREC), which has 21 member countries.³ The incidence of AIDS cases reported to CAREC rose steadily during the 1980s and 1990s (see figure IV.1). In 2002, the annual incidence of AIDS cases was 52.43 per 100,000 persons, compared to 13.6 per 100,000 in 1991, an almost fourfold increase (CAREC, 2004). For 2002, HIV incidence rates also varied across CAREC member countries, with the highest rates per 100,000 persons being recorded for the

Turks and Caicos Islands (344), Belize (173), the Bahamas (131), Suriname (131) and Trinidad and Tobago (93).

Despite the existence of strategic plans and policies designed to reduce transmission in the Caribbean, the epidemic is spreading rapidly, and infection rates among women have risen. The annual incidence of HIV infection among Caribbean females is from three to six times more than among males.

² The proportion of adults aged 15–49 years living with HIV.

³ CAREC member countries: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, Belize, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Netherlands Antilles, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos Islands, and Suriname.

Table IV.1

REGIONAL HIV/AIDS STATISTICS AND FEATURES, END OF 2003						
Region	Adults and children living with HIV/AIDS	Adults and children newly infected with HIV	Adult prevalence (%)	Adult and child deaths due to AIDS	Percentage of HIV-positive women who are adults ^a	Main mode(s) of transmission for those living with HIV/AIDS ^a
Sub-Saharan Africa	25.0–28.2 million	3.0–3.4 million	7.5–8.5	2.2–2.4 million	58	Hetero ^b
North Africa and Middle East	470 000–730 000	43 000–67 000	0.2–0.4	35 000–50 000	55	Hetero IDU ^c
South and South East Asia	4.6–8.2 million	610 000–1.1 million	0.4–0.8	330 000–590 000	36	Hetero IDU
East Asia and Pacific	700 000–1.3 million	150 000–270 000	0.1–0.1	32 000–58 000	24	IDU, MSM ^d Hetero
Latin America	1.3–1.9 million	120 000–180 000	0.5–0.7	49 000–70 000	30	MSM, IDU, Hetero
Caribbean	350 000–590 000	45 000–80 000	1.9–3.1	30 000–50 000	50	Hetero, MSM
Eastern Europe and Central Asia	1.2–1.8 million	180 000–280 000	0.5–0.9	23 000–37 000	27	IDU
Western Europe	520 000–680 000	30 000–40 000	0.3–0.3	2 600–3 400	25	MSM, IDU
North America	790 000–1.2 million	36 000–54 000	0.5–0.7	12 000–18 000	20	MSM, IDU, Hetero
Australia and New Zealand	12 000–18 000	700–1 000	0.1–0.1	<100	7	MSM
Total	40 million (34–46 million)	5 million (4.2 – 5.8 million)	1.1% (0.9–1.3%)	3 million (2.5–3.5 million)	38.2	

Source: Joint United Nations Programme on HIV/AIDS (UNAIDS), *AIDS Epidemic Update 2002 and AIDS Epidemic Update 2003*, New York.

^a End 2002.

^b Heterosexual transmission.

^c Transmission through injecting drug use.

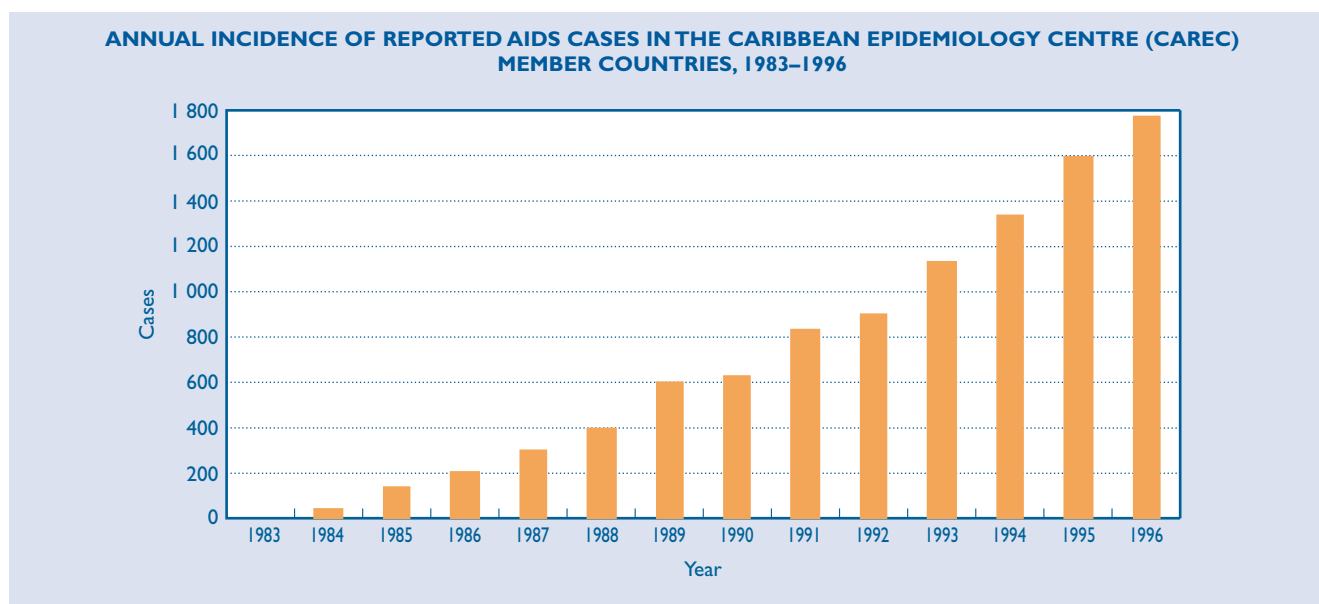
^d Sexual transmission among men who have sex with men.

Table IV.2

CARIBBEAN (9 COUNTRIES): ESTIMATED NUMBER OF PEOPLE LIVING WITH HIV/AIDS, END OF 2001						
Country	Adults and children	Adults 15–49	Men 15–49	Women 15–49	Both sexes 15–49 prevalence rate (%)	Total population (thousands)
Bahamas	6 200	6 100	3 400	2 700	3.5	170
Belize	2 500	2 200	1 200	1 000	2.0	119
Cuba	3 200	3 200	2 370	830	0.1	6 121
Guyana	18 000	17 000	8 500	8 500	1.0	432
Haiti	250 000	240 000	120 000	120 000	6.1	4 053
Jamaica	20 000	18 000	10 800	7 200	1.2	1 376
Dominican Republic	130 000	120 000	59 000	61 000	2.5	4 561
Suriname	3 700	3 600	1 800	1 800	2.7	238
Trinidad and Tobago	17 000	17 000	11 400	5 600	2.5	748
Total	450 600	427 100	218 470	208 630	-	17 818

Source: Joint United Nations Programme on HIV/AIDS (UNAIDS), *2002 Report on the Global HIV/AIDS Epidemic*, New York, 2002.

Figure IV.1



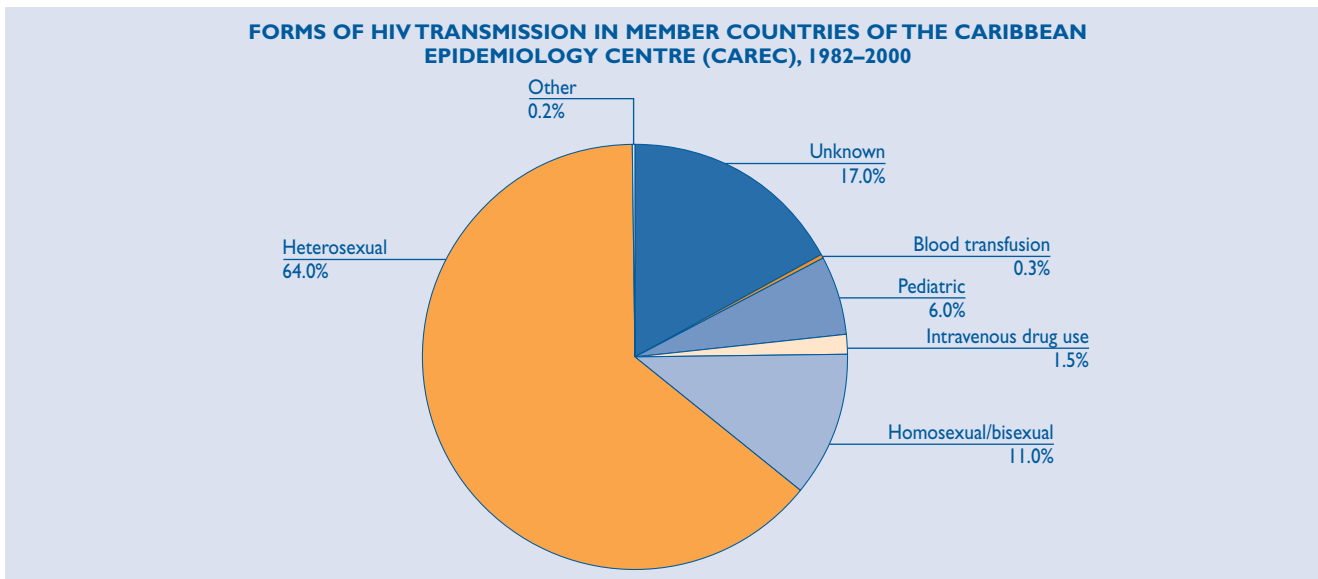
Source: Pan American Health Organization (PAHO), *Health Conditions in the Caribbean*, Washington, D.C., 1997.

2. TRANSMISSION

The primary mode of HIV transmission in the Caribbean is heterosexual contact (see figure IV.2). Although the epidemic first manifested itself in the late 1970s among the homosexual/bisexual population, a rapid shift to heterosexual transmission occurred as the disease progressed. Heterosexual contact accounted for 27% of HIV/AIDS cases reported to CAREC in 1986, increasing to 56.2% in 1987 and to just over 60% by June 1988 (Nahrain and others, 1989, p. 55). For the period 1982–2000, heterosexual contact accounted for 62% of the cumulative total of AIDS cases reported to CAREC. Among women, heterosexual contact is a major vehicle of HIV transmission; in fact, it represents up to 90% of cases among the female population (Camara, 2000).

Reported homosexual and bisexual transmission of HIV is relatively low, accounting for 11% of the cases reported to CAREC over the period 1982–2000. It is nevertheless considered an important route of spread among the heterosexual population, primarily through bisexual contact. The social stigma associated with homosexuality also means that HIV/AIDS cases among this group will continue to be underreported. Other modes of transmission include intravenous drug use, transfusion of blood and blood products, and perinatal transmission. Transmission through intravenous drug use, with the exception of Bermuda (43%), was insignificant at 1.5%, while blood and blood products accounted for a mere 0.3%. Over the period 1982–2000, perinatal cases accounted for some 6% of reported cases (Camara, 2000).

Figure IV.2



Source: B. Camara, "An overview of the AIDS/HIV/STD situation in the Caribbean", *The Caribbean AIDS Epidemic*, Glenford Howe and Alan Cobley (eds.), Mona, University of the West Indies Press, 2000.

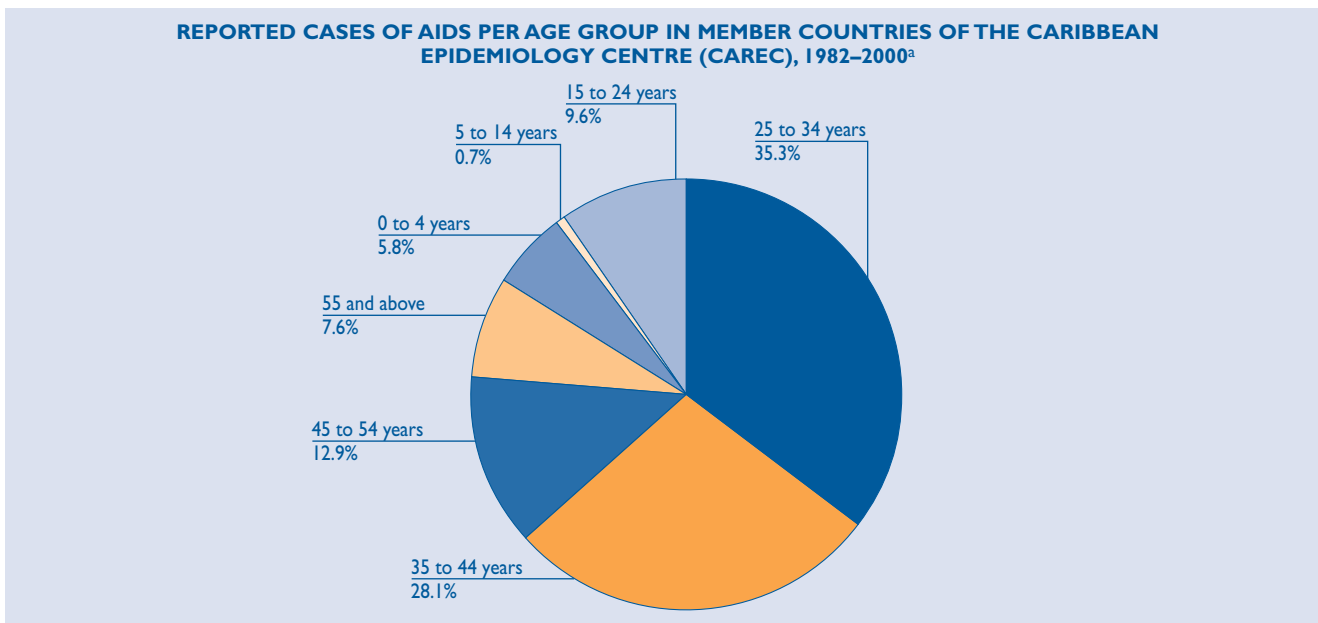
^a The member countries of CAREC are Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Netherlands Antilles, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos Islands (<http://www.carec.org/about/index.html>).

3. AGE DISTRIBUTION

Young people are particularly vulnerable to HIV infection (see figure IV.3). Data for the CAREC

countries for 1982–2000 indicate that just over 70% of AIDS cases were diagnosed in people between 15 and 44 years of age, with 50% being in the 25–34 age group (Camara, 2000).

Figure IV.3



Source: B. Camara, "An overview of the AIDS/HIV/STD situation in the Caribbean", *The Caribbean AIDS Epidemic*, Glenford Howe and Alan Cobley (eds.), Mona, University of the West Indies Press, 2000.

^a The member countries of CAREC are Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Netherlands Antilles, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos Islands (<http://www.carec.org/about/index.html>).

Given that the time lag between infection and development of the disease may be 5–10 years, the data suggest a high rate of HIV infection among adolescents and young adults. Globally, about half of all the persons who become infected with HIV acquire the virus before age 25, and they typically die before age 35 of opportunistic infections associated with the disease. In the English-speaking Caribbean, AIDS is now the leading cause of death among young men between the ages of 15 and 44 (Camara, 2000).

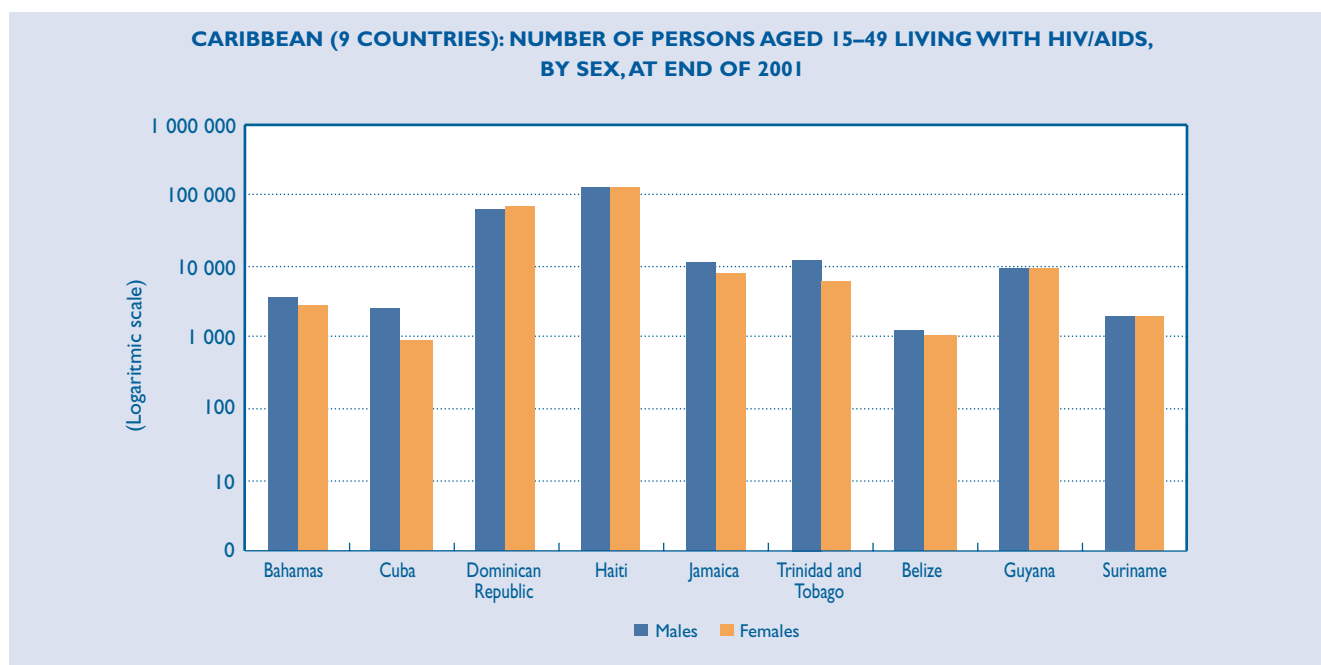
4. HIV TRENDS AMONG WOMEN

The number of males living with HIV in the subregion is still higher than the number of females. Nevertheless, as the face of the epidemic has changed to a primarily heterosexual one, infection rates have been growing among women, resulting in a narrowing

of the gap between the numbers of newly infected men and women. The Caribbean currently has one of the highest rates of AIDS cases among women in the Americas and, in some instances, the average annual increase in new cases has been twice as high among females as among males. Accelerating rates of infection among females are also mirrored by the declining male-to-female ratios for reported HIV infection. In the early 1990s, the male-to-female ratio in the Caribbean was 2:1. By 1996 it had decreased to 1.7:1, and in some countries it is now close to 1:1 (see figures IV.4 and IV.5).

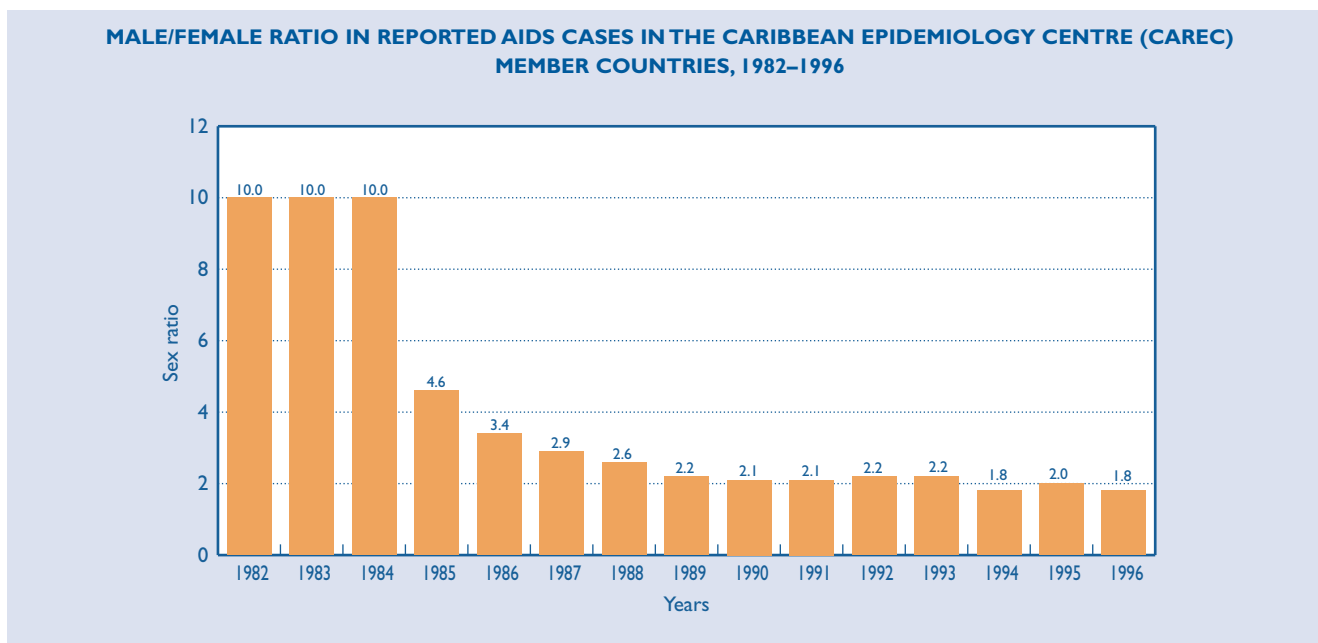
There are also significant age variations in the different patterns of infection of males and females. Among men, the majority of AIDS cases are in the 30–34 and 25–29 age groups. Among women, the majority of cases are in the 25–29 age category, followed by the 30–34 group. The epidemiological data for the subregion also indicate that females in

Figure IV.4



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of WHO Epidemiological Fact Sheets.

Figure IV.5



Source: Joint United Nations Programme on HIV/AIDS (UNAIDS), 2002 *Report on the Global HIV/AIDS Epidemic*, New York, 2002.

the 15–19 and 20–24 age groups are increasingly more vulnerable to infection than their male counterparts. With the exception of Cuba, the HIV prevalence rate in young people aged 15–24 is higher for females than for males in the countries shown in table IV.3.

In some instances, the male-to-female ratio in the 15–19 age group has undergone a dramatic reversal, with females in that category now being from three to seven times more likely to be infected than males in the same age group.

Table IV.3

CARIBBEAN (9 COUNTRIES): ESTIMATED NUMBER OF PERSONS 15–24 LIVING WITH HIV/AIDS, END OF 2001				
Country	Females 15–24 prevalence rate (%)		Males 15–24 prevalence rate (%)	
	Low estimate	High estimate	Low estimate	High estimate
Bahamas	1.97	4.09	1.72	3.56
Belize	1.59	2.39	0.88	1.32
Cuba	0.03	0.06	0.06	0.12
Guyana	2.60	5.41	2.13	4.43
Haiti	3.22	6.69	2.64	5.48
Jamaica	0.69	1.03	0.66	0.98
Dominican Republic	2.22	3.30	1.69	2.51
Suriname	0.99	2.05	0.79	1.64
Trinidad and Tobago	2.09	4.37	1.56	3.27

Source: Joint United Nations Programme on HIV/AIDS (UNAIDS), 2002 *Report on the Global HIV/AIDS Epidemic*, New York, 2002.

B. GENDER AND THE IMPLICATIONS IN TERMS OF HIV/AIDS

This paper will explore the role of gender in the spread of HIV in the Caribbean. Specifically, it will examine how gender and gender relations affect women's sexual and reproductive health and their access to their rights in this respect and how this, in turn, increases women's vulnerability to HIV infection.

1. DEFINITIONS

For purposes of the present analysis, the following definitions will be used:

Gender: Contemporary feminist theory distinguishes between sex and gender. It takes the view that sex is biological and gender is a social construct. Unlike the term "sex", which refers to biological differences, the term "gender" refers to expectations, norms and behaviours that are differentially based on sex. The term "gender" may therefore be defined as referring to socially constructed identities as reflected in behaviours, attitudes and power relations between women and men and as reflected in notions of femininity and masculinity. Masculinity has always been ascribed a higher value than femininity. Gender therefore refers to a system of roles and relationships between men and women that is determined, not by biology, but by socialization.

The gender division of labour: Andaiye (2003) notes that a direct result of the gendering process "is the gender division of labour whereby women and men cluster in the different kinds of

work for which they have been socialized. This socialization takes place first within the household and family and then in education, the wider society and the economy. Building on biological difference (the fact that women bear children and breastfeed) women are socialized into having the main responsibility for social reproduction, that is, child and family care, including housework, although there is no biological basis for this. The work is ascribed little value: it is unwaged when performed within the household and low-waged when performed for strangers (e.g., domestic work, nursing, and teaching)." (Andaiye, 2003, p. 7).

Gender relations: Barriteau (1998, 2003) defines gender as comprising a network of power relations with two principal dimensions, one ideological and one material. She explains that the material dimension exposes how men and women gain access to or are allocated the material and non-material resources within a given community or society. The ideological dimension concerns the constructs of masculinity and femininity. Society constructs what it accepts (and contests) as the appropriate expression of masculinity and femininity. The two spheres, she argues, interact and reinforce each

other. As such, the ideological relations of gender both structure and complicate gender relations in the private and public spheres alike.

Gender, like class and race, is a criterion that structures most societies around the world (Johnson, 2001; Mukhopadhyay, 2003). The main axis of power in this gender order is the overall subordination of women and the dominance of men, the structure referred to as "patriarchy" (Johnson, 2001). Paragraph 4.24 of the Programme of Action of the International Conference on Population and Development notes that men exercise preponderant power in nearly every sphere of life, from personal decisions regarding the size of their family to the policy and programme decisions taken at all levels of government. Gender relations are thus social relations and interact with other relations of domination and subordination.

Gender inequality: This concept is thus inextricably bound to these relations of power between men and women. As a category, gender inequality cannot be measured, but it is manifested in many complex ways which are organically linked. Lack of access to sexual and reproductive rights, gender violence, the clustering of women in the low-waged sectors of the economy, the significant wage gap that exists between men and women, the relative absence of women from economic and political decision-making, sexual harassment and all other forms of discrimination against women are but some of the manifestations of gender inequality.

Gender equality: This type of equality can exist only when women and men enjoy the same level of power, when the different roles they play and the different work they do are equally valued, and when both can equally contribute to and benefit from political, economic, social and cultural development (Andaiye, 2003, p. 12).

Sexuality: The term refers to a core dimension of being human which includes sex, gender, sexual and gender identity, sexual orientation, eroticism,

emotional attachment/love and reproduction. It is experienced or expressed in thoughts, fantasies, desires, beliefs, attitudes, values, activities, practices, roles and relationships. Sexuality is a result of the interplay of biological, psychological, socio-economic, cultural, ethical and religious/spiritual factors.

2. REPRODUCTIVE AND SEXUAL HEALTH AND RIGHTS AND HIV/AIDS

(a) The international context

The Programme of Action adopted at the International Conference on Population and Development and the Beijing Platform for Action situate reproductive health within a human rights framework, representing a significant departure from an earlier maternal and child health focus. The definition of reproductive health articulated in these consensus documents is rooted in the premise that all women have a right to reproductive health, and that this extends to the right to regulate their fertility, the right to understand and enjoy their sexuality and the right to protect themselves from disease and death associated with their reproduction and sexuality. Reproductive health is therefore broadly defined to include sexual health.

Paragraph 96 of the Beijing Platform for Action expressly links reproductive health to women's human rights by stating that "the human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between men and women in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences."

Caribbean governments have subscribed to these consensus documents and are therefore committed to protecting women's sexual and reproductive rights.

(b) Gender inequality, access to reproductive health and rights and their implications for HIV/AIDS

Notwithstanding the human rights guarantees accorded to women in terms of access to their reproductive and sexual health and rights, the reality is that women generally lack the autonomy to make decisions about their own bodies, their sexuality and their fertility. This reality is made explicit in the Beijing Platform for Action, which acknowledges that social vulnerability and the unequal power relationships between women and men are obstacles to safe sex (Beijing Platform for Action, paragraph 98).

In her analysis of women's lack of access to their sexual and reproductive rights, Charles (2003) notes that an important aspect of hierarchical gender relationships is body politics. She writes that in most societies, powerful forces are at play regarding the regulation and control of women's bodies, generally based on widely shared conceptions of gender associated with ideas and beliefs about femininity and masculinity. Control over women's bodies is seen to be central to this gender construct. The construct has allowed women's rights to sexual and reproductive health to be appropriated by their husbands, the State and other institutions within society.

Women in the Caribbean, as is the case the world over, engage in the business of "social reproduction" on a daily basis, clothing, feeding and nurturing their families. This reality is rooted in the gender division of labour, which, as noted earlier, stems from the assumption that reproductive responsibility constitutes a natural extension of

female biology. It is this construct and the same set of assumptions that underlie a woman's lack of autonomy to make decisions about her body. It is also this construct which confers on a husband proprietary rights over his wife and, by extension, her body –rights which were, and in some instances still are, protected by law. A husband's legal entitlement to sexual intercourse and the inability in law of the wife to refuse are a striking example of how English law (inherited by most of the Commonwealth Caribbean) has reinforced dominant constructs of masculinity and heterosexual power relations within the family. The corollary of a husband's right to sexual intercourse was his immunity from prosecution for rape of his wife, an immunity abolished only relatively recently in some Commonwealth Caribbean countries and still applicable in a few. Male authority for sexual and reproductive decision-making is an integral part of this construct. Embedded within this ideology is also the idea that men are responsible for when, where and how sex will take place (for example, whether sex is protected or not) and the expectation that men are knowledgeable about sex. Women were and are expected to defer to this authority and therefore have little power to negotiate around issues of sex.

This ideology remains pervasive in the Caribbean and underlies all forms of conjugal relationships or relationships which involve some degree of commitment. Masculinity and femininity continue to be constructed around ideas and beliefs of male proprietary access to a woman's body. Challenges to this authority, as, for example, if a wife or female partner were to engage in an extramarital relationship, can lead to violence and even to murder. For women to insist on protected sex or even to attempt to negotiate safe sex also challenges this authority.

The association of condom use with infidelity further inhibits women from safeguarding their sexual and reproductive health. In a study on

cultural attitudes impacting on HIV transmission in Trinidad and Tobago, Voisin and Dillon–Remy (2001) interviewed 10 HIV–positive females. Donna, age 24, one of the interviewees in the study, related:

"I suspected my husband was having sex with other women. I asked him to use a "rubber" when we were having sex and he beat me. I took my two children and went to my parents' home. My mother told me a woman has to put up with a lot to make her marriage work and that I should go back to him."

The foregoing analysis of women's limited enjoyment of their sexual and reproductive health and rights within conjugal relationships raises the obvious question: What makes women vulnerable to HIV infection in these relationships? The answer hinges upon accepted notions and expressions of male and female sexuality. It has been argued that constructions of masculinity in Caribbean society bestow privileges upon men by valuing "hyperactive virility" and male sexual prowess as reflected in such behaviours as womanizing, maintaining a sexual relationship with another woman while married, or fathering children with different women (Senior, 1991). Johnson (2001) notes that a man who lacks enthusiasm for pursuing women may have his masculinity questioned, if not attacked, especially by being accused of being homosexual.

Lewis (2003) argues, however, that not all Caribbean men can be so categorized and, while it is certainly true for some, it clearly does not apply to all men in the region. Chevannes (2002) also points out that data for Jamaica suggest that the "outside" woman is not as prevalent as the stereotype would suggest, namely as a practice of all or most men, and its highest distribution in Jamaican society is found among younger men.

It may nevertheless be argued that such constructions of masculinity make it possible for men to have multiple partners, a contention supported by

studies in the region. For instance, the findings of a Haitian study on women's role in sexual decision–making and its relationship with the spread of HIV showed that both men and women believed that it was the prerogative of men to have more than one partner (Ulin, Cayemittes and Metellus, 1993). An adult sexual survey conducted in Trinidad and Tobago (Camara and others, 2001) reports that 35.4% of the males in the survey had engaged in casual relationships (a "one–off relationship" or "one–night stand", not expected to last) compared to 5.3% of the females, and that multiple partnering was more prevalent among men.

On the one hand, female sexuality is constructed in keeping with the notion of a husband's proprietary rights to his wife's body. Girls and women are thus socialized to be monogamous, and their sexuality is guarded within the family and watched over by other structures within society, such as the community, religion and the law. Contravention of this norm attracts negative social sanctions. Senior (1991) writes that while adolescent girls are being watched and confined and are being threatened and warned against having sexual relations with the opposite sex, their brothers are usually given no instruction regarding their relations with girls or the possibilities of and responsibilities of paternity. The male's pursuit of sexual favours during dating/courtship is acceptable evidence of his masculinity. On the other hand, the female's acquiescence to such favours is usually met with strong disapproval.

Women's ability to safeguard their sexual and reproductive health is further eroded by some of the concepts upon which marriage is based. Marriage, in the Caribbean, at least, is premised upon concepts of monogamy and procreation. As such, sex within marriage is deemed safe whether or not this is the case, and protected sex is therefore not a frequent practice within many marriages. Responsibility for contraception is usually borne by women, who tend to rely on methods other than protected sex. It may

be noted that, in relation to women, there is a convergence between socialization practices regarding monogamy and similar expectations within marriage. For men, however, there is a divergence between socialization practices (which prioritize male sexual prowess) and the practice of monogamy within marriage. As such, extramarital affairs are usually shrouded in secrecy, and the charade of safe sex continues with the marital partner, with increased transmission risks for a monogamous partner, usually the woman.

It is clear, therefore, that for many women, monogamy does not protect against HIV infection. Globally, many women have been infected by their husbands or long-term partners through heterosexual sex. Similar trends are being observed in the Caribbean, where the heterosexual transmission rate for females (90%) far exceeds the corresponding rate for males; this suggests that many HIV-positive women are being infected by their short-term or long-term male partners.

Childbearing, as a cultural expectation, and the socialization of both men and women in respect of childbearing also need to be explored as a factor that may increase women's vulnerability to HIV infection. Traditional roles of wife and mother are deeply internalized, and a high cultural value attaches to them. A great deal of symbolic significance is also assigned to these roles in many religions, and many Caribbean women are deeply religious. McKenzie (1982), in her analysis of the findings of the Women in the Caribbean Project (WICP) in relation to the family, asserts that it is in the domains of "sexual and emotional involvement with men, the fathers of their children... that [Caribbean] women appear to be the weakest".

Childbearing also enables women to gain social rewards and social recognition. This is sometimes the only route open to them, and it is particularly implicated in teenage pregnancy. Chevannes (2002)

notes that both womanhood and manhood are fully achieved, not by the act of intercourse, but by reproduction. For the woman, pregnancy and childbirth are the fulfilment of womanhood; for the man, impregnation is the proof of manhood.

This author further posits that, as social action, sexuality is subject to relations of power insofar as it takes place between unequal parties; in this regard he refers not so much to the use of sex to assert dominance, as in rape, but rather to sex as an arena for playing out gender relations as power relations. He notes, "in keeping with the imagery of hunting, male (especially young male) expressions of the act of intercourse are aggressive, as any survey of popular songs would confirm". He notes further, however, that "women, too, are not content with the role of victim. They are 'employers of labour' and can dismiss men for not being able to 'do the work'. Men are particularly vulnerable in this respect; as such rumours and accusations strike at their self-image and the way they are perceived by other people."

The actual extent to which women in the Caribbean can negotiate safer sex practices or refuse sex is not known precisely, and research across age groups, classes, ethnicity and religion, among other factors, is needed to determine this. Research is also needed to ascertain the extent to which women in short-term or casual relationships can insist on safe sex practices.

3. POVERTY, SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, AND HIV/AIDS

Although, because of factors such as childbearing and motherhood, it is not clear whether economic independence within heterosexual relationships empowers women to more successfully negotiate safe sex, it is perhaps the case that women in situations of economic dependence are less likely to do so and are

also less likely to terminate relationships that place them at risk of HIV infection. The findings of the above-mentioned Haitian study on women's role in sexual decision-making and its relationship to the spread of HIV and the study on women and AIDS (NAP, n/d) carried out in Trinidad and Tobago support this contention. In the Haitian study, where 70% of the women in the two communities that were examined had no independent income, women had the right to refuse sex only under certain circumstances, such as illness, and then only for short periods. Women in stable relationships or marriages in these communities did not have the right to insist that their partners use condoms, nor did women who had no children or whose partners wanted more children (Ulin, Cayemittes and Metellus, 1993). Participants in the Trinidad and Tobago study (carried out in four lower-income urban communities) reported that they felt totally disempowered in their relationships and were very dependent on their male partners for material and emotional support.

Although both men and women are affected by poverty, women are affected in specific ways because of existing gender inequalities. The organization of Caribbean and other societies along gender lines ensures that the burden of housework, childcare and other dimensions of the domestic workload continue to be seen as the sole responsibility of women; this is perhaps the single most important factor that pushes poor women into situations which make them vulnerable to HIV infection.

Poverty and lack of employment opportunities, for instance, have forced some women and girls to resort to direct and indirect sex work as a survival strategy. Sex (usually unsafe) may be exchanged for money, food or other necessities. In a study carried out in Trinidad, Lee and Felix (1995) found that poverty was the primary reason why women entered the sex trade. In a Guyanese study of female sex workers carried out by the Red Thread Women's

Development Programme (1999), a majority of the 23 women who were interviewed reported that poverty was their single most important reason for entering the sex trade. Paul (1997), in her study of prostitution among women in Barbados, noted that many women (both from Barbados itself and from other Caribbean countries, such as the Dominican Republic, Guyana, Haiti, Saint Lucia and Trinidad and Tobago) who engaged in the sex trade in Barbados had consciously decided to enter prostitution as a consequence of domestic or economic troubles and that the majority continued to do so as a way to support their families. The vulnerability to HIV caused by poverty and unemployment, when linked to commercial sex work, brings into sharp focus some of the associated problems that relate to the spread of the disease and the subpopulations that are affected.

Several studies in the region indicate that sex workers are subject to high levels of infection (Kempadoo, 1999). Cleghorn and others (1995) found that the fact of having engaged in commercial sex work emerged as an independent risk factor for the retrovirus HIV-1. Female sex workers are infected by their male clients, and high rates of infection suggest a low rate of condom use. Some clients resist using condoms and may be willing to pay more for unprotected sex. In these situations, risk-taking by the sex worker may assume secondary importance to the need to feed herself and her children:

"When you are hustling in order to feed yourself and your children, the extra money that a man offers for unsafe sex lets you take the chance and forget about any disease." (Antonius-Smits and others, 1999, p. 254)

Howe (2000) notes that, in the official discourse about controlling HIV, it is the so-called prostitutes rather than the men who infect them who are specified as the high-risk group and the conduit for the spread of [HIV] across the line of moral

demarcation into "healthy society". The study carried out by Red Thread, however, suggests a heightened awareness of the risks associated with unprotected sex among commercial sex workers: 20 out of a total of 23 women reported that they used condoms.

For perhaps the majority of women who work in the sex trade, their vulnerability to HIV is rooted in the fact that they are economically disadvantaged and that their poverty is related to systemic class and gender inequalities.

4. GENDER-BASED VIOLENCE, ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, AND HIV/AIDS

Gender-based violence is another manifestation of gender inequality which affects women's ability to safeguard their sexual and reproductive health. The relationship between domestic violence and vulnerability to HIV infection is often indirect, and women in these situations are also less likely to negotiate safe sex practices. All forms of coerced sex directly increase the risk of microlesions and therefore of STI/HIV infection (WHO, 2000). In a study on the experiences, behaviours, perceptions and needs of adolescents living with HIV/AIDS in Trinidad, rape was implicated in HIV transmission for 3 of the 21 female respondents (Okoye, 2000). There is also evidence which suggests that child sexual abuse is frequently a precursor to female adolescent prostitution or may be a precursor to sexual behaviours that increase transmission risks (Lee and Felix, 1997). Trafficking of women and girls and the violence they experience as a result also increase vulnerability to HIV infection.

Many feminist analyses locate gender violence within the context of unequal power relations between women and men. As noted earlier, this is

but one manifestation of a complex and interrelated set of values that place women in a subordinate position in society. The 1990s saw a great deal of effort focused on the eradication of gender-based violence, particularly domestic violence. Legislation on domestic violence was enacted in many countries of the subregion, and shelters, hotlines and other support services were established (Gopaul, 1994, Clarke, 1998, Pargass and Clarke, 2003). However, despite this intense focus, the incidence of domestic violence in the Caribbean remains high. Applications for protection under domestic violence laws have steadily increased in many countries. In Trinidad and Tobago, for the period September 2001–July 2002, applications totalled 8,852 and, in Puerto Rico, applications exceeded 50,000 in 2002. Police statistics also suggest that sexual violence both within and outside the home may be increasing.

5. ADOLESCENTS, ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH, AND HIV/AIDS

Young people represent the most rapidly growing component of new HIV infections. As noted earlier, persons aged 15–24 constitute the most vulnerable age group, and it is estimated that half of such infections occur among adolescents and young adults. Throughout the region, females within this group are increasingly vulnerable to HIV.

Sexual encounters in the Caribbean often begin at a relatively early age. By age 18, the vast majority of Caribbean youth have had their first sexual encounter (Blount and others, 1996). Young males in the region tend to have their first sexual encounter earlier than females, with the average age for males being before completion of their fourteenth year and the average for females being before they complete their sixteenth year (Chevannes, 2002). Nevertheless, trends in the region are reflecting

rapidly accelerating rates of infection among adolescent females.

A 1998 survey on adolescent health in the Caribbean conducted by the Pan American Health Organization (PAHO) in 100 schools in Antigua, the Dominican Republic, Grenada and Jamaica, together with out-of-school youth, found that more than 40% of those who reported being sexually active said they had their first sexual encounter before age 10 and that a further 20% reported that they had their first sexual encounter at age 11 or 12. Very early sexual initiation is, however, suggestive of sexual abuse.

Condom usage among adolescents in the subregion is reported to be low (Jagdeo, 1986; Russell-Brown, 1988), and high levels of HIV/AIDS awareness do not appear to have had a significant impact on condom use among adolescents (Joseph, 1999). Adolescent sexuality is not homogenous but is instead shaped by complex social and cultural factors including gender, class, religion, ethnicity and family. The taboo and secrecy that surround sex in society are perhaps most deeply felt by adolescents, who are "possessed of powerful sex drives that remain throughout most of [their] adult, mature [lives]" (Chevannes, 2002).

Cleghorn and others (1995) found that sexual intercourse at an early age emerged as a significant predictor of HIV-1 status in women. Biological factors may provide one explanation for the increasing vulnerability of young girls. recent studies across the Caribbean also suggest that young girls are engaging in sex with older men in exchange for money to satisfy material needs, a phenomenon referred to as "transactional sex" (Stuart, 2000). Young people in the Caribbean have internalized the societal segmentation of gender roles, and this finds expression in the dynamics of transactional sex. Another explanation that has emerged is the need felt by some girls to identify with a father figure.

A study carried out in the Bahamas in 1999 (Ward and Samuels, 1999) to identify the socio-economic factors that increase women's vulnerability to HIV/AIDS also points to the existence of the phenomenon in that country. Participants in the study were of the view that older men in such relationships would be under less pressure to make a commitment, would experience less harassment and disturbance and would be able to protect their male egos. They also believed that a young woman was less likely to have the virus. They, too, thought that the preference of younger girls for older men was probably based on material gain, security and a "father image".

Unemployment and poverty may also be a factor driving sex between young girls and older men. There was a consensus among young people who participated in the first of the two studies that women lacked economic power and used their sexuality to obtain money from men as part of their survival strategies. The option of looking for a man was the only one identified for women with children but without financial means.

It is not uncommon in the Caribbean for women to enter into a pattern of serial relationships in order to secure financial support for their children. Teenage mothers are particularly vulnerable in these situations. Senior (1991) notes that not only first, but also second and third children, are being born to teenage mothers. The chances are that the teenage mother will have to terminate her schooling. Unschooling and unskilled, she will then join the ranks of the unemployed, which are already the highest for her sex and age group. Stuart (2000) notes that recent focus group discussions among young people aged 17-20 conducted in Barbados and Jamaica revealed participants' internalization of these gender roles. The participants had internalized the idea that the economic conditions of women's lives predispose them to a life of sexual exploitation and often accept this as part and parcel of the established pattern of life.

Studies in the subregion have also revealed that low educational status is linked to early age at first intercourse (Singh, Rahamam and Bekele, 2004). Early sexual activity and pregnancy tend to be linked to an affirmation of status for girls in the lower socio-economic strata, while for boys early sexual activity is linked to the "macho-conquest" image.

Although there may be other factors driving the sexuality of adolescent males and females, gender and gender relations play a key role in the expression of adolescent sexuality. There is nevertheless a need for further research across class, religion, educational status and ethnicity, inter alia, to achieve a deeper understanding of adolescents' vulnerability to HIV/AIDS.

C. THE WAY FORWARD

Gender inequality has severe implications for increasing HIV infection levels among females and for the spread of HIV in general. Nonetheless, gender does not appear to be a major focus of the various plans and policies for dealing with HIV/AIDS in the subregion.

Efforts to reverse the epidemic must address the underlying structural and cultural factors that sustain gender inequality. The experience of domestic violence over the past one and a half decades and the inability to stem its occurrence despite intense efforts to do so clearly illustrate the inadequacy of discrete measures that do not address the underlying structures. The same obviously holds true for dealing with gender inequality in the context of HIV/AIDS.

The HIV/AIDS epidemic has become part of the development discourse; a closer examination of the social and economic divisions within countries, together with a deeper analysis of poverty, income distribution and social, political and economic exclusion, is imperative. Central to these issues and to the HIV/AIDS epidemic is the issue of gender. In any analysis of an economy or society, at either the micro or macro levels, gender must be taken into account. This is because, as noted earlier, men and women have different social and economic roles, differential access to income and resources, and different economic behaviours. This points the way to achieving the gender equality which is so critical to reversing the HIV/AIDS epidemic.

Policy directions:

- Gender must be seen as central to economic planning and sustainable development, and women's economic empowerment is critical to this process.
- Gender should be mainstreamed in all HIV/AIDS policies and programmes and across all sectors, and gender analysis and assessment of national plans of action, policies and programmes for addressing HIV/AIDS should be undertaken across the countries of the subregion.
- Gender training needs to be undertaken at all levels of the public and private sectors, and there should be an expanded role for the trade union movement in this regard.
- Critical analysis of past and present responses to efforts to achieve gender equality and equity needs to be undertaken with the aim of transforming the deeply entrenched patriarchal culture of the Caribbean.



Social agenda

National health policies and programmes in Latin America 2005

INTRODUCTION

Health is a deciding factor in the well-being of individuals, families and communities and is also a requirement for development with equity. Individuals have the right to receive equitable, efficient and attentive health care and society as a whole should ensure that no one is excluded from health services and that the services provide quality care for all users (ECLAC, 2005b). In addition, three of the eight Millennium Development Goals set by the United Nations are directly concerned with health and development: reduce child mortality, improve maternal health, and combat HIV/AIDS, malaria and other diseases, while two other goals (eradicate extreme poverty and hunger and ensure environmental sustainability) refer to related topics: improved access to health services, including essential drugs, and to safe water and sanitation services and relief from hunger and malnutrition.

This chapter considers the situation of health and health care programmes in the Latin American countries, on the basis of information provided by the health ministries of the respective countries in the course of the ECLAC survey on that subject. This study contains a summary of the responses to the survey, which were received from Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Colombia, Costa Rica, Chile, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Paraguay, Peru and Uruguay. The survey form and a list of countries, institutions and individuals who responded to the questionnaire may be found in the annexes.

The objective of the survey was to analyse, from the health ministries' institutional perspective, the health programmes underway in the countries and to examine the perceptions of the national authorities of the health status and specific health problems of the population. The responses are indicative of the different sociodemographic situations prevailing in the countries, which are reflected in different health problems.

The information collected in the surveys offers an overview of the quite varied capacities of the governments to respond to the health problems of their populations. Most countries refer to financing and management difficulties in their efforts to meet the health needs of their populations. There is inequality in the impact of health care problems, not only for reasons of sociocultural or geographical accessibility, or a combination of the two, but mainly because of inequality in income, which generates living conditions that are insufficient to provide for and meet the health requirements of the population.

Lastly, as is customary, the international social agenda reviews international meetings on social issues. On this occasion the focus is on a series of meetings of the United Nations system held to launch the document *The Millennium Development Goals: A Latin American and Caribbean Perspective*. This series began with the interagency meeting held in Santiago, Chile, on 10 June 2005. The main conclusions of the document are summarized.

A. HEALTH SYSTEM REFORMS IN LATIN AMERICA

In the past five years most of the countries have begun or are continuing with processes of health sector reform which are intended to modify the management and financing of health services provision. Most of the legislative changes relating to health have altered the balance between private and public health services. There has also been some degree of re-establishing the role of the state as provider and regulator, with decentralizing of services management, promotion of the private sector and the control of escalating costs.

Since the 1980s, almost all of the Latin American countries have initiated health sector reform processes which tend to encourage private-sector participation in the management of public financing and in services provision, and a consequent reduction in the provision of public services by the State. In past decades, as a result of this trend, fund administrators and networks of private providers have been set up in a number of countries to provide care for the poorest groups. This process was implemented in the conviction that the states' regulatory capacity should be strengthened in order to guarantee universal provision of a set of benefits to the entire population (see box V.1). Other aspects common to the reforms in the different countries included the decentralization of public entities, the separation of public financing and provision, the introduction of contracts between the public and private sectors and incentives for

social participation (*Pan American Journal of Public Health*, 2000).

An analysis of recent legislative changes in the area of health shows that governments have given priority to re-establishing the role of the state as provider and regulator, with decentralization of services management, promotion of the private sector and control of escalating costs (Homedes and Ugalde, 2002). A series of changes is taking place which is leading to the gradual integration of the health subsectors (public, social security and private) and the coordination of public and private services at the national, intermediate and local or municipal government levels.

As indicated by the authorities who responded to the questionnaire, a number of countries have moved forward in this direction by defining

national plans and health objectives which require restructuring of the national health policy and other specific policies (Brazil, Chile, Honduras, Nicaragua, Panama and Peru). There are reforms to the health systems, to health aspects of the general social security systems and to the models for comprehensive care (Argentina, Colombia, Costa Rica, Nicaragua, Paraguay and Peru). In the case of Nicaragua, over the last five years these changes have included the drafting of a General Law on Health and in Argentina, the creation of a federal health plan to ensure an active role by the State in guaranteeing

the welfare of the population (Ministry of Health and Environment, 2005).

The background to these initiatives has clearly been a central concern to ensure universal basic health coverage, which in some countries has led to explicit statements of commitment in terms of access, coverage, and basic health guarantees for the population (Chile, Guatemala and Honduras). Specific progress in this area includes the strategies of El Salvador and Nicaragua to expand coverage by recruiting non-governmental organizations (NGOs).

Box V.1

CHILE'S AUGÉ PLAN

In Chile, the new law on health service guarantees which created the System of Universal Access with Explicit Guarantees (AUGE Plan) was approved on 16 January 2003 and came into effect on 1 July 2005.

The Government of Chile implemented the AUGÉ Plan in order to establish guarantees for health services and to ensure compliance with national health goals for the decade 2000–2010, which include: enhancing the health achievements already gained; tackling the challenges of population ageing and changes in society; correcting inequities in health and providing services in accordance with the expectations of the population.

The Ministry of Health of Chile has designed the AUGÉ Plan as a means of guaranteeing services for the health problems that cause the most deaths. It includes waiting times defined by law, co-payments that offer financial protection to families and uniform quality standards, regardless of the income level of the individual. The Plan basically consists of a set of guarantees for exercising the right to health care of the entire population.

A care scheme was defined for each pathology included, specifying the treatment required and its costs. The first phase covered 25 pathologies or health problems, but the goal is to provide coverage by 2007 for the 56 most frequent health problems, that is, those considered to be the most significant and having the greatest impact on the life expectancy and quality of life of the Chilean population. There follows an outline of the guarantees now included in the plan, which is to be gradually extended to others in due course:

- (i) Access: all individuals can receive care from a network of health providers close to their place of residence;
- (ii) Timeliness: pre-established maximum time periods within which individuals must receive both initial and post-diagnostic care;
- (iii) Quality: the benefits are defined according to pre-established technically rigorous standards that are based on medical evidence.
- (iv) Financial coverage: the cost of services will not be an obstacle to receiving treatment under the AUGÉ Plan for the initial list of 56 illnesses. The maximum co-payment to be made by a user of the system will be 20% of the cost of the comprehensive care provided for these 56 illnesses, and the total amount payable shall not exceed one monthly family income per year. For those who are unable to pay, there will be help from the State in the form of direct fiscal contributions, and from the highest-income contributors through a solidarity scheme.
- (v) Financial coverage is guaranteed for outpatient treatment (20% of the reference tariff) when required under the AUGÉ Plan.
- (vi) Private health insurance institutions (ISAPREs) must provide all of their members with preventive medical check-ups free of charge.

The health authority gave priority to a number of illnesses for the beneficiaries of both the private ISAPREs and the public National Health Fund (FONASA). The list includes the most frequent and serious but treatable health problems, which cause the most deaths and disabilities in Chile as well as economic problems for the families of those affected. Another important aspect is the inclusion of health problems which show a high recovery rate in the case of timely detection and treatment. The

CHILE'S AUGÉ PLAN

AUGÉ Plan thus benefits everyone, regardless of whether they contribute to the public or private system, as there is State support for non-contributors.

The Government intends to generate additional resources through improvements in management, new taxes and compulsory contributions from independent workers. These resources will be allocated exclusively to financing the new requirements associated with the AUGÉ Plan.

This system of guarantees and the illnesses covered will be evaluated every three years by the Ministry of Health, and will then be formalized in a Supreme Decree by the Ministries of Health and Finance. The authorities will be advised on this matter by a Consultative Council consisting of nine members with recognized expertise in the areas of medicine, public health, economics and related disciplines.

Source: Ministry of Health, official site [online] www.minsal.cl.

The legislative changes have also led to changes to the institutional health network (Argentina, Bolivia, El Salvador and Panama) and to its management models (El Salvador, Honduras, Panama), with a view to ensuring the administrative and financial decentralization of services (Argentina, Nicaragua, Peru).

The extent of progress made in the legislative changes varies from country to country. In Argentina, the changes included expanding the functions of the Ministry of Health to include environmental issues, and the creation, within the Secretariat for Health Policies, Regulation and Relations, of advisory commissions on medical specialties and commissions for project assessment. In some specific cases such as El Salvador, changes in management models have led to outsourcing of support services in some public hospitals (surveillance, catering, cleaning), while incentives have been established for subnational and municipal governments to participate in resolving the population's health problems (Honduras). Other legislative amendments are intended to modify the regulation of organization and functioning of services (Argentina), to seek consensus between

the private and public sector (Chile and Honduras) and to make changes in the requirements, competencies and resources for the provision of services (Colombia).

The legislative reforms have also brought new challenges for health institutions in terms of technical support and financial instruments to support the agreed policies. Legislative changes have increased state financing for health only in Brazil and Ecuador.

Another specific trend has been the promotion of primary care, while respecting the growing mechanisms of referral within the care network (Argentina and Honduras), and of hospital care, which has continued to be the main health concern of the relevant authorities in a number of countries including Brazil, El Salvador and Panama.

Some countries have introduced changes in the organization of health surveillance systems (Brazil, Ecuador) in order to support periodic assessment of compliance with the goals of health policies and their information systems on vital statistics (Honduras and Panama).

In relation to promoting beneficiary participation in the design and implementation of new management models, Peru has introduced the concept of local health administration committees, which share the administration effort with the community. In Argentina, the system is based on health promotion initiatives that take place through participatory schemes, in which health sector institutions coordinate their resources with those of other sectors and with community organizations. The health system in this country is organized into regional service networks with public and private management, where the different components are institutions organized by levels of care and located according to criteria of regional need, according to with the demands of the beneficiaries (Ministry of Health and Environment, 2004).

Lastly, a number of countries have introduced changes in the regulation of access to and control of drugs (Argentina, Honduras and Peru). Other minor legislative changes relate to the oversight of professional responsibility in the area of health (criminal sanctions and evaluation of medical specializations in Argentina), and wages for health-sector professionals (Ecuador).

Specific policies have been designed for the following areas: maternal health (Argentina, Bolivia,¹ Honduras, Nicaragua, Panama and Paraguay), sexual health (Argentina and Ecuador), blood and transplants (Argentina and Brazil), health of children and adolescents (Argentina and Honduras) and prevention (especially in relation to drug and alcohol consumption) (Bolivarian Republic of Venezuela, Costa Rica and Uruguay). In relation to community medicine, countries such as Argentina, Nicaragua and Panama have made efforts to extend the influence of the health system to the intimacy of the home, in order to gain a deeper knowledge of the social and health circumstances of the population and to improve communication between the individual (and the family and its knowledge and culture) and the scientific medical

community (Ministry of Health and Environment, 2004).

Most of the reforms tend to alter the balance between private and public health responsibilities. Only in the case of Chile were the legislative changes intended to maintain the current balance. Equity criteria were introduced, so that the private sector is now obliged to respect the guarantee system and the public sector to resolve the problem of waiting times. In Ecuador, no substantial changes have been made to the public–private balance in the area of health, while in El Salvador the reforms have tended to consolidate the mixed system, and in the Dominican Republic and Bolivia the private system has been strengthened. Although the responses of the other countries refer to a strengthening of the public system, several of them have seen significant growth in the private health sector in the last few years.

In Argentina, the fragmentation of the system into subsectors (public, social security and private), jurisdictions (national, provincial and municipal) and levels of care (primary, secondary and tertiary level), has resulted in inefficient resource use in the form of unnecessary duplication of supplies and services, and hence expenditure. The reforms now being implemented therefore tend to coordinate public and private services, the national level with the provinces and the provinces with local or municipal governments. The strategic goal of this reform path is for primary health care to be the organizing component of the system. Efforts are being made to implement a care model in which individuals have access to a network system rather than to isolated services.

In Brazil the reforms are designed to strengthen the Single Health System (SUS) in order to improve its organization and financial stability.

In Costa Rica, the health sector reform that was initiated in 1998 has been consolidated over the past

¹ According to the information received from the survey, Bolivia is the only country which has implemented a universal insurance scheme for mothers and children (SUMI).

Table V.1

LATIN AMERICA AND THE CARIBBEAN (17 COUNTRIES): MAIN ISSUES CONSIDERED IN THE REFORMS, 2000–2005																	
Topics	Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Ecuador	El Salvador	Guatemala	Honduras	Nicaragua	Panama	Paraguay	Peru	Dominican Republic	Uruguay ^a	Venezuela (Bolivarian Republic of)
National policies and institutional and management reforms to health systems																	
Definition of national health plans and goals (restructuring of policies)			X	X						X	X	X		X			
Reform of health system	X				X	X					X		X	X			
New management models		X						X		X		X					
Administrative and financial decentralization	X										X			X			
Changes in the institutional network	X							X				X					
Commitment to access, coverage and guarantees for health care for the population				X					X	X							
Regulation and control of access to drugs	X									X				X			
Hospital care			X					X				X					
Primary health care	X									X							
Increased investment in health, state financing			X				X										
NGO participation								X			X						
Separation and harmonization of functions of public health and individual care				X						X							
General health law and national health policy											X				X ^b		
Universal mother and child insurance		X															
Rules for organization and functioning of services	X																
Modification of requirements, competencies and resources for the provision of services					X												
Reorganization of health surveillance systems			X				X										
Information systems										X		X					
Strengthening of the second level of care									X								
Intersectoral approaches										X							
Evaluation of services												X					
More community participation														X			

Table V.1 (concluded)

LATIN AMERICA AND THE CARIBBEAN (17 COUNTRIES): MAIN ISSUES CONSIDERED IN THE REFORMS, 2000–2005																		
Topics	Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Ecuador	El Salvador	Guatemala	Honduras	Nicaragua	Panama	Paraguay	Peru	Dominican Republic	Uruguay ^a	Venezuela (Bolivarian Republic of)	
National policies and institutional and management reforms to health systems																		
Wage reforms for health professionals							X											
Professional responsibility in the health sector (criminal sanctions, evaluation of medical specializations)	X																	
Maternal health	X	X								X	X	X						
Health of children and adolescents	X	X								X								
Prevention (drugs and alcoholism)						X											X	X
Blood and transplant policies	X		X															
Sexual health and responsible procreation	X						X											
Community medicine	X										X	X						
Adolescent pregnancy						X						X						
Domestic violence						X												
Incorporation of the gender perspective												X						
Mental health										X								
Epidemic shield		X																
Inclusion of environmental issues	X											X						

Source: Prepared by the author on the basis of the countries' responses to the ECLAC survey on national health programmes, 2005.

^a In Uruguay, the survey shows no health-sector reforms that have affected the health of the population. Nevertheless, an integrated reform that includes the creation of a national health insurance scheme is currently being designed.

^b The responses from the authorities of the Dominican Republic refer to changes in the legal framework, but without describing their orientation.

five years. The goal is to modernize and develop the health sector and its institutions, based on a focus on health as a social product and on the principles of universal and comprehensive care. The Ministry of Health, in its steering role in the sector, has made commitments to achieve equity in the provision of services, solidarity in financing, and a broad level of social participation. The aim is to implement these principles as part of a comprehensive health care approach, which involves, inter alia, adjusting budget programme allocations, deconcentrating and decentralizing administrative functions, and consolidating new methods of services administration and financing. Specific measures along these lines are the transfer of labour risks from the National

Insurance Institute to the Costa Rican Social Security Fund (CCSS) and the transfer of responsibility for municipal aqueducts to the Costa Rican Water Supply and Sanitation Institute, the creation of the Basic Integrated Health Care Teams (EBAIS) to improve the care model, and the establishment of a new system for allocating resources through management agreements (between the purchaser, in this case the CCSS and the various providers). Approximately 800 EBAIS have been created to date, thus extending the coverage of the primary-level care programmes with emphasis on the poorest rural areas, which has had a positive impact on the health of the population.

In Colombia, the structural reform of the health system began in 1993, with the goal of establishing a universal social security health care system. The reform has expanded insurance coverage to reach 29,313,276 people as of December 2004 (including compensated members of the contributory and special regimes as of October 2004 and members of the subsidized regime with full and partial subsidies).

The most significant Colombian reform has been the amendment of the regulation that defines the competencies and resources at municipal, departmental and national level for: (i) insuring the poor sectors of the population which are not included in the contributory system; (ii) the provision of collective public health services; and (iii) the provision of individual health services for the poor sectors of the population not covered by the benefit plans established for the insurance regimes.

This reform has also brought significant changes to the public–private balance of the system, as three types of basic entities can be distinguished: (i) management, surveillance and control entities, basically public in nature; (ii) administrative and financing entities, which include both public and private benefit plan administrators and regional entities; and (iii) service providers, which can be public, private or mixed.

In Honduras, the reforms have been oriented to the restructuring and organizational development of the Ministry of Health, the drafting of policies relating to mental health, drugs, mother and child

nutrition and health care, and the upgrading and enhancement of data systems.

In Nicaragua the reforms were intended to define, implement and evaluate health policy by means of an integrated health care model; a proposal was formulated for this purpose which included a basic package of health services and the implementation of a national strategy for social communication.

In contrast to the situation in other countries, the main efforts in Panama related to the design and implementation of the Family, Community and Environmental Care Model and of a care protocol for pregnant women. It is virtually the only country which has a legislative mandate to incorporate a gender perspective, in this case by defining portfolios of different services for men and women. Service evaluation mechanisms have also been introduced (surveys of users' perceptions are held twice yearly in the San Miguel Arcángel Integrated Hospital (HISMA) and through the Social Solidarity network (RSS)).

In the Bolivarian Republic of Venezuela, the legislative changes have taken two directions: the strategy to enhance standards of living and health, and the neighbourhood programme *Barrio Adentro*, which includes the establishment of 600 public clinics, 8,000 public consultancies, 600 comprehensive diagnostic centres, 600 comprehensive rehabilitation centres and 35 high–technology centres, all of which are scheduled and under construction.

B. PERCEPTION OF HEALTH PROBLEMS BY THE AUTHORITIES

The main health problems mentioned by the authorities include the high morbidity and mortality rate in children, infectious vector-borne diseases, chronic degenerative diseases and injuries and death due to external causes. The countries assign different levels of priority to the problems mentioned in view of the different levels of coverage and quality of health care offered to their populations and the different stages of demographic and epidemiological transition they have reached.

Some of the most serious health care problems referred to by the Latin American authorities were the precarious institutional framework for public health and the lack of equity and efficiency in existing health systems. Moreover, gaps in health care do not affect all sectors of the population in the same way. In almost all of the countries surveyed it was agreed that such problems do not affect the non-poor sectors, as they have a greater capacity to pay and more access to specialized public and private services (through health plans and insurance or social security affiliation). There is inequality in the impact of health care problems not only for reasons of sociocultural and geographical accessibility: it is mainly due to income inequalities which generate living conditions that are insufficient to provide for and satisfy the health needs of the population.

The impact of socioeconomic and cultural variables in the globalized world results in very diverse health situations for different population groups and unequal exposure to health risks. Market segmentation, territorial segregation and various other manifestations of income concentration and social inequalities in Latin America and the Caribbean mean that these differences are growing stronger, although little is known about their specific manifestations. The objective of the ECLAC survey on national health programmes is to identify the main concerns of the authorities in relation to health in the region.

First of all, there is reference to the high rate of mother and child morbidity and mortality (Bolivia, Dominican Republic, Guatemala, Nicaragua and

Peru) and infectious vector-borne diseases such as malaria, dengue fever and dengue haemorrhagic fever, Chagas disease and leishmaniasis (Ecuador, El Salvador, Honduras and Peru). This last group of diseases also appears in second place in order of priority for the authorities of Brazil, Guatemala and Nicaragua and in third place for Chile. Some of these diseases, such as the hanta virus, leishmaniasis and also dengue, occur in connection with a deterioration in the public and private environment. Others, such as trichinosis and haemolytic uraemic syndrome, may be attributed to inappropriate food habits. Generally speaking, they are all related to a deterioration in the quality of life in certain regions and in certain sectors of the population (Ministry of Health and Environment, 2004). The concern of the health authorities in the region is focused on a large group of transmissible diseases, together with sexually transmitted and chronic transmissible diseases such as HIV/AIDS, which are assigned to second place in Bolivia, Honduras, Panama, and Peru and to third place in Colombia, Ecuador and El Salvador.

Chronic degenerative diseases (hypertension, diabetes mellitus type II, chronic intoxications with pesticides, etc.) are part of a second group considered to have very high priority for countries such as Ecuador, Paraguay and Peru. Moreover, a number of countries put this kind of disease in first place (Chile, Colombia and Panama), and it can therefore

be seen as a problem common to a number of countries in the region.

To a similar extent, intentional and unintentional injuries with external causes, related to accidents and to violent behaviour, are viewed as priority issues in Chile, Colombia and El Salvador. Problems of this kind also appear in third place among the concerns of the health authorities in Brazil, Costa Rica, Paraguay and Uruguay. This issue is a greater challenge in view of its interconnection to sociocultural phenomena which have a high impact on the health of the population, such as violent or impoverished conditions and self-destructive behaviour arising from psychological problems. Such occurrences are not isolated events, but ills inherent in modern life which have come to play a significant role among the causes of mortality associated with factors external to the individual. This indicates the need to place preventive health at the centre of national health policies.

Lastly, other concerns which are relevant, although not considered to be the most serious by the majority of countries, are cardiovascular disease (Argentina, Bolivarian Republic of Venezuela, Costa Rica and Uruguay), chronic non-transmissible diseases related to mental health (Chile), nutritional mother and child diseases (Bolivia, Guatemala and Peru) and various types of cancer (Argentina, Bolivarian Republic of Venezuela, Costa Rica and Uruguay).

Table V.2

LATIN AMERICA AND THE CARIBBEAN (17 COUNTRIES): MAIN HEALTH PROBLEMS IN ORDER OF PRIORITY			
Countries	Health problems		
	Most serious	Second most serious	Third most serious
Argentina	Circulatory disease (cardiac insufficiency)	Malignant tumours (tracheal, bronchial and pulmonary)	Respiratory diseases (acute respiratory insufficiency)
Bolivia	Mother and child mortality	Chronic infectious diseases	Undernutrition
Brazil	Non-transmissible diseases	Transmissible infectious diseases	External causes
Chile	Prevalence of risk factors for chronic diseases	Accidents and violence	Mental health disturbances
Colombia	Chronic and degenerative diseases	Intentional and unintentional injuries due to external causes	Infectious vector-borne diseases, sexually transmitted diseases
Costa Rica	Circulatory diseases	Tumours	Injuries due to external causes (violence)
Ecuador	Infectious vector-borne diseases	Chronic degenerative diseases	Sexually transmitted diseases, HIV/AIDS
El Salvador	Infectious diseases	Injuries due to external causes	Chronic transmissible and non-transmissible diseases
Guatemala	Mother and child mortality	Infectious vector-borne diseases	Nutritional diseases
Honduras	Infectious diseases	Transmissible diseases	Emerging diseases
Nicaragua	Mother and child and perinatal mortality	Infectious and vector-borne diseases	Chronic diseases
Panama	Chronic diseases	Sexually transmitted diseases	–
Paraguay	Preventable diseases that affect vulnerable groups	Chronic degenerative diseases	Emerging diseases, traffic accidents and violence
Peru	High rates of mother and child mortality Infectious diseases	Transmissible and chronic diseases	Mother and child undernutrition Maternal mortality
Dominican Republic	High rate of morbidity and mortality in children	No information	No information
Uruguay	Cardiovascular diseases	Cancer	Accidents
Venezuela (Bolivarian Rep. of)	Traffic accidents and violence	Cardiovascular diseases	Diseases associated with cancer

Source: Prepared by the author on the basis of the countries' responses to the ECLAC survey on national health programmes, 2005.

1. THE MAIN PROBLEMS WITH HEALTH CARE

According to the authorities, the region's main health care problems are related to various aspects of the precarious institutional framework for public health and the lack of equity and efficiency in the countries' existing health systems.

Limited access to health services was considered the main problem by most countries, including

Bolivia, Chile, Colombia, Dominican Republic, Guatemala, Panama, Paraguay and Peru, while for Argentina it took second place. Limited coverage of services is one of the manifestations of inequity, which is a priority issue for Costa Rica and Ecuador, while it is given slightly less priority in Argentina, Brazil, Nicaragua and Panama.

The second priority for Chile, Colombia and Peru was the low quality and inefficiency of services, while this issue took first place for some countries

(Costa Rica and Ecuador). There is a high unmet demand for services from a large sector of the population (Nicaragua and Guatemala), and particularly in rural areas (El Salvador). Specific problems mentioned in relation to inefficiency include excess regional capacity; high operating

costs; inadequate management capacity of both regional authorities and health service provision networks; weaknesses in surveillance and control processes; and systematic delays in the flow of resources, which lead to unsustainable conditions in some providing institutions.²

Table V.3

LATIN AMERICA AND THE CARIBBEAN (17 COUNTRIES): MAIN PROBLEMS WITH THE HEALTH CARE OF THE POPULATION			
Countries	Problems with care		
	First priority	Second priority	Third priority
Argentina	The health emergency caused by the 2001 crisis	Access to services and essential drugs for the whole population	Closing the statistical gaps in health that indicate the extent of inequity
Bolivia	Geographical inaccessibility	Cultural barriers	Costs
Brazil	Epidemiological transition towards non-transmissible diseases	Increase in complexity and costs of services	Lack of equity in care
Chile	Lack of equity in access	Insufficient quality of services	Shortage of resources
Colombia	Insufficient access to health services	Inefficiencies in organization and operation of the provision of services	...
Costa Rica	Efficiency, quality and equity of service	Precarious financial sustainability	Change in the epidemiological profile owing to population ageing
Ecuador	Insufficient equity and efficiency of services	Lack of human resources	Costs of the provision of health services
El Salvador	Lack of resources	Unmet health needs in rural areas	Emerging and re-emerging diseases
Guatemala	Limited access to health services	Unmet demand	Lack of adequate food
Honduras	Diarrhoea	Pneumonia	Anaemia, parasites, undernutrition
Nicaragua	Unmet needs	Shortage of resources	Inadequate levels of efficiency, equity and quality of health service provision
Panama	Inadequate accessibility of services	Lack of equity of services	Increase in costs
Paraguay	Inequitable access to health services	Inadequate infrastructure	Poor response capacity of emergency services
Peru	Low level of access to services, especially pregnancy, postnatal and neonatal services	Low quality and efficiency of services	Shortage of human resources Epidemiological accumulation
Dominican Republic	Low coverage of primary care	Lack of budget coordination	Insufficient coverage
Uruguay	Lack of a comprehensive health care model for private and public agents	Lack of care programmes for non-transmissible diseases	Weakness in primary care and its coordination with higher levels
Venezuela (Bolivarian Rep. of)	...	...	...

Source: Prepared by the author on the basis of the countries' responses to the ECLAC survey on national health programmes, 2005.

² As reported in the responses of the Colombian health authorities.

Financial sustainability and the higher cost of the institutional network and of health services is a cause of concern in countries such as Brazil, Costa Rica, Dominican Republic and Nicaragua. This issue was the third priority for Bolivia, while Chile, Ecuador and Panama give third place to the shortage of resources, including human resources (El Salvador, Chile and Peru). This seems to be another general feature of specific gaps in the region's health systems.

One specific trend in the area of health care is the epidemiological transition towards non-transmissible and emerging diseases (Brazil, Bolivarian Republic of Venezuela, Costa Rica, Peru and El Salvador) and the absence of specialized care programmes for such diseases (Uruguay).

Other more specific concerns in this area are the weakness and low level of coverage of primary care (Dominican Republic and Uruguay), and problems of its organization in relation to higher levels and the coordination of public and private agents (Uruguay).

2. THE MAIN CAUSES OF THE PROBLEMS WITH HEALTH CARE

The authorities attributed the main health care problems to a number of groups of causes, the first of which is economic (poverty, inequality, low standard of living and social exclusion). Several countries indicated general trends in this connection: poverty (Argentina, Bolivia, Brazil, Guatemala, Nicaragua, Panama and Peru), unemployment (Argentina) and poor environmental and basic sanitation conditions (El Salvador and Paraguay). These factors constitute economic barriers arising from a lack of resources to finance the cost of care, especially in low-income groups which do not have access to the benefit plans offered through insurance regimes.

A second set of factors relates to budgetary limitations that affect the provision of human, technological and infrastructure resources for the institutional network of public health services. The budget deficit appears as the main cause of the problems with care in Brazil, Colombia, Costa Rica, Ecuador, Nicaragua and Peru. The limited supply of services in rural and periurban areas is a factor in Bolivia, Colombia, Ecuador, Nicaragua, Panama and Paraguay.

Health care problems are also attributed to other causes, including limitations in human resources, because of shortages or the low level of commitment of health personnel (shown by poor service or frequent strikes), as mentioned by Ecuador and Peru. Inefficient health services are mentioned by Panama and Peru. Other causes mentioned with equal frequency were inadequate monitoring, evaluation and reorganization of services (Nicaragua and Peru), the lack of coordination between the approaches of the private and public health sectors (Uruguay and Chile), and the gap between a changing epidemiological situation and existing care models (Brazil and Uruguay).

There was also reference to shortcomings in the system of patient referrals and counter-referrals (Paraguay), in channels for beneficiary participation (Uruguay) and in health management, which is excessively focused on its institutions (Chile).

Other specific trends were identified in relation to the sociodemographic conditions of the region's population, such as the high level of geographical dispersion –especially in rural areas– which makes health services inaccessible because of inadequate transport and communications (Bolivia, Brazil, Colombia, Ecuador, El Salvador and Peru). These aspects may be considered "geographical barriers" which exacerbate one of the main health care

problems, which is the rural population's low level of access to health services and the limited response capacity of the institutions in rural areas, in view of their precarious budget and infrastructure, or their poor geographical distribution.

Other issues mentioned are population growth (El Salvador, Guatemala and Panama), changes in the epidemiological profile which are due, in part, to the higher preponderance of certain risk factors, including smoking (Argentina, Brazil, Costa Rica and Panama) and the multiple causes of disease (Costa Rica and Guatemala). Lastly, cultural diversity, the presence of ethnic groups, multilingual societies and increased numbers of migrants (Bolivia, Costa Rica and Guatemala), is an issue that for some countries generates new challenges in health care. This is the result of increased migratory movements and the demand for recognition of the economic, social and cultural rights of the indigenous and Afro-descendant peoples of the region. Although

this issue is part of a larger cultural and political problem, in relation to the strengthening of pluricultural states, it is not in itself a cultural barrier that imposes determining factors for the health of the population.

Cultural barriers are a set of factors relating to cultural habits with a negative impact on the population's health, education and aspects of the interethnic relationships which are established within national societies and which are detrimental to their minorities in relation to health services. There are a number of references to causes from this large group: inappropriate health habits, as a result of the lack of preventive health efforts (Costa Rica and Peru); high levels of illiteracy (Nicaragua and Peru); the lack of an intercultural approach in the health systems (Peru); lack of information in relation to health rights (Bolivarian Republic of Venezuela and Peru); the undervaluation of women and ethnic discrimination in health services (Peru).

Table V.4

LATIN AMERICA AND THE CARIBBEAN (18 COUNTRIES): CAUSES ASSOCIATED WITH THE MAIN PROBLEMS IN HEALTH CARE																			
Issues	Argentina	Brazil	Bolivia	Chile	Colombia	Costa Rica	Cuba	Ecuador	El Salvador	Guatemala	Honduras	Nicaragua	Panama	Paraguay	Peru	Dominican Republic	Uruguay	Venezuela (Bolivarian Republic of)	
Poverty, inequality, low quality of life and social exclusion																			
Poverty (unmet needs)	X	X								X	X	X	X		X				
Unemployment	X																		
Lack of access to water and poor environmental and sanitation conditions									X					X					
Budget limitations (human, technological and infrastructure resources)																			
Shortage of resources for health		X			X	X		X				X			X				
Limited supply in rural and periurban areas					X			X				X	X	X					
Inefficient health services													X		X				
Inadequate regulation, monitoring, evaluation and organization of services												X			X				

Table V.4 (concluded)

LATIN AMERICA AND THE CARIBBEAN (18 COUNTRIES): CAUSES ASSOCIATED WITH THE MAIN PROBLEMS IN HEALTH CARE																		
Issues	Argentina	Brazil	Bolivia	Chile	Colombia	Costa Rica	Cuba	Ecuador	El Salvador	Guatemala	Honduras	Nicaragua	Panama	Paraguay	Peru	Dominican Republic	Uruguay	Venezuela (Bolivarian Republic of)
Budget limitations (human, technological and infrastructure resources)																		
Lack of an integrated national health system																	X	
Shortage of or low level of commitment of health personnel								X							X			
Inadequate priority given to health issues															X			
Insufficient training for health personnel															X			
Weak system of referral and counter-referral of patients														X				
Different approaches of the private and public health sectors				X													X	
Management focused on the institution				X														
Gap between epidemiological situation and care model		X																X
Lack of channels for beneficiary participation																		X
Sociodemographic conditions																		
Geographical inaccessibility and limited transport and communications		X			X			X	X						X			
Population growth									X	X			X					
Changes in the epidemiological profile		X				X							X					
Multilingual and multiethnic populations, migrants						X				X								
Multiple causes of illnesses						X				X								
Cultural barriers																		
Lack of an intercultural approach															X			X
Illiteracy												X			X			
Inappropriate health habits, lack of preventive measures							X								X			
Lack of awareness of citizens' health rights															X			
Undervaluation of women															X			
Discrimination in health services																		

Source: Prepared by the author, on the basis of the responses of the countries to the ECLAC survey on national health programmes, 2005.

3. THE DIFFERENTIAL EFFECTS OF HEALTH CARE PROBLEMS

Health care problems do not affect all sectors of the population in the same way. The authorities in almost all of the countries surveyed agree that these problems do not affect the non-poor sectors, where there is a greater capacity to pay and more access to specialized public and private services (including health plans and insurance and social security affiliation). Only in the case of Uruguay was there reference to the growing level of unemployment in the non-poor sectors. Those affected do not have access to the public system (because they are not indigent) or to the private system (for lack of resources).

The effects of health care problems are unequal not only for reasons of sociocultural or geographical accessibility, or a combination of the two, but also and mainly because of income inequalities, which generate living conditions which fail to provide for and satisfy the health needs of the population.

The urban poor generally have better access to health services than the poor in rural areas, where the poverty is more extreme, although there are still variations within this trend. In Argentina, after the political, institutional and socioeconomic crisis of the last months of 2001 and the first half of 2002, seventeen of the twenty-four provinces had poverty rates higher than the national average. As these circumstances have a direct impact on the health of the population, this is a serious threat to the health capital of the Argentines. In Bolivia, despite the smaller distances separating the urban poor from health services, there are still problems with costs and with cultural differences. In Brazil, the urban poor have less access to health care in large cities,

especially in the poorest regions. In Colombia, problems of accessibility mainly affect the poor population, but geographical and economic barriers have a greater impact on the rural population and cultural barriers affect ethnic groups (El Salvador and Guatemala). In Ecuador, the urban poor have cost problems, but the rural poor and ethnic groups have greater difficulty with access issues. In some countries, the most serious problems for the urban poor are the deficient basic services and overcrowding (El Salvador and Guatemala). In Honduras, the urban and rural poor and ethnic groups share the same problems because of their shared conditions of poverty and extreme poverty, as indicated by the Human Development Index. In Nicaragua, the urban poor are also affected by the high cost of medicines, while the rural poor and ethnic minorities are equally affected by natural disasters.

The rural poor also have less access to health services and programmes, as there are usually less services in their geographical areas (Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Paraguay, Peru and Uruguay). In the case of Peru, there is reference to the low quality of the services offered, in addition to the limited supply. In Bolivia there is also a shortage of installed capacity and human resources for health care.

Ethnic groups have specific care problems owing to monolingual groups, high illiteracy rates, various manifestations of ethnic and racial discrimination that they have to deal with and difficulties with their political participation and representation as ethnic and racial minorities within the countries. In Latin America, as in other parts of the world, a large and complex historical process has established

race and ethnicity as determining factors of inequity and social, economic and cultural inequality. Together with gender and class discrimination, ethnic discrimination has become one of the most significant and deep-rooted factors in the region (Hopenhayn and Bello 2001). In this connection, Bolivia and Paraguay emphasize that health services for the indigenous communities are limited. In the responses of both countries there was reference to the lack of an intercultural approach to ensure that health services had a positive impact on the indigenous population. In Bolivia, for example, in addition to services being inaccessible, they are also inappropriate in relation to the traditional ways of dealing with health issues. In Paraguay, only 26% of the indigenous population has access to health services, and 92% use traditional medicine. These groups also have a distinct epidemiological profile (Peru). It is reported that Uruguay does not have an indigenous population and there is thus no ethnic discrimination in health care in that country.

Migrants are also in an unusual situation owing to culturally-determined factors, especially in the case of rural migrants. Their lower income and their precarious and often informal employment conditions lead to more health problems. In Chile, their position in relation to the health regulations is less clear, while health teams are not well trained in treating members of minority groups.

Other groups that are vulnerable in terms of health but received little mention in the surveys are older persons, the handicapped and adolescents without health care coverage (Nicaragua, Panama, Peru and Uruguay). Only in the case of Peru was there reference to women as one of the groups more affected by health care problems, as they show a greater burden of illness. In some countries there are

no sound public policies oriented to specific groups by age or sex. When they do exist, initiatives of this type tend to be fragmented and non-continuous (Uruguay).

In short, access would seem to be the main problem facing the Latin American countries in the area of health care. According to the survey, both the middle-level socioeconomic groups which have suffered the impact of processes of economic destabilization and growing unemployment, and the traditionally more vulnerable sectors in urban and rural areas are excluded from the formal and public health system. This shows a significant lack of equity. There are many extra-sectoral factors with a significant impact on health and they must be taken into account when designing the relevant policies. They include housing, education, nutrition, employment and life style issues, and the quality of the environment. International experience has shown that even in countries with standard and universal systems of care, the results show significant differences because of such factors (Ministry of Health and Environment, 2005).

4. PUBLIC AND PRIVATE HEALTH COVERAGE

Many of the Latin American countries have no general public system of health insurance. Nor do all of the health authorities have statistics disaggregated by sex and geographical area on the coverage of private systems (Bolivarian Republic of Venezuela, Chile, Colombia and Costa Rica) and public systems.³ Only Paraguay provided information on the use of traditional general medicine (92% of the indigenous population and 24% of the total population in relation to the use of pharmacies and

³ Private systems include care provided to the beneficiaries of national welfare organizations, provincial welfare organizations, prepaid medical care companies, mutual associations and others. The term "welfare organization" refers to what are internationally known as insurance companies, but some are for profit (prepaid) and others are not.

traditional healers). In some countries the percentage of people without coverage is quite high. In the case of Bolivia, for example, this is the situation of from 39% to 44% of the population.

Of the countries surveyed, Panama reports the highest levels of coverage in the public system, at around 85%. In contrast, the lowest coverage levels for the public system are found in Bolivia (35%), Paraguay (46%), Argentina (48%), Peru (51.7%) and Uruguay (53%).

In all countries, the private system has much lower coverage than the public system, especially in El Salvador, Honduras, Guatemala and Peru. These same countries show the largest gaps in coverage between the public and private systems (El Salvador: 75% and 5%, respectively; Honduras: 60% and 4%; Guatemala: 80% and 0.8%; and Peru: 52% and 4%).

As for the numbers of men and women using the public health systems, only in Chile and the

Dominican Republic is the coverage for women significantly higher than for men (in Chile, 82% and 69%, respectively; and 60% and 50% in the Dominican Republic). In the other countries for which this information is available, coverage levels are fairly similar for both sexes. In the private systems, only Guatemala shows a significant difference by gender, with 10.3% for men and 3.7% for women.

As for the gap in public coverage levels between urban and rural areas, urban coverage tends to be higher than rural in the countries for which this information is available (showing why this was mentioned as a priority health issue in most of the survey responses) except in Chile, where rural coverage far exceeds urban coverage (96.4% and 64.3% respectively). Moreover, the level of private urban coverage is very different to that of private rural coverage, which is much lower.

C. NATIONAL HEALTH POLICIES AND PROGRAMMES

In most of the region's countries, the level of public spending allocated to the health sector has increased in the context of a regional agenda of health system reforms which is intended to improve the equity, efficiency and quality of the benefits. At present, although the countries are making progress towards creating a universal, explicit and guaranteed basic package of health services, the health authorities report continuing inequalities in a number of areas. The lack of coordination and integration between the various subsectors that provide health services (public, social security and private) results in diverse levels of coverage which hinder the establishment of a shared vision in the health systems and goes against the efficient use of resources and the achievement of acceptable levels of equity in access to and use of services. Other current problems are the lack of definition of the benefits model, fragmentation and inefficiency in the use of resources, the lack of financing for preventive care, the wide variation in the quality of services, and weakness in human resources planning and regulation of technologies.

Over the last decade, the level of public spending assigned to the health sector has increased in most of the region's countries, in the framework of a regional agenda of reforms intended to improve the equity, efficiency and quality of services. According to ECLAC data, public spending on health in most Latin American and Caribbean countries is less than US\$ 40 per capita and amounts

to less than 2% of gross domestic product. Only in three countries is per capita spending higher than US\$ 200 and in five countries this figure accounts for between 4% and 6% of GDP (see table V.5). Between 1990–1991 and 2002–2003, public spending on health expressed as a percentage of GDP fell from 3.1% to 2.9%.

Table V.5

PUBLIC SPENDING ON HEALTH, 2002–2003						
In per capita dollars				As % of GDP		
Less than 40	60–100	100–200	More than 200	Less than 2%	2%–4%	4%–6%
Ecuador	Venezuela (Bolivarian Rep. of)	Brazil	Costa Rica	Guatemala	Mexico	Argentina
Bolivia	Jamaica	Uruguay	Panama	Ecuador	Uruguay	Colombia
Paraguay	Colombia	Mexico	Argentina	Paraguay	Jamaica	Costa Rica
Guatemala	Trinidad and Tobago	Chile		Trinidad and Tobago	Brazil	Panama
Nicaragua		Cuba		Bolivia	Chile	Cuba
El Salvador				Dominican Republic	Nicaragua	
Honduras				Venezuela (Bolivarian Rep. of)	Honduras	
Peru				El Salvador		
Dominican Republic				Peru		

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official information from the respective countries.

At present, although the countries are making progress towards the creation of a universal, explicit and guaranteed package of health services, the health authorities report continuing inequalities in various areas. The lack of coordination and integration between the various subsectors that provide health services (public, social security and private) results in diverse levels of coverage which hinders the establishment of a shared vision in the health systems and goes against the efficient use of resources and the achievement of acceptable equity levels in access and use of services. Other current problems include the lack of definition of the benefits model, fragmentation and inefficiency in the use of resources, the lack of financing for preventive care, the wide variation in the quality of services, and weakness in human resources planning and regulation of technologies. These factors have hindered the definition of global strategic guidelines and the design of national medium-term and long-term policies. In some countries, this situation has even led to the generation of small quasi-autonomous systems that are weak, unequal in terms of the services offered and strongly inequitable, with different response capacities in terms of quality and access both between jurisdictions and within them (Ministry of Health and Environment, 2005).

Nevertheless, the governments have made efforts to strengthen their primary health care initiatives (Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Nicaragua, Peru and Uruguay). In response to one of the most serious health problems of the Latin American population –infectious transmissible diseases– most of the countries have national programmes for immunization (Argentina, Brazil, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Honduras, Paraguay and Peru), comprehensive care for tuberculosis (Argentina, Brazil, Colombia, Ecuador, El Salvador, Nicaragua, Paraguay and Peru), and control of vector-borne diseases (Brazil, Colombia, Costa Rica, Ecuador, El Salvador, Honduras, Nicaragua and Peru) and acute respiratory infections (Argentina, Chile and Peru). Special efforts have been made in relation to sexually transmitted diseases in Argentina, Brazil, Chile, Costa Rica, Dominican Republic, Ecuador, El Salvador, Paraguay, Peru and Uruguay. In this area the programmes include laboratory tests, free diagnosis and treatment, the provision of reagent drugs for HIV and syphilis, viral burdens, and distribution of condoms and leaflets on prevention. In some countries, initiatives of this kind have included action to strengthen the management of sexual health programmes and to

promote the participation of community organizations. In Argentina, for example, the programmes to combat human retrovirus, AIDS and sexually transmitted diseases have included training activities for the professionals responsible for primary care and for projects and services in the country, or for young people to be trained as health promoters. There were also initiatives to prevent mother-to-foetus transmission of HIV through serological detection tests for pregnant women and the provision of drugs during pregnancy and birth.

In the context of monitoring and surveillance schemes for non-transmissible diseases, some programmes are designed to provide free drugs and treatment to individuals suffering from cancer (Argentina, Bolivarian Republic of Venezuela, Colombia, Nicaragua and Uruguay), arterial hypertension (Brazil), cardiovascular disease (Brazil, Nicaragua, Paraguay and Uruguay), and malignant tumours. This last category includes smoking control programmes (Argentina and Uruguay). Argentina joined the Framework Convention on Tobacco Control of the World Health Organization (WHO) which has the following goals: protecting present and future generations from the health, social, environmental and economic consequences of tobacco consumption and providing a national and international framework for tobacco control measures in order to reduce tobacco use and exposure to tobacco smoke. A national survey was held on tobacco and campaigns were launched to control its consumption: "Give it up and win"; "Smoke-free environments" and "Tobacco-free sports". A national register of smoke-free institutions and enterprises was also established.

As for illnesses due to external causes, some countries have carried out a series of inter-ministerial initiatives for the control of violence and traffic accidents (Bolivarian Republic of Venezuela, Brazil, Colombia, El Salvador, Peru and Uruguay). There have also been specific initiatives to meet the health needs of displaced populations. The displacements are caused by a number of factors, the

most significant being increased environmental degradation and the plundering of natural resources on indigenous lands, wars and situational or generalized acts of violence. In the past decades, countries such as El Salvador and Nicaragua have suffered huge displacements of indigenous populations because of civil wars. The same is now occurring in conflict zones such as the state of Chiapas in the south of Mexico and in particular in Colombia where the situation of indigenous peoples continues to deteriorate.

In relation to mother and child health, there are a number of comprehensive protection programmes for women during pregnancy and for up to 45 days after the birth, and for children under the age of 6 years who lack explicit coverage. The main purpose of these initiatives is to provide care and physical protection for all women of fertile age as one of the components of primary health care. The programmes are intended to promote family planning, institutional delivery and perinatal and postnatal checkups. Other initiatives in this area are intended to reduce infant undernutrition and mortality. In relation to this last point, the survey response from Bolivia refers to the progress made in 2003, with 71% coverage for pentavalent vaccination in children aged one year, and 61% of births attended by qualified personnel.

Efforts are also being made to diversify the specialized provision of health services for adolescents. Almost all countries have strategies to broaden access to health services and have also launched, initiatives to resolve problems associated with adolescent pregnancy and sexually transmitted diseases (STDs) (Panama), HIV (Dominican Republic and Panama) and prevention, control and support services to combat drug addiction (Chile, Colombia, Dominican Republic, Mexico and Nicaragua). There are comprehensive programmes for adolescent and child health in Chile, Costa Rica, Cuba, Dominican Republic and Peru, but only Colombia has specific initiatives oriented to the mental health of young people (ECLAC, 2005c).

Other programmes are being implemented in order to increase coverage, foster equity and improve the health conditions of the population through various components: supply of drugs, timely access to appropriate treatments, strengthening of the primary care model and promotion of health policies with participatory management. These efforts are intended to prevent a deterioration of the health conditions of poor families. Drugs are provided without charge through the public network of health institutions. On a complementary basis, efforts are being made to enhance the linkages between sectors with access problems and primary care centres and health professionals, and to increase the frequency of medical check-ups for families by providing drugs free of charge.

Initiatives to resolve the health problems of specific population groups include health care programmes for older adults (Costa Rica, El Salvador, Honduras and Uruguay). Although the indigenous peoples in Latin America are in a worse position in relation to health than the rest of the national population, few countries provide specific services for these groups (Brazil and Peru). Indigenous households, especially in rural areas, are often at high risk of disease owing to their precarious living conditions and the low availability of health, water and basic sanitation services. No systematic studies have yet been carried out to compare the health profiles of the different indigenous peoples and compare these profiles with those of the national populations, but there are some indications of an improvement in the reproductive health of indigenous peoples which are significant when analysing the health situation of these groups.

According to the survey responses, only Paraguay provides more specific services for indigenous peoples, including specialized medical assistance, emergency medical care and services for mental health, social well-being, water supplies and

environmental sanitation, human resources and physical resources development and investment programmes.

In Argentina an innovative effort has been made in the health sector with emphasis on action with community participation. The goal of the Technical Joint Action Programme with civil society organizations implemented by the coordinating commission for the participation of NGOs and other entities concerned with health promotion is to contribute, through interaction with civil society, to improving the results and impact of the programmes of the national Ministry of Health and Environment. The substantive actions carried out during 2004 were aimed at: empowering the agents of social organizations; forming linkages between NGO representatives and programme representatives; training for institution-building and consultancy services to organizations to establish new entities; the creation of a directory of organizations and the dissemination among NGOs of complaints and claims systems and participatory forums for health programmes.

The guiding body on health issues in Colombia is the Ministry of Social Protection, which designed the national health programme for 2002–2006. This programme defines strategies and guidelines for interventions on the main health issues and health management in terms of improving insurance coverage, provision of services and development of the health care quality guarantee system. Although Colombia does not have specific national health programmes as such, health problems are tackled by devising activities for health promotion, preventive care and comprehensive care, which are implemented in the context of the general social security system's benefit plans, with measures for individuals through the Obligatory Health Plan (POS) and collective measures through the Basic Health Care Plan (PAB).

In Uruguay, the priority programmes of the Ministry of Public Health have historically not had a strong presence in the health system or even a budget allocation. Their coverage is basically urban, and mainly focused on Montevideo, with scant development in the provinces. As of March 2005, some programmes were set up in more specific areas of care (smoking, older adults, disability). The mother and child programme was divided into two areas: women and gender, and children, and another area was established for adolescents, which cuts across all programmes. Another crosscutting area is risk management.

Although the Latin American countries have programmes that attempt to meet the needs of age groups with specific health problems, there is a lack of initiatives to deal with extra-sectoral factors which affect the level of health of the population: programmes for the environment, quality improvement for housing and education, drinking water, food security and others, coordinated in an appropriate way with health plans, which contribute to encouraging preventive behaviour and habits and health promotion. Another determining factor is that the distribution of the poor population in regions with different degrees of economic

development requires the implementation of differential policies in relation to food, health, education, social security and the promotion of environmental sustainability.

1. PROGRAMME FINANCING AND COORDINATION

In most countries in the region, the programmes are financed from a national budget allocation or contributions from non-reimbursable international funding. Nevertheless, a serious financing problem in most of the countries is the unequal distribution of health care resources, which tend to be concentrated in the better-off regions. In some cases, the national health programmes do not have their own budget, and thus have to be managed with a combination of resources, including the general budget of the health ministry.

Programme coordination is mainly the responsibility of the national health ministry, which organizes implementation with other social actors. One of the current problems in programme coordination is poor management at the intermediate levels of official health institutions.

Table V.6

LATIN AMERICA (17 COUNTRIES): ORIGIN OF RESOURCES ASSIGNED TO NATIONAL HEALTH PROGRAMMES								
Country	National budget	Reimbursable international funding	Non-reimbursable international funding	Non-governmental organizations	Foundations	Combination	Insurance companies	Provincial budgets
Argentina	X	X				X		X
Bolivia	X	X	X	X				
Brazil	X			X	X	X		
Chile	X							
Colombia	X						X	
Costa Rica	X		X	X	X	X		
Ecuador	X		X	X				
El Salvador	X		X			X		
Guatemala	X		X		X			
Honduras	X					X		
Nicaragua	X	X	X	X	X			
Panama	X	X	X					
Paraguay	X	X						
Peru	X	X	X					
Dominican Republic	X	X	X					
Uruguay	-	-	-	-	-	-	-	-
Venezuela (Bolivarian Rep. of)	-	-	-	-	-	-	-	-

Source: Prepared by the author on the basis of the countries' responses to the ECLAC survey on national health programmes, 2005.

Table V.7

LATIN AMERICA (17 COUNTRIES): TYPES AND CHARACTERISTICS OF NATIONAL HEALTH PROGRAMMES								
Diseases	Type of programme	Objectives	Target population	Coordinating institution	Achievements	Difficulties	Financing	Countries
Transmissible infectious diseases	Immunization	Surveillance of various immunizable diseases ^a	National, urban and rural coverage	National, intermediate and local health departments	Expansion of coverage	Lack of institution—building to maintain programmes	National budget	Argentina
	Tuberculosis	Comprehensive care for tuberculosis	Regional coverage	NGOs	Inclusion of new vaccinations	Need to increase operational efficiency	Non-reimbursable international funding	Bolivia
	Vector-borne diseases	Control of malaria and dengue	Total population	Foundations	Increase in investment in critical inputs for care of vector-borne diseases	Lack of ongoing monitoring and assessment	Reimbursable international funding	Brazil
	Sexually transmitted diseases (STDs) (syphilis, HIV/AIDS)	Laboratory tests for diagnosis	Risk groups	National councils and institutions for HIV/AIDS prevention	Increase in investment in drugs	Excessive installed capacity in regions	NGOs	Chile
		Drugs and prevention			Higher level of epidemiological surveillance		Combination	Colombia
Non-transmissible diseases		Strengthening of programme management			Care for STDs through syndrome management	High operation costs		Ecuador
		Community participation			Strategy for peer promoters and educators in the homosexual and transsexual population	Weak information systems		El Salvador
		Free treatment			Greater universality of antiretroviral treatment	Problems of technical and financial sustainability		Honduras
	Acute respiratory infections	Research, prevention, diagnosis, treatment, training and standardization at the national level			Preventive habits			Nicaragua
		Primary and secondary prevention			Extension of coverage for early diagnosis and management of diseases			Paraguay
		Malignant tumours (tracheal, bronchial and pulmonary)						Peru
	Cancer							Dominican Republic
								Uruguay
								Argentina
								Colombia
							Nicaragua	
							Uruguay	
							Venezuela (Bolivarian Rep. of)	
	Arterial hypertension	Identification of risk factors and primary preventive care	National, urban and rural coverage	Combination			Combination	Brazil

Table V.7 (continued)

LATIN AMERICA (17 COUNTRIES): TYPES AND CHARACTERISTICS OF NATIONAL HEALTH PROGRAMMES								
Diseases	Type of programme	Objectives	Target population	Coordinating institution	Achievements	Difficulties	Financing	Countries
	Cardiovascular diseases	Social communication campaigns Restriction on advertising Tobacco control measures	Men aged from 30 to 49 years and women aged 40 to 59 years Total population					Brazil Nicaragua Paraguay Uruguay
	Smoking	Price increase for cigarettes Smoke-free environments and services to help with giving up smoking						Argentina Uruguay
Illnesses due to external causes	Disarmament campaigns Monitoring of traffic accidents Monitoring organization linked with intersectoral actions Inter-ministerial actions for prevention of aggression		National, urban and rural coverage Total population	National health departments	Comprehensive care for displaced population	Lack of development of more efficient and effective operational strategies	National budget Reimbursable international funding Combination Reimbursable international funding	Brazil Colombia El Salvador Peru Uruguay Venezuela (Bolivarian Rep. of)
Strategic health guidelines	Mother and child health	Comprehensive nutritional care for mother and child Comprehensive protection for pregnant women Drugs and contraceptive treatments Control of child mortality	Pregnant women Population of newborns and children in general Immediate post-partum or post-abortion care for women	National health departments National Council for Children and Adolescents National Commission for Analysis of Child Mortality NGOs Foundations	Reduction in the reasons for maternal death Small increase in institutional deliveries Reduction in child mortality rates Reduction of child undernutrition	Lack of extension of coverage of nutritional comprehensive care and recovery Lack of human resources Inaccessibility and inequity in the assignment of funds	National budget Reimbursable international funding Foundations NGOs	Argentina Bolivia Chile Colombia Costa Rica El Salvador Honduras Nicaragua Paraguay Peru Dominican Republic Uruguay

Table V.7 (continued)

LATIN AMERICA (17 COUNTRIES): TYPES AND CHARACTERISTICS OF NATIONAL HEALTH PROGRAMMES								
Diseases	Type of programme	Objectives	Target population	Coordinating institution	Achievements	Difficulties	Financing	Countries
	Adolescent health	Extension of access to basic health care Comprehensive prevention and care for sexuality and addictions Food assistance	Adolescent population Children	Ministry of Health NGOs Decentralized official youth body National Council for Children and Adolescents	Provision of specialized health care to adolescents throughout the country	Need for incorporating monitoring and assessment processes	National budget Combination Private sector	Chile Colombia Costa Rica Cuba Honduras Mexico Nicaragua Peru Dominican Republic
	Sexual and reproductive health	Combating human retroviruses, AIDS and sexually transmitted diseases Targeted mass prevention campaigns Training for health teams and agents in management and in comprehensive care for women Counselling and comprehensive care for adolescents Dissemination of contraceptive techniques Community training and promotion of rights with a gender perspective Prevention of genital and breast cancer Domestic violence	Population of reproductive age Young people Pregnant women	National health departments NGOs Foundations	Design and development of intervention strategies for priority action lines Implementation of the National Sexual Health and Reproduction Plan (only Paraguay)	Need to improve coordination of the sectors involved Lack of coordination of the benefit plans	National budget Reimbursable international funding NGOs	Argentina Chile Colombia Nicaragua Peru Dominican Republic

Table V.7 (concluded)

LATIN AMERICA (17 COUNTRIES): TYPES AND CHARACTERISTICS OF NATIONAL HEALTH PROGRAMMES								
Diseases	Type of programme	Objectives	Target population	Coordinating institution	Achievements	Difficulties	Financing	Countries
	Drugs and food security	Increase in coverage and access to drugs Timely access to treatments Strengthen the primary care model Control of food-related diseases and risk factors	National coverage Urban and rural population	National health departments Relevant national institutes	Ongoing improvement of use and compliance with rules Progress in the development of public health surveillance Progress in regulatory harmonization Definition of a food security policy Less variation in accessibility within the jurisdiction	Scant development and implementation of an environmental health policy Lack of development of territorial management capacity	National budget Reimbursable international funding NGOs	Argentina Colombia El Salvador Peru
	Community participation	Broadening of participation in health programmes Empowerment of social organizations Institution-building	National coverage	National health departments NGOs	Participation of civil society Linking of the representatives of NGOs with leading programmes		NGOs	Argentina
	Older adults	Morbidity care	Institutionalized older adults, aged over 65 years	National health departments National Council for Older Adults				Costa Rica El Salvador Honduras Uruguay

Source: Prepared by the author on the basis of the countries' responses to the ECLAC survey on national health programmes, 2005.

^a Vaccine against tuberculosis, hepatitis B, quadruple bacterial, triple bacterial, oral polio, triple viral and double viral and double adult (antipolio, BCG, MMR and pentavalent).

D. INTERNATIONAL AGENDA

The Millennium Development Goals were established as a result of the meeting held by the United Nations General Assembly in September 2000, with the participation of the Heads of State and Government of 147 countries and 42 ministers and heads of delegation, in order to agree on a joint effort to revitalize international cooperation on behalf of the less developed countries and, in particular, to mount a frontal assault on extreme poverty.

On that occasion, the following goals were identified:

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development

The goals were defined as clearly as possible and quantified targets were also agreed upon, to show the levels to be reached by 2015 for the main economic and social variables used as indicators for the approved goals. It was also agreed to review periodically the progress made, in order to avoid the efforts disappearing with the passage of time.

Under the terms of this agreement, ECLAC, in coordination with the specialized agencies of the

United Nations system, prepared the document *The Millennium Development Goals: A Latin American and Caribbean Perspective*, in which the progress made by the region is identified and quantified, and also the challenges that lie ahead. The pivotal theme of the report is inequality, as Latin America and the Caribbean is the least equitable region of the world. In the text there are also indications of the differences between countries in relation to progress towards achieving the goals and, in all possible cases, consideration is given to the differences in development of different population groups (classified by gender, ethnicity, age group, place of residence and income level), which helps to determine in which areas greater effort is needed so that the progress reaches everyone. There is also an integrated analysis of macroeconomic factors, including fiscal factors, in relation to the goal of combating poverty.

The report suggests that if economic growth does not change income distribution, it will not have

sufficient influence to improve the living standards of those who live in poverty. A distributive change that increases the income of the poorest groups more rapidly would make it possible to achieve the goals in a shorter time. This approach of growth with equity also requires institutional changes which would place social policies at the centre of the development strategy.

The document was prepared by the specialized agencies, programmes and funds of the United Nations system present in the region and was coordinated by ECLAC.⁴ This contribution opens up innovative forums for regional and subregional cooperation and provided a basis for the discussions that took place at the United Nations General Assembly in September 2005, at which the progress made at the global level was reviewed.

During the first half of 2005 various meetings were held to publicize the document *Millennium Development Goals: A Latin American and Caribbean Perspective*, which evaluates the status of compliance with the Millennium Development Goals (see box V.2). In brief, over the past five years the Latin America and Caribbean region has continued to make progress in combating hunger, in improving gender equity in education, in expanding access to drinking water and in reducing child mortality, but the region continues to lag behind in complying with some of the Millennium Development Goals, such as halving extreme poverty, achieving universal primary education and reversing environmental degradation.

⁴ The United Nations bodies that participated in preparing the regional document are: Economic Commission for Latin America and the Caribbean (ECLAC), the International Labour Organization (ILO), Food and Agriculture Organization of the United Nations (FAO), United Nations Educational, Scientific and Cultural Organization (UNESCO), Pan American Health Organization/World Health Organization (PAHO/WHO), United Nations Development Programme (UNDP), United Nations Environment Programme (UNEP), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), World Food Programme (WFP), United Nations Human Settlements Programme (UN-HABITAT) and the United Nations Development Fund for Women (UNIFEM).

**LAUNCH OF THE DOCUMENT ENTITLED *MILLENNIUM DEVELOPMENT GOALS:
A LATIN AMERICAN AND CARIBBEAN PERSPECTIVE***

Place and date ECLAC, Santiago, 10 June 2005

Participants: Representatives of the Government of Chile, Organization of American States (OAS), specialized agencies of the United Nations system, non-governmental organizations and academic, political and institutional circles and special guests.

Organizers: ECLAC

Other meetings at which the document was presented:

- Brasilia, Brazil, 16 June, Congress of Brazil.
 - Mar del Plata, Argentina, 18 June, Round Table on the Millennium Development Goals in the context of the Inter-ministerial Meeting on the Millennium Development Goals in Health and the Environment.
 - Spain, 22–24 June, organized by the Spanish Government, a Seminar on the Millennium Development Goals was held. Shared responsibility, future commitment.
 - Havana, Cuba, 1 July, meeting of the Presiding Officers of the Regional Council for Planning of ILPES, High-level Seminar on Social Planning and Development.
 - Washington, United States, 1 July, official launching at the Pan American Health Organization.
 - United Nations, New York, 5 July the document was presented at the High-Level Segment of the Economic and Social Council to the Permanent Missions of the member States of ECLAC.
 - Panama, 29 July, Fourth Summit of Heads of State and Government of the Association of Caribbean States.
 - Lima, Peru, 17 and 18 August, Andean Subregional Conference: the Millennium Development Goals from the Latin American perspective.
- Other meetings to publicize the document are planned for 2005.

Objective: To present the evaluation of progress towards meeting the Millennium Development Goals. Evaluation by the specialized agencies of the United Nations, coordinated by ECLAC.

Main findings:

- Extreme poverty in Latin America and the Caribbean decreased by about four percentage points (from 22.5% to 18.6%) between 1990 and 2004, which is less progress than what is required to ensure meeting the relevant target for the first goal by the year 2015. There has, however, been progress in reducing hunger and child undernutrition and most of the countries will probably meet the goal of eradicating hunger. It is a cause of concern, however, that the poorest countries, where the population has more food access problems, are precisely the ones that are making little progress.
- Latin America and the Caribbean had net primary education enrolment rates of over 90% in the 1990s, and has continued to make progress in this area. Several countries of intermediate development have managed to provide access to basic education to over 95% of children. In the less developed countries the progress has been slower, with a slight backward step in Honduras and Paraguay. There was less progress in the Caribbean countries, but most of them have already reached net primary enrolment rates of over 95%.
- The region does not show signs of gender inequality in education as do some developing regions. At secondary level, there are more girls enrolled than boys. There are more women than men in higher education in the Bolivarian Republic of Venezuela, Brazil, Costa Rica, El Salvador, Honduras, Jamaica, Trinidad and Tobago and Uruguay, according to the information available for 9 countries. The economically active population includes urban adolescents aged between 15 and 19 years, 40.3% of whom attend school, but for male adolescents this figure is 35%. Some countries have not yet achieved equity in school attendance for the group aged from 6 to 12 years. Although the equality target has been achieved for girls from non-poor groups, the challenge remains for girls from poor households. The labour income of women is still between 30% and 40% lower than that of men, there are still problems with domestic violence and there is not yet sufficient female representation in parliaments.
- There has been a significant reduction in child mortality in the region. The mortality rate for children under 5 years of age was reduced from 56 to 33 per thousand live births and infant mortality (children under 1 year of age) was reduced from 43 to 25 deaths between 1990 and 2003. The progress was significant in the countries of intermediate and higher levels of development, although the group of less developed countries is also on track for meeting the target. The reduction in the under-five mortality rate was 34 points in the less developed countries, 24 points in those with an intermediate level of development and 11 points in the most developed ones. With the exception of Haiti and Paraguay, the countries are on track to achieving the target, although mortality remains very high in Bolivia, Guyana and Peru.

**LAUNCH OF THE DOCUMENT ENTITLED *MILLENNIUM DEVELOPMENT GOALS:
A LATIN AMERICAN AND CARIBBEAN PERSPECTIVE***

- Latin America and the Caribbean has a lower maternal mortality ratio than other developing regions, but pregnancy- and childbirth-related deaths are still a significant public health problem in many of the countries. There are substantial differences between countries which reflect their levels of per capita income. In the less developed countries, the maternal mortality ratio ranges from 100 to 230 per 100,000 live births except in Haiti (where the figure is close to 520). In the countries with intermediate levels of development, maternal mortality ranges from 45 to 105, except in Peru, which has a ratio of 185 per 100,000. This figure ranges from 11 to 36 in the more developed countries. The maternal mortality rate in the Caribbean (113) is higher than the regional average of 87 per 100,000.
- In Latin America and the Caribbean, 2.4 million people were living with HIV/AIDS in 2004 and this number increased by 200,000 between 2000 and 2004. Owing to the size of the population in Brazil, that country accounts for 28% of these cases, although the prevalence of HIV/AIDS there is only 0.7%. It is also the only country which has clearly managed to contain the epidemic. The prevalence rate in the adult population in the Caribbean is the highest in the world after sub-Saharan Africa. Haiti has the region's highest rate (5.6%) and there are four other countries with rates above 2% (Trinidad and Tobago, Bahamas, Guyana and Belize). The disease has already had an impact on life expectancy in those countries.
- The indicators show that there is significant environmental degradation in the region, a low probability of meeting the target of reversing this process and difficulty in meeting the target for sanitation, especially in rural areas. There is concern about deforestation and the loss of biodiversity, air pollution and the increase in slums in the cities. Significant progress has been made in expanding the coverage of drinking water services. The Caribbean countries have met the urban sanitation target but other countries, including Bolivia, Brazil, El Salvador, Guatemala, Haiti and Peru are lagging behind with coverage below 60%.
- Another area in which progress has not been achieved is the commitment made by the industrialized countries to provide assistance for the developing countries: 0.7% of their GDP. At present the assistance provided scarcely reaches 0.25%. Meanwhile, a complex web of barriers prevents the region's exports from reaching the most developed countries.



ECONOMIC COMMISSION FOR LATIN AMERICA AND THE CARIBBEAN (ECLAC)

SURVEY ON NATIONAL HEALTH PROGRAMMES

Identification: Institution _____ Country: _____
 Person responding to questionnaire: _____ Post: _____

Please be brief.

1. What are the country's three main public health problems?

Order	Main public health problems*
1	
2	
3	

* Examples: epidemiological profile – infectious diseases, chronic diseases, sexually transmitted diseases, catastrophic illnesses etc.

2. Does the country have specific programmes to deal with these problems?

Yes _____ No _____

3. What are these programmes?

4. What are the country's three main problems with public health services? What are the causes?

Order	Main problems with public health services*	Causes
1		
2		
3		

* Examples: unmet health needs, efficiency and equity of health services, increase in costs, lack of resources, change of epidemiological profile because of ageing, etc.

5. Do these problems in public health services affect different population groups in the same way?

	Population groups				
	Urban poor	Rural poor	Non-poor	Ethnic groups	Other*
Yes / No					
Why?					

* Other: For example, older adults, children, young people and adolescents, men, women.

6. What level of public and private health coverage does the population have?

	Percentage of total population covered by the health system				
	Total	Men	Women	Urban	Rural
Public health					
Private health					

7. What are the main reforms that have been implemented in the last five years?

8. Have these reforms changed the balance between public and private health coverage? In which direction?

Yes, towards private health systems _____

Yes, towards public health systems _____

No change _____

9. Give details of the type of health service programmes and their coverage, resources and first year of implementation.

Type of programme (examples)	Coverage (urban, rural, regional)	Resources		Year of launch
		Annual	Total	
Primary health care				
Maternal and child health				
Control of infectious diseases				
Sexual and reproductive health				
HIV/AIDS				
Induced abortion				
Other				

10. Which institutions are responsible for coordinating the health programmes and what are their target populations?

Name of programme	Coordinating institutions				Target population by sex and age	Other*
	Ministry of Health	NGOs	Foundations	Combination		

* Other: For example: older adults, poor/non-poor; urban/rural; ethnic groups.

11. Where do the health programmes' resources come from?

Name of programme	Origin of the resources					
	National health budget	Reimbursable international funding	Non-reimbursable international funding	NGOs	Foundations	Combination

12. What are the mechanisms for analysis, assessment and monitoring of health programmes?

Name of programme	Mechanisms		
	Analysis	Monitoring	Assessment

13. Which aspects of the health programmes have been successful and which need to be changed?

Name of programme	Successes	Change needed*

* For example: unmet demand, lack of human resources; insufficient financing, discontinuity of programmes, geographical inequality etc.

14. Which aspects of the health systems have been successful and which need to be changed?

Health systems	Successes	Change needed*
National		
Regional		
Local		

* For example: financing, unequal territorial distribution of health resources, gaps in health infrastructure, management, health services provision insurance etc.

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Or preferably by e-mail to: irma.arriagada@cepal.org

Please add any other information that you consider relevant.

LATIN AMERICA AND THE CARIBBEAN (17 COUNTRIES): LEGISLATIVE CHANGES 2000–2005

Country	Laws, draft laws, decrees	Date	Legislative changes 2000–2005
Argentina ^a	Act N° 25.929 on Humanized Childbirth		Initiative by the Executive Power – Ministry of Health and the Environment
	Draft Law amending Act N° 24.193	2004	"Transplants of Human Organs and Anatomical Material", establishing the principle of presumed donor consent. Initiative by the Executive Power – Ministry of Health and the Environment. N° 1343/04
	Draft Law on fake medicines		Increased penalties and definition of new criminal offences against public health. Initiative by the Executive Power – Ministry of Health and the Environment
	Draft Law reducing penalties for professional liability		Initiative by the Legislative Power; received support from numerous forums organized by the Ministry of Health and the Environment
	Draft Law on expense-free litigation for professional liability		Initiative by the Legislative power; received support from numerous forums organized by the Ministry of Health and the Environment
	Decree N° 756/04		In the framework of the Federal Health Plan, and for the duration of the health emergency, empowers the Ministry of Health and the Environment to transfer capital goods used for health purposes to provincial health authorities and those of the city of Buenos Aires
	Decree N° 587/04, modifying articles 21 and 31 of Act N° 17.132		Modifies the membership of the Special Commissions for the Assessment of Medical and Dental Specializations
	Decree N° 923/04		Changes the name of the Ministry of Health to the Ministry of Health and the Environment.
	Decree N° 1158/04	3 de septiembre del 2004	Introduces qualifications to Draft Act N° 25.916, which establishes minimum environmental protection budgets for the integrated management of household waste
	Decree N° 1338/04		Adopts the implementing regulations of Act N° 22.990, known as the "Blood Act"
	Ministerial decision N° 119/04		Adopts the implementing regulations of the Primary Health Care Reform Programme (PROAPS)
	Ministerial decision N° 160/04		Adopts the National Therapeutic Form for 2004.
	Ministerial decision N° 342/04		Adopts the "Ramón Carrillo – Arturo Oñativia" scholarships
	Ministerial decision N° 386/04		Adopts the Procedural Manual for the managerial and professional levels on leishmaniosis. Incorporation into the National Programme for Ensuring Health Care Quality
	Ministerial decision N° 387/04		Adopts the guide on sterilization and disinfection procedures and methods in health facilities
	Ministerial decisions N° 603/04 and N° 605/04		Establishes the Advisory Commission on Medical and Dental Specializations, under the Health Policies, Regulation and Relations Department
	Ministerial decisions N° 608/04 and N° 609/04		Adopts standards for the organization and functioning of pathology and paediatrics services and laboratories. Incorporation into the National Programme for Ensuring Health Care Quality
	Ministerial decision N° 616/04		Establishes, under the authority of the Ministry of Health and the Environment, the Project Assessment Committee for the granting of subsidies to healthy municipalities
	Ministerial decision N° 757/04		Establishes the Advisory Commission on Dental Specializations, under the Health Policies, Regulation and Relations Department
	Ministerial decision N° 800/04		Approves the National Competition for Environmental Projects
Ministerial decision N° 911/04		Sets out the types of surgical operations permitted to be performed in operating rooms attached to authorized doctors' offices and medical centres	
Ministerial decision N° 915/04		Approves the Community Doctors Programme	

LATIN AMERICA AND THE CARIBBEAN (17 COUNTRIES): LEGISLATIVE CHANGES 2000–2005			
Country	Laws, draft laws, decrees	Date	Legislative changes 2000–2005
	Ministerial decision N° 1.078/04		Approves the guide on the management of sexually transmitted diseases
	Ministerial decision N° 1.088/04		Establishes restrictions on the lead content of latex paint
	Ministerial decision N° 1.173/04		Renames the Provincial Maternal and Child Health Investment Project as "Plan Nacer Argentina" (New Life Plan for Argentina)
	Ministerial decision N° 1.384/04		Relates to the authorizations for pharmacies in areas where there are fewer establishments of that type
Bolivia	Universal Mother and Child Insurance		
	New model for decentralized and participatory management		
	Proposed extension of social protection		
	Epidemiological protection		
Brazil	Coverage and conditions of access, price regulation, information and public sector compensation, creation of a regulatory agency		
	Reform of hospital care (140 hospitals)		
	Restructuring of highly complex policies		
	Reorganization of the national blood and transplants policy		
	Creation of a national policy on emergency treatment, with emphasis on the pre-hospital care programme		
	Reorganization of public health surveillance, creation of the National Health Surveillance Agency (ANVISA) and of the Health Inspection Department		
	Constitutional amendment N° 29, guaranteeing State financing for the health sector		
Chile	Definition of health goals for 2010		
	Definition of a health guarantee regime for the whole population		
	Separation of public-health and individual-care functions		
Colombia	Act N° 100	1993	Structural reform of the health system, implementing the General Social Security System in the area of health
	Act N° 715	2001	Modifies authorities and resources for the provision of health services
Costa Rica	1998–2005		Reform of the health sector
Ecuador	Global fund for tuberculosis and HIV/AIDS programmes		
	Redesign of the Epidemiological Monitoring System		
	Salary reforms for health professionals		
	An increase in the health budget		
	Extension of coverage for the rural population by using non-governmental organizations (NGOs) as contractors		
El Salvador	Signing of inter-agency agreements with the Ministry of Defence and the Salvadoran Social Security Institute (ISSS)		
	Tertiariation of support services in certain public-sector hospitals (security, food, cleaning)		
Guatemala	Extension of the coverage of basic health services		
	Strengthening of the second level of health care		

LATIN AMERICA AND THE CARIBBEAN (17 COUNTRIES): LEGISLATIVE CHANGES 2000–2005

Country	Laws, draft laws, decrees	Date	Legislative changes 2000–2005
Honduras			Reorganization of the Ministry of Health. Organizational development and policy design: mental health, medicines, nutrition, maternal and child care, refurbishment of systems for improved information
			Strengthening of primary health care
			Implementation of new management models
			Extension of service coverage
			Intersectoral approaches. Involvement of municipal governments in solving the population's health problems
			Sectoral approach to problem-solving
			Harmonization of external cooperation
Nicaragua			Implementation of the General Health Act
			Planning and budgeting for health priorities Model for integrated health care
			Definition and evaluation of health policy
			National health plans for the long, medium and short terms
			Definition of a proposed basic health-care package and a strategy to extend coverage by using NGOs as contractors
			Implementation of a national strategy for social communication and community action
			Payment for services to public providers
			"Maternity Houses" strategy
			Financial and administrative decentralization
Panama			Application of a new management model for the San Miguel Arcángel Integrated Hospital (HISMA)
			Elaboration and implementation of the family, community and environmental model
			Improvements to the information system
			Management improvements
			Signature of management agreements between the San Miguelito Health Region and the eight health centres (accountability) Elaboration and implementation of the protocol on health care for pregnant women and on all the services provided by HISMA
			Analysis of the health situation from a gender perspective
			Functional reference and counter-reference system in the San Miguelito Health Region
			Reorganization of the services network, sectorization, basic equipment, family health counselling
			Elaboration of "Qualification and Certification (quality) Standards
			Application of user perception surveys twice yearly in HISMA and in the Social Solidarity Network (RSS)
			Elaboration of a regional strategic plan to identify problems and priorities and define strategies and specific actions, with indicators for their measurement, in RSS.
			Elaboration of separate service packages for men and women
			Management capacity-building for public-health systems
			Management agreements, current health policies

LATIN AMERICA AND THE CARIBBEAN (17 COUNTRIES): LEGISLATIVE CHANGES 2000–2005			
Country	Laws, draft laws, decrees	Date	Legislative changes 2000–2005
Paraguay	Act N° 1.032		Health sector reform
Peru	Comprehensive health insurance		
	National Policy on Medicines		
	National Health Strategies		
	Decentralization of public administration in the health sector		
	National Health System		
	Local health management committees (sharing administration with the community)		
Dominican Republic	Legal framework provided by Acts 47–01 and 87–01		
Uruguay	There have been no health–sector reforms affecting the health of the population		
Venezuela (Bolivarian Rep. of)	Implementation of the Strategy to Promote Health and Quality of Life		
	Implementation of the "Barrio Adentro" (Heart of the Neighbourhood) mission		

Source: Prepared by the author, on the basis of countries' responses to the ECLAC survey on national health programmes, 2005.

^a Ministerial decisions.

LATIN AMERICA AND THE CARIBBEAN (16 COUNTRIES): INDIVIDUALS AND INSTITUTIONS WHICH RESPONDED TO THE QUESTIONNAIRE ON NATIONAL HEALTH PROGRAMMES			
Country	Institution	Position	Name
Argentina	Ministry of Health and the Environment	Advisor to the Minister	María Inés Insaurralde
Bolivia	Ministry of Health and Sport	Officer in Charge of Social Networks	Marcos Paz
Colombia	Ministry of Social Protection, Public Health Department	Representative of PAHO/WHO in Colombia	Dr. Pier Paolo Balladelli
Costa Rica	Ministry of Health		
Chile	Ministry of Health	Head of the Department for Disease Prevention and Control	Fernando Muñoz
Ecuador	Ministry of Public Health	Epidemiologist working in the area of disease monitoring	
El Salvador	Ministry of Health and Social Welfare	Director of Epidemiological Control and Monitoring	Mario Vicente Serpas
Guatemala	Ministry of Public Health and Social Welfare	Head of Programmes	Edgar Méndez
Honduras	Ministry of Health	Technician, Management Planning and Assessment Unit (UPEG)	Norma Bajarano
Nicaragua	Ministry of Health	Department for the Primary and Secondary Levels of Health Care; Department of Planning and Development	
Panama	Ministry of Health	Ministry of Health/World Bank Pilot Project in Health Sector Reform Integral Public Health Public Health Policy Investment	Dr. Norma Astudillo Dr. Fania Roach Lic. Hernán Luque Lic. Erick Castillo
Paraguay	Ministry of Public Health and Social Welfare	Director of Planning	Jorge A. Palacios Lugo
Peru	PAHO/WHO General Epidemiology Office	Health Policy and Systems Consultant	Germán Perdomo
Dominican Republic	Department of Public Health		Mario Gerald
Uruguay	Ministry of Public Health	Director-General for Health	Dr. Jorge Basso
Venezuela (Bolivarian Republic of)	Ministry of Health and Social Development	Director-General for Policy and Planning	Lic. Víctor A. Delgado

Source: Prepared by the author.

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REGIONAL SUMMARY

Table 1

TRENDS IN SELECTED ECONOMIC INDICATORS, 1990–2004											
Country	Year	Per capita GDP (in 2000 dollars)	Per capita income (in 2000 dollars) ^a	Urban unemployment (percentage)	Mean monthly variation in consumer price index (percentage)	Percentage variation over the period					
						Period	Per capita GDP	Per capita income ^a	Mean real remuneration	Urban minimum wage	
Argentina	1990	5 833	5 690	7.4	1343.9						
	1999	7 874	7 621	14.3	-1.8	1990–1999	35.0	33.9	4.8	250.6	
	2000	7 730	7 536	15.1	-0.7		2000	-1.8	-1.1	2.2	0.9
	2001	7 315	7 126	17.4	-1.5		2001	-5.4	-5.4	-0.8	1.1
	2002	6 456	6 175	19.7	41.0		2002	-11.7	-13.3	-13.9	-19.5
	2003	6 961	6 723	17.3	3.7		2003	7.8	8.9	-1.9	3.3
2004	7 515	7 280	13.6	6.1	2004		8.0	8.3	10.0	54.5	
Bolivia	1989	850	891	9.9	16.6						
	1999	995	1 016	7.2	3.1	1989–1999	17.0	14.0	34.5	104.2	
	2000	996	1 016	7.5	3.4		2001	0.1	0.0	0.8	2.9
	2001	990	1 005	8.5	0.9		2001	-0.6	-1.1	3.8	10.8
	2002	991	1 029	8.7	2.4		2002	0.1	2.4	3.2	4.7
	2003	996	1 054	9.2	3.9		2003	0.5	2.5	1.7	0.8
2004	1 009	1 067	8.5	4.6	2004		1.3	1.2	2.4	-4.2	
Brazil	1990	3 096	3 022	4.3	1583.9						
	1999	3 349	3 241	7.6	8.9	1990–1999	8.2	7.2	1.4	27.8	
	2000	3 444	3 350	7.1	6.0		2000	2.8	3.4	-1.1	3.4
	2001	3 439	3 326	6.2	7.7		2001	-0.2	-0.7	-4.9	9.1
	2002	3 454	3 347	11.7	12.5		2002	0.5	0.6	-2.1	2.6
	2003	3 424	3 319	12.3	9.3		2003	-0.9	-0.8	-8.8	0.7
2004	3 542	3 443	11.5	7.6	2004		3.4	3.7	0.7	3.8	
Chile	1990	3 069	2 940	9.2 ^b	27.3						
	1999	4 732	4 561	9.8 ^b	2.3	1990–1999	54.2	55.1	42.3	61.8	
	2000	4 884	4 734	9.2 ^b	4.5		2000	3.2	3.8	1.4	7.1
	2001	4 989	4 739	9.1 ^b	2.6		2001	2.2	0.1	1.7	3.8
	2002	5 041	4 821	9.0 ^b	2.8		2002	1.0	1.7	2.0	2.9
	2003	5 173	4 920	8.5 ^b	1.1		2003	2.6	2.1	0.9	1.4
2004	5 429	5 366	8.8 ^b	2.4	2004		4.9	9.1	1.8	2.8	
Colombia	1991	1 839	1 780	10.2	26.8						
	1999	1 958	1 921	19.4	9.2	1991–1999	6.5	7.9	28.6	2.5	
	2000	1 979	1 965	17.2	8.8		2000	1.1	2.3	3.8	0.5
	2001	1 974	1 945	18.2	7.6		2001	-0.3	-1.0	-0.3	1.2
	2002	1 977	1 948	17.6	7.0		2002	0.2	0.1	2.8	0.7
	2003	2 024	2 000	16.7	6.5		2003	2.4	2.7	-0.1	0.1
2004	2 073	2 084	15.4	5.5	2004		2.4	4.2	1.0	1.8	
Costa Rica	1990	3 147	3 058	5.4	27.3						
	1999	4 081	3 737	6.2	10.1	1990–1999	29.7	22.2	21.7	10.4	
	2000	4 063	3 767	5.3	10.2		2000	-0.5	0.8	0.8	-0.6
	2001	4 022	3 867	5.8	11.0		2001	-1.0	2.6	1.0	0.2
	2002	4 057	3 951	6.8	9.7		2002	0.9	2.2	4.1	-0.6
	2003	4 241	4 034	6.7	9.9		2003	4.5	2.1	0.4	-0.4
2004	4 337	4 152	6.7	13.1	2004		2.3	2.9	-2.6	-1.6	
Cuba	1990	3 057	3 341	...	...				
	1999	2 382	2 462	6.0	...	1990–1999	-22.1	-26.3	...	...
	2000	2 519	2 529	5.5	...		2000	5.7	2.7	...	...
	2001	2 584	2 619	4.1	...		2001	2.6	3.5	...	...
	2002	2 616	2 646	3.3	...		2002	1.2	1.0	...	...
	2003	2 685	2 746	2.3	...		2003	2.6	3.8	...	...
2004	2 758	2 818	2.0	...	2004		2.7	2.6	...	...
Dominican Republic	1990	1 574	1 534	...	79.9						
	1998	2 091	2 278	14.3 ^b	7.8	1990–1998	32.8	48.5	...	27.5	
	2000	2 355	2 458	13.9 ^b	9.0		1998–2000	12.7	7.9	...	4.7
	2001	2 409	2 524	15.4 ^b	4.4		2001	2.3	2.7	...	5.5
	2002	2 475	2 615	16.1 ^b	10.5		2002	2.7	3.6	...	-0.5
	2003	2 389	2 413	17.0 ^b	42.7		2003	-3.5	-7.7	...	-9.5
2004	2 398	2 439	18.4 ^b	28.7	2004		0.3	1.1	...	-21.1	
Ecuador	1990	1 252	1 096	6.1	49.5						
	1999	1 279	1 214	14.4	60.7	1990–1999	2.1	10.8	...	20.5	
	2000	1 296	1 291	14.1	91.0		2000	1.3	6.4	...	-3.5
	2001	1 342	1 300	10.4	22.4		2001	3.6	0.7	...	11.4
	2002	1 368	1 343	8.6	9.4		2002	1.9	3.3	...	1.2
	2003	1 385	1 362	9.8	6.1		2003	1.2	1.4	...	5.9
2004	1 460	1 439	11.0	1.9	2004		5.4	5.7	...	2.2	
El Salvador	1990	1 638	1 703	10.0	19.3						
	1999	2 088	2 295	6.9	-1.0	1990–1999	27.5	34.7	...	0.6	
	2000	2 092	2 338	6.5	4.3		2000	0.2	1.9	...	-2.2
	2001	2 087	2 431	7.0	1.4		2001	-0.2	4.0	...	-3.6
	2002	2 094	2 376	6.2	2.8		2002	0.3	-2.2	...	-1.8
	2003	2 093	2 346	6.2	2.6		2003	0.0	-1.3	...	2.1
2004	2 088	2 377	6.5	5.3	2004		-0.2	1.4	...	-1.4	
Guatemala	1989	1 436	1 453	6.1 ^b	20.2						
	1998	1 674	1 770	3.8 ^b	7.5	1989–1998	16.5	21.8	31.7	-65.8	
	2000	1 718	1 777	...	5.1		1998–2000	2.7	0.4	9.8	8.3
	2001	1 716	1 797	...	8.9		2001	-0.1	1.1	0.5	8.3
	2002	1 712	1 859	3.1 ^b	6.3		2002	-0.2	3.5	-0.9	0.3
	2003	1 706	1 876	3.4 ^b	5.9		2003	-0.4	0.9	0.4	8.0
2004	1 708	1 895	3.1 ^b	9.2	2004		0.1	1.0	-2.4	0.3	

Table 1

TRENDS IN SELECTED ECONOMIC INDICATORS, 1990–2004										
Country	Year	Per capita GDP (in 2000 dollars)	Per capita income (in 2000 dollars) ^a	Urban unemployment (percentage)	Mean monthly variation in consumer price index (percentage)	Percentage variation over the period				
						Period	Per capita GDP	Per capita income ^a	Mean real remuneration	Urban minimum wage
Haiti	1990	528	570	...	...			
	1999	443	531	...	9.7	1990–1999	-16.2	-6.8	...	...
	2000	438	528	...	19.0	2000	-1.0	-0.6	...	...
	2001	426	514	...	8.1	2001	-2.8	-2.8	...	...
	2002	416	500	...	14.8	2002	-2.3	-2.6	...	...
	2003	411	507	...	40.4	2003	-1.3	1.4	...	...
	2004	388	481	...	20.2	2004	-5.5	-5.1	...	...
Honduras	1990	894	861	7.8	36.4					
	1999	902	1 012	5.3	10.9	1990–1999	0.9	17.6	...	-9.7
	2000	929	1 006	...	10.1	2000	3.0	-0.6	...	3.1
	2001	929	1 039	5.9	8.8	2001	0.0	3.3	...	2.5
	2002	930	1 031	6.1	8.1	2002	0.1	-0.8	...	2.1
	2003	939	1 027	7.6	6.8	2003	0.9	-0.5	...	8.6
	2004	962	1 061	8.0	9.2	2004	2.5	3.3	...	0.8
Mexico	1989	4 811	4 577	2.7	19.7					
	1998	5 480	5 275	3.2	18.6	1989–1998	13.9	15.2	8.4	-36.0
	2000	5 874	5 794	2.2	9.0	1998–2000	7.2	9.8	7.6	-2.8
	2001	5 784	5 698	2.5	4.4	2001	-1.5	-1.7	6.7	0.4
	2002	5 745	5 698	2.7	5.7	2002	-0.7	0.0	1.9	0.7
	2003	5 745	5 736	3.3	4.0	2003	0.0	0.7	1.3	-0.7
	2004	5 916	5 986	3.8	5.2	2004	3.0	4.4	0.1	-1.3
Nicaragua	1990	715	605	7.6 ^b	13490.2					
	1998	744	736	13.2 ^b	18.5	1990–1998	4.1	21.5	26.9	...
	2000	798	848	9.8 ^b	9.9	1998–2000	7.1	15.3	4.0	-3.4
	2001	805	834	11.3 ^b	4.7	2001	0.9	-1.7	1.0	2.1
	2002	794	824	11.6 ^b	4.0	2002	-1.4	-1.2	3.5	3.7
	2003	796	827	10.2 ^b	6.6	2003	0.2	0.4	1.9	3.1
	2004	820	854	9.3 ^b	8.9	2004	3.1	3.2	-2.2	4.0
Panama	1991	3 153	3 169	19.3	1.6					
	1999	3 912	3 816	14.0	1.5	1991–1999	24.1	20.4	...	18.1
	2000	3 942	3 806	15.2	0.7	2000	0.8	-0.3	...	3.8
	2001	3 890	3 830	17.0	0.0	2001	-1.3	0.6	...	7.0
	2002	3 905	3 942	16.5	1.9	2002	0.4	2.9	...	-1.2
	2003	4 000	3 816	15.9	1.5	2003	2.4	-3.2	...	0.7
	2004	4 175	3 899	14.0	1.5	2004	4.4	2.2	...	0.9
Paraguay	1990	1 410	1 406	6.6	44.0					
	1999	1 370	1 421	9.4	5.4	1990–1999	-2.8	1.0	12.4	-11.4
	2000	1 291	1 327	10.0	8.6	2000	-5.8	-6.6	1.3	4.3
	2001	1 285	1 316	10.8	8.4	2001	-0.5	-0.9	1.4	3.7
	2002	1 253	1 247	14.7	14.6	2002	-2.5	-5.2	-6.4	-0.7
	2003	1 269	1 275	11.2	9.3	2003	1.3	2.3	-2.0	2.8
	2004	1 288	1 317	10.0	2.8	2004	1.5	3.3	-2.7	-3.3
Peru	1990	1 646	1 591	8.3	7646.8					
	1999	2 022	2 019	9.2	3.7	1990–1999	22.9	26.9	6.0	22.9
	2000	2 048	2 032	8.5	3.7	2000	1.3	0.7	0.7	11.1
	2001	2 020	2 003	9.3	-0.1	2001	-1.4	-1.5	-0.9	1.2
	2002	2 088	2 067	9.4	1.5	2002	3.4	3.2	4.6	-0.2
	2003	2 139	2 111	9.4	2.5	2003	2.4	2.1	1.5	1.2
	2004	2 209	2 182	9.4	3.5	2004	3.3	3.4	-1.6	4.6
Uruguay	1990	4 802	4 825	8.5	128.9					
	1999	6 151	6 207	11.3	4.2	1990–1999	28.1	28.6	13.7	-38.9
	2000	6 019	6 009	13.6	5.1	2000	-2.2	-3.2	-1.3	-1.6
	2001	5 774	5 780	15.3	3.6	2001	-4.1	-3.8	-0.3	-1.3
	2002	5 100	5 159	17.0	25.9	2002	-11.7	-10.7	-10.7	-10.1
	2003	5 176	5 050	16.9	10.2	2003	1.5	-2.1	-12.5	-12.4
	2004	5 771	5 659	13.1	7.6	2004	11.5	12.1	0.0	-0.2
Venezuela (Bolivarian Republic of)	1990	4 827	4 521	10.4 ^b	36.5					
	1999	4 736	4 215	15.0 ^b	20.0	1990–1999	-1.9	-6.8	-29.9	-6.8
	2000	4 819	4 755	13.9 ^b	13.4	2000	1.8	12.8	1.5	3.8
	2001	4 891	4 566	13.3 ^b	12.3	2001	1.5	-4.0	2.4	0.8
	2002	4 378	4 099	15.8 ^b	31.2	2002	-10.5	-10.2	-10.1	-4.4
	2003	3 969	3 841	18.0 ^b	27.1	2003	-9.3	-6.3	-16.7	-11.7
	2004	4 596	4 636	15.3 ^b	19.2	2004	15.8	20.7	-3.9	14.5
Latin America ^c	1990	3 317	3 222	7.3	...					
	1999	3 759	3 664	10.7	9.7	1990–1999	13.3	13.7	9.3	22.9
	2000	3 849	3 785	10.1	9.0	2000	2.4	3.3	1.5	2.4
	2001	3 803	3 719	10.0	6.1	2001	-1.2	-1.8	0.1	4.3
	2002	3 717	3 641	10.7	12.2	2002	-2.3	-2.1	-1.6	-0.6
	2003	3 735	3 673	10.7	8.5	2003	0.5	0.9	-4.1	0.7
	2004	3 898	3 850	10.0	7.3	2004	4.4	4.8	0.8	5.7

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official figures supplied by the countries.

^a Real per capita gross national income.

^b Nationwide total.

^c The aggregate figures for Latin America are obtained from weighted averages for all countries for which data are available in each indicator.

Table 2

TOTAL POPULATION BY COUNTRY OR TERRITORY, 1980–2010 (Thousands at mid-year)							
Country or territory	1980	1985	1990	1995	2000	2005	2010
Argentina	28 094	30 305	32 581	34 779	36 784	38 592	40 519
Bahamas	210	233	255	279	301	323	344
Barbados	249	253	257	262	266	270	273
Belize	144	163	186	214	242	270	296
Bolivia	5 355	5 964	6 669	7 482	8 428	9 427	10 426
Brazil	121 672	136 178	149 690	162 019	174 719	187 597	200 019
Chile	11 174	12 102	13 179	14 395	15 398	16 267	17 094
Colombia	28 447	31 659	34 970	38 542	42 321	46 039	49 665
Costa Rica	2 347	2 697	3 076	3 475	3 925	4 322	4 695
Cuba	9 710	10 115	10 628	10 964	11 199	11 369	11 514
Dominica	74	73	72	75	78	79	83
Dominican Republic	5 697	6 444	7 066	7 705	8 396	9 100	9 791
Ecuador	7 961	9 099	10 272	11 397	12 299	13 215	14 205
El Salvador	4 586	4 769	5 110	5 669	6 276	6 875	7 441
Grenada	90	93	96	99	102	103	110
Guadeloupe	327	355	391	409	428	446	460
Guatemala	7 013	7 935	8 908	10 004	11 225	12 700	14 362
French Guiana	68	88	116	139	164	187	208
Guyana	761	754	729	732	744	751	751
Haiti	5 454	6 134	6 942	7 622	8 357	9 151	9 994
Honduras	3 569	4 186	4 879	5 654	6 485	7 347	8 203
Jamaica	2 133	2 297	2 369	2 484	2 585	2 651	2 703
Martinique	326	341	360	373	386	397	404
Mexico	67 570	75 465	83 226	91 145	98 881	106 147	112 891
Netherlands Antilles	174	182	191	187	176	183	188
Nicaragua	3 067	3 526	3 960	4 477	4 957	5 483	6 050
Panama	1 949	2 176	2 411	2 670	2 948	3 228	3 504
Paraguay	3 114	3 609	4 219	4 828	5 496	6 216	6 980
Peru	17 324	19 516	21 753	23 837	25 939	27 947	29 958
Puerto Rico	3 197	3 378	3 528	3 696	3 835	3 955	4 060
Saint Lucia	118	127	138	148	154	161	168
Suriname	356	383	402	415	434	449	462
Trinidad and Tobago	1 082	1 178	1 215	1 259	1 285	1 305	1 324
Uruguay	2 914	3 009	3 106	3 218	3 337	3 455	3 566
Venezuela (Bolivarian Republic of)	15 091	17 318	19 735	22 043	24 311	26 577	28 834
Regional total^a	352 107	392 206	432 377	471 924	511 683	551 056	589 711

Source: Economic Commission for Latin America and the Caribbean (ECLAC), "Latin America and Caribbean: population estimates and projections, 1950–2050", *Demographic Bulletin*, No. 73 (LC/G.2225–P), Santiago, Chile, Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, January 2004.

^a Includes 20 economies: Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru and Uruguay.

Table 2.1

ESTIMATED TOTAL POPULATION GROWTH RATES BY FIVE-YEAR PERIOD, 1980–2010						
<i>(Rates per thousand)</i>						
Country or territory	1980–1985	1985–1990	1990–1995	1995–2000	2000–2005	2005–2010
Argentina	15.3	14.6	13.1	11.3	9.6	9.8
Bahamas	21.0	18.2	18.2	15.3	14.2	12.7
Barbados	3.2	3.1	3.9	3.0	3.0	2.2
Belize	25.1	26.8	28.4	24.9	22.1	18.6
Bolivia	21.8	22.6	23.3	24.1	22.7	20.3
Brazil	22.8	19.1	16.0	15.2	14.3	12.9
Chile	16.1	17.2	17.8	13.6	11.0	10.0
Colombia	21.6	20.1	19.6	18.9	17.0	15.3
Costa Rica	28.2	26.6	24.7	24.7	19.5	16.7
Cuba	8.2	9.9	6.2	4.3	3.0	2.5
Dominica	-2.7	-2.8	8.2	7.9	2.6	9.9
Dominican Republic	24.9	18.6	17.5	17.3	16.2	14.7
Ecuador	27.1	24.5	21.0	15.4	14.5	14.6
El Salvador	7.9	13.9	21.0	20.6	18.4	15.9
Grenada	6.6	6.4	6.2	6.0	2.0	13.2
Guadeloupe	16.6	19.4	9.2	9.2	8.4	6.1
Guatemala	25.0	23.4	23.5	23.3	25.0	24.9
French Guiana	52.2	57.4	35.5	34.7	25.7	22.0
Guyana	-1.8	-6.7	0.8	3.3	1.9	0.0
Haiti	23.8	25.1	18.9	18.6	18.3	17.8
Honduras	32.4	31.1	29.9	27.8	25.3	22.3
Jamaica	14.9	6.2	9.5	8.0	5.1	3.9
Martinique	8.7	11.4	7.1	6.6	5.6	3.9
Mexico	22.3	19.8	18.3	16.4	14.3	12.4
Netherlands Antilles	9.0	9.7	-4.2	-12.1	7.8	5.4
Nicaragua	28.3	23.5	24.8	20.6	20.4	19.9
Panama	22.3	20.7	20.6	20.0	18.3	16.5
Paraguay	29.9	31.7	27.3	26.3	24.9	23.5
Peru	24.1	21.9	18.5	17.0	15.0	14.0
Puerto Rico	11.1	8.7	9.3	7.4	6.2	5.3
Saint Lucia	14.8	16.8	14.1	8.0	8.9	8.5
Suriname	14.7	9.7	6.4	9.0	6.8	5.7
Trinidad and Tobago	17.1	6.2	7.1	4.1	3.1	2.9
Uruguay	6.4	6.4	7.1	7.3	7.0	6.3
Venezuela (Bolivarian Republic of)	27.9	26.5	22.4	19.8	18.0	16.4
Regional total^a	21.8	19.7	17.7	16.3	14.9	13.7

Source: Economic Commission for Latin America and the Caribbean (ECLAC), "Latin America and Caribbean: population estimates and projections, 1950–2050", *Demographic Bulletin*, No. 73 (LC/G.2225–P), Santiago, Chile, Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, January 2004.

^a Includes 20 economies: Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru and Uruguay.

Table 2.2

ESTIMATED GLOBAL FERTILITY RATES BY FIVE-YEAR PERIOD, 1980–2010 (Children per woman)						
Country or territory	1980–1985	1985–1990	1990–1995	1995–2000	2000–2005	2005–2010
Argentina	3.15	3.05	2.90	2.63	2.35	2.25
Bahamas	3.16	2.62	2.60	2.40	2.30	2.20
Barbados	1.92	1.75	1.60	1.50	1.50	1.50
Belize	5.40	4.70	4.35	3.70	3.20	2.82
Bolivia	5.30	5.00	4.80	4.32	3.96	3.50
Brazil	3.80	3.10	2.60	2.45	2.34	2.25
Chile	2.67	2.65	2.55	2.21	2.00	1.94
Colombia	3.69	3.17	3.01	2.80	2.62	2.48
Costa Rica	3.53	3.37	2.95	2.58	2.28	2.10
Cuba	1.83	1.83	1.60	1.55	1.55	1.62
Dominican Republic	4.24	3.61	3.16	2.88	2.71	2.55
Ecuador	4.70	4.00	3.40	3.10	2.82	2.58
El Salvador	4.50	3.90	3.52	3.17	2.88	2.63
French Guiana	3.58	3.73	4.05	3.83	3.33	2.93
Guadeloupe	2.55	2.45	2.10	2.10	2.10	2.01
Guatemala	6.10	5.70	5.45	5.00	4.60	4.15
Guyana	3.26	2.70	2.55	2.45	2.29	2.11
Haiti	6.21	5.94	4.79	4.38	3.98	3.60
Honduras	6.00	5.37	4.92	4.30	3.72	3.23
Jamaica	3.55	3.10	2.84	2.67	2.44	2.31
Martinique	2.14	2.14	1.94	1.90	1.90	1.85
Mexico	4.24	3.61	3.12	2.75	2.49	2.32
Netherlands Antilles	2.36	2.30	2.28	2.21	2.12	2.04
Nicaragua	6.00	5.20	4.60	3.90	3.30	2.99
Panama	3.52	3.20	2.87	2.79	2.70	2.62
Paraguay	5.25	4.90	4.55	4.17	3.84	3.53
Peru	4.65	4.10	3.70	3.20	2.86	2.59
Puerto Rico	2.46	2.26	2.18	1.99	1.92	1.86
Saint Lucia	4.20	3.65	3.30	2.36	2.24	2.18
Suriname	3.70	2.92	2.45	2.62	2.45	2.32
Trinidad and Tobago	3.22	2.80	2.10	1.65	1.61	1.61
Uruguay	2.57	2.53	2.49	2.40	2.30	2.23
Venezuela (Bolivarian Republic of)	3.96	3.65	3.25	2.94	2.72	2.55
Regional total^a	3.94	3.42	3.02	2.76	2.57	2.43

Source: Economic Commission for Latin America and the Caribbean (ECLAC), "Latin America and Caribbean: population estimates and projections, 1950–2050", *Demographic Bulletin*, No. 74 (LC/G.2257-P), Santiago, Chile, Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, July 2004.

^a Includes 20 economies: Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru and Uruguay.

Table 2.3

LIFE EXPECTANCY AT BIRTH, BY FIVE-YEAR PERIOD, 1980–2010 (Number of years)						
Country or territory	1980–1985	1985–1990	1990–1995	1995–2000	2000–2005	2005–2010
Argentina	70.2	71.0	72.1	73.2	74.3	75.2
Bahamas	68.0	68.8	67.7	67.8	69.5	72.1
Barbados	73.2	74.6	74.5	74.6	74.9	76.4
Belize	71.2	72.2	72.4	72.6	71.9	71.7
Bolivia	53.9	57.3	60.0	62.0	63.8	65.5
Brazil	63.6	65.5	67.5	69.4	71.0	72.4
Chile	70.7	72.7	74.3	75.7	77.7	78.5
Colombia	66.8	67.9	68.6	70.7	72.2	73.2
Costa Rica	73.8	75.2	76.2	77.3	78.1	78.8
Cuba	73.9	74.6	75.3	76.0	76.7	77.3
Dominican Republic	63.2	65.1	67.0	68.6	70.1	71.4
Ecuador	64.5	67.5	70.0	72.3	74.2	75.0
El Salvador	57.1	63.4	67.1	69.4	70.6	71.8
Guadeloupe	72.5	73.6	75.9	77.3	78.3	79.3
Guatemala	58.3	60.9	63.6	66.3	68.9	70.2
Guyana	60.9	60.9	59.8	60.4	62.9	65.4
Haiti	51.9	53.6	55.4	57.2	59.2	61.2
Honduras	61.6	65.4	67.7	69.8	71.0	72.1
Jamaica	71.2	71.8	71.6	71.6	70.7	71.1
Martinique	74.2	76.3	77.6	78.8	79.1	79.5
Mexico	67.7	69.8	71.5	72.4	73.4	74.3
Netherlands Antilles	73.8	74.5	74.6	75.5	76.1	76.9
Nicaragua	59.5	62.2	66.1	68.0	69.5	71.0
Panama	70.8	71.9	72.9	73.8	74.7	75.6
Paraguay	67.1	67.6	68.5	69.7	70.8	71.9
Peru	61.6	64.4	66.7	68.3	69.8	71.2
Puerto Rico	73.8	74.6	73.9	74.9	76.0	76.9
Saint Lucia	70.5	71.0	71.3	71.5	72.3	73.1
Suriname	66.9	67.7	68.1	68.5	69.0	70.2
Trinidad and Tobago	70.2	72.1	71.4	71.0	69.9	70.1
Uruguay	71.0	72.1	73.0	74.1	75.2	76.1
Venezuela (Bolivarian Republic of)	68.8	70.5	71.5	72.2	72.8	73.8
Regional total ^a	65.4	67.3	69.0	70.6	71.9	73.1

Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, "Latin America: Life Tables 1950–2005", *Demographic Bulletin*, No. 74 (LC/G.2257–P), Santiago, Chile, July 2004, and United Nations Population Division, *World Population Prospects: The 2004 Revision*. Population Database [online] <http://esa.un.org/unpp/>.

^a Includes 20 economies: Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru and Uruguay.

Table 2.4

ESTIMATED INFANT MORTALITY RATES, BY FIVE-YEAR PERIOD, 1980–2010 (Deaths of children aged less than one year per thousand live births)						
Country or territory	1980–1985	1985–1990	1990–1995	1995–2000	2000–2005	2005–2010
Argentina	32.2	27.1	24.4	21.8	15.0	13.4
Bahamas	30.4	23.7	19.3	16.4	13.8	11.4
Barbados	16.9	15.2	14.0	12.4	10.8	9.7
Belize	39.3	35.9	34.4	32.8	30.5	28.6
Bolivia	109.2	90.1	75.1	66.7	55.6	45.6
Brazil	63.3	52.4	42.5	34.1	27.3	23.6
Chile	23.7	18.4	14.1	11.5	8.0	7.2
Colombia	48.4	41.4	35.2	30.0	25.6	22.0
Costa Rica	19.2	17.4	14.5	11.8	10.5	9.9
Cuba	17.0	12.9	10.0	7.5	7.3	7.0
Dominican Republic	62.5	54.1	46.6	40.0	34.4	29.4
Ecuador	68.5	55.5	44.2	33.3	24.9	21.1
El Salvador	77.0	54.0	40.2	32.0	26.4	21.5
Guadeloupe	24.7	22.0	9.2	8.3	7.4	6.7
Guatemala	79.3	67.1	54.8	45.5	38.6	30.1
Guyana	69.6	67.3	61.9	56.1	49.1	43.2
Haiti	122.1	100.1	74.1	66.1	59.1	54.1
Honduras	65.0	53.0	43.0	35.0	31.2	27.8
Jamaica	30.5	27.0	16.8	15.7	14.9	14.1
Martinique	14.0	10.1	7.6	7.0	6.8	6.7
Mexico	47.0	39.5	34.0	31.0	28.2	25.7
Netherlands Antilles	18.0	17.0	16.3	14.2	13.2	11.7
Nicaragua	79.8	65.0	48.0	35.0	30.1	26.1
Panama	31.6	29.6	27.0	23.7	20.6	18.2
Paraguay	48.9	46.7	43.3	39.2	37.0	34.0
Peru	81.6	68.0	55.5	42.1	33.4	28.7
Puerto Rico	17.2	13.8	11.6	11.0	9.9	9.1
Saint Lucia	22.7	20.1	16.8	16.7	14.9	13.5
Suriname	40.4	36.3	33.5	29.5	25.6	22.4
Trinidad and Tobago	25.3	19.7	16.6	15.0	13.7	12.5
Uruguay	33.5	22.6	20.1	17.5	13.1	12.0
Venezuela (Bolivarian Republic of)	33.6	26.9	23.1	20.7	17.5	15.8
Regional total ^a	57.5	47.5	39.2	33.0	27.7	24.2

Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, "Latin America: Life Tables 1950–2005", *Demographic Bulletin*, No. 74 (LC/G.2257–P), Santiago, Chile, July 2004, and United Nations Population Division, *World Population Prospects: The 2004 Revision*. Population Database [online] <http://esa.un.org/unpp/>.

^a Includes 20 economies: Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru and Uruguay.

Table 3

TRENDS IN SELECTED SOCIAL DEVELOPMENT INDICATORS, 1980–2010													
Country	5-year period	Life expectancy at birth (years of life)			Infant mortality rate (per 1 000 live births)			Under-five mortality rate (per 1 000 live births)			Illiteracy rate in population aged 15 or over (percentage)		
		Both sexes	Males	Females	Both sexes	Males	Females	Both sexes	Males	Females	Both sexes	Males	Females
Argentina	1980–1985	70.2	66.8	73.7	32	36	29	37	41	34	5.6	5.3	6.0
	1985–1990	71.0	67.6	74.6	27	30	24	32	35	29	4.3	4.1	4.4
	1990–1995	72.1	68.6	75.8	24	27	22	28	31	25	3.7	3.6	3.7
	1995–2000	73.2	69.7	77.0	22	24	19	24	27	22	3.2	3.2	3.2
	2000–2005	74.3	70.6	78.1	15	17	13	18	20	15	2.8	2.8	2.7
	2005–2010	75.2	71.6	79.1	13	15	12	16	17	14	2.4	2.5	2.4
Bolivia	1980–1985	53.9	52.0	55.9	109	116	102	163	174	153	31.3	20.4	41.7
	1985–1990	57.3	55.6	59.1	90	96	84	127	134	120	21.9	13.2	30.2
	1990–1995	60.0	58.3	61.8	75	79	71	99	103	95	17.9	10.4	25.2
	1995–2000	62.0	60.1	64.0	67	70	63	85	89	81	14.6	8.1	20.8
	2000–2005	63.8	61.8	66.0	56	60	51	71	76	67	11.7	6.2	17.0
	2005–2010	65.5	63.4	67.7	46	50	41	60	65	56	9.4	4.8	13.8
Brazil	1980–1985	63.6	60.4	66.9	63	70	56	77	85	70	24.0	22.0	25.9
	1985–1990	65.5	62.0	69.2	52	59	46	65	73	58	18.0	17.1	18.8
	1990–1995	67.5	63.7	71.5	43	48	36	54	61	47	15.3	14.9	15.7
	1995–2000	69.4	65.7	73.3	34	39	29	42	48	37	13.1	13.0	13.2
	2000–2005	71.0	67.3	74.9	27	31	24	34	38	29	11.1	11.3	11.0
	2005–2010	72.4	68.9	76.1	24	27	20	29	33	25	9.6	10.0	9.3
Chile	1980–1985	70.7	67.4	74.2	24	26	22	28	30	26	8.6	7.7	9.5
	1985–1990	72.7	69.6	75.9	18	20	17	22	24	20	6.0	5.6	6.4
	1990–1995	74.3	71.5	77.4	14	15	13	17	19	15	5.1	4.8	5.3
	1995–2000	75.7	72.8	78.8	12	13	10	14	15	12	4.2	4.1	4.4
	2000–2005	77.7	74.8	80.8	8	9	7	10	11	9	3.5	3.4	3.6
	2005–2010	78.5	75.5	81.5	7	8	6	9	10	8	2.9	2.8	2.9
Colombia	1980–1985	66.8	63.6	70.2	48	53	43	67	73	61	16.0	15.1	16.8
	1985–1990	67.9	64.2	71.7	41	46	36	57	63	52	11.6	11.2	11.9
	1990–1995	68.6	64.3	73.0	35	39	31	47	52	42	9.9	9.7	10.0
	1995–2000	70.7	67.3	74.3	30	34	26	39	43	36	8.4	8.4	8.4
	2000–2005	72.2	69.2	75.3	26	29	22	33	36	31	7.1	7.2	6.9
	2005–2010	73.2	70.3	76.3	22	25	19	29	31	26	5.9	6.1	5.7
Costa Rica	1980–1985	73.8	71.6	76.1	19	21	17	24	26	21	8.3	8.1	8.5
	1985–1990	75.2	72.9	77.5	17	20	15	20	23	18	6.1	6.1	6.2
	1990–1995	76.2	74.0	78.6	15	16	13	17	19	15	5.2	5.3	5.2
	1995–2000	77.3	75.0	79.7	12	13	10	14	16	12	4.4	4.5	4.4
	2000–2005	78.1	75.8	80.6	11	12	9	12	14	11	3.8	3.9	3.7
	2005–2010	78.8	76.5	81.2	10	11	9	12	13	10	3.2	3.3	3.0
Cuba	1980–1985	73.9	72.3	75.7	17	19	15	21	23	19	7.5	7.5	7.5
	1985–1990	74.6	72.8	76.5	13	15	11	16	18	14	4.9	4.8	4.9
	1990–1995	75.3	73.5	77.3	10	12	8	13	15	11	4.1	4.0	4.2
	1995–2000	76.0	74.2	78.0	8	9	6	10	12	8	3.3	3.2	3.4
	2000–2005	76.7	74.8	78.7	7	9	5	10	12	8	2.7	2.6	2.8
	2005–2010	77.3	75.4	79.4	7	9	5	9	11	7	2.1	1.9	2.2
Dominican Republic	1980–1985	63.2	61.4	65.1	63	71	54	87	94	81	26.0	24.9	27.2
	1985–1990	65.1	63.2	67.0	54	61	46	76	82	70	20.6	20.2	21.0
	1990–1995	67.0	65.0	69.0	47	53	39	66	72	59	18.3	18.2	18.5
	1995–2000	68.6	66.5	70.8	40	46	34	56	62	51	16.3	16.3	16.3
	2000–2005	70.1	67.8	72.4	34	40	29	48	53	43	14.5	14.7	14.4
	2005–2010	71.4	69.0	73.9	29	34	25	41	46	37	12.9	13.2	12.6
Ecuador	1980–1985	64.5	62.5	66.7	69	76	61	94	102	86	18.1	14.2	22.0
	1985–1990	67.5	65.3	69.9	56	62	49	74	81	67	12.4	9.8	14.9
	1990–1995	70.0	67.6	72.6	44	50	39	57	63	51	10.2	8.2	12.3
	1995–2000	72.3	69.7	75.1	33	37	29	41	46	36	8.4	6.8	10.1
	2000–2005	74.2	71.3	77.2	25	29	21	30	35	25	7.0	5.6	8.3
	2005–2010	75.0	72.1	78.0	21	24	18	26	29	22	5.8	4.7	6.9
El Salvador	1980–1985	57.1	50.8	63.8	77	83	71	118	123	113	34.2	29.4	38.7
	1985–1990	63.4	59.0	68.0	54	60	48	77	82	72	27.6	23.9	30.9
	1990–1995	67.1	63.3	71.1	40	44	36	51	57	45	24.1	20.9	27.1
	1995–2000	69.4	66.5	72.5	32	35	29	41	45	37	21.3	18.5	23.9
	2000–2005	70.6	67.7	73.7	26	29	24	35	38	32	18.9	16.4	21.2
	2005–2010	71.8	68.8	74.9	22	23	20	29	32	27	16.6	14.4	18.6

Table 3 (concluded)

TRENDS IN SELECTED SOCIAL DEVELOPMENT INDICATORS, 1980–2010													
Country	5-year period	Life expectancy at birth (years of life)			Infant mortality rate (per 1 000 live births)			Under-five mortality rate (per 1 000 live births)			Illiteracy rate in population aged 15 or over (percentage)		
		Both sexes	Males	Females	Both sexes	Males	Females	Both sexes	Males	Females	Both sexes	Males	Females
Guatemala	1980–1985	58.3	56.1	60.6	79	84	75	118	121	115	47.0	39.0	55.1
	1985–1990	60.9	58.3	63.7	67	72	62	96	99	92	39.0	31.2	46.8
	1990–1995	63.6	60.5	66.8	55	60	50	74	78	70	35.1	27.4	42.7
	1995–2000	66.3	62.9	70.0	46	51	40	59	64	53	31.5	24.0	38.9
	2000–2005	68.9	65.5	72.5	39	44	33	48	55	42	28.2	20.9	35.4
	2005–2010	70.2	66.7	73.8	30	35	25	39	45	34	25.2	18.3	32.1
Haiti	1980–1985	51.9	50.6	53.3	122	128	116	168	178	158	69.5	65.9	72.8
	1985–1990	53.6	52.2	55.0	100	105	95	146	156	137	60.3	57.4	63.1
	1990–1995	55.4	54.0	56.8	74	78	70	121	130	112	55.3	52.7	57.7
	1995–2000	57.2	55.8	58.7	66	70	62	109	117	101	50.2	48.0	52.2
	2000–2005	59.2	57.8	60.7	59	63	55	98	106	90	45.2	43.5	46.8
	2005–2010	61.2	59.8	62.8	54	58	50	89	96	81	41.1	39.8	42.3
Honduras	1980–1985	61.6	59.4	63.8	65	72	58	101	109	92	40.1	38.1	42.0
	1985–1990	65.4	63.2	67.7	53	59	47	74	81	67	31.9	31.1	32.7
	1990–1995	67.7	65.4	70.1	43	48	38	60	66	54	28.3	28.0	28.6
	1995–2000	69.8	67.5	72.3	35	40	30	50	55	44	25.0	25.1	25.0
	2000–2005	71.0	68.6	73.4	31	36	27	45	50	39	22.0	22.4	21.7
	2005–2010	72.1	69.7	74.5	28	32	24	40	45	35	19.4	20.0	18.8
Mexico	1980–1985	67.7	64.4	71.2	47	53	41	57	64	51	18.7	13.7	23.5
	1985–1990	69.8	66.8	73.0	40	43	36	48	53	44	12.7	9.4	15.7
	1990–1995	71.5	68.5	74.5	34	36	32	42	45	38	10.5	7.9	13.0
	1995–2000	72.4	69.5	75.5	31	33	29	38	41	35	8.8	6.7	10.9
	2000–2005	73.4	70.4	76.4	28	30	26	35	38	32	7.4	5.7	9.1
	2005–2010	74.3	71.3	77.3	26	27	24	32	34	29	6.2	4.8	7.6
Nicaragua	1980–1985	59.5	56.5	62.6	80	88	72	117	128	106	41.2	41.0	41.4
	1985–1990	62.2	59.0	65.5	65	72	58	90	98	82	37.3	37.3	37.2
	1990–1995	66.1	63.5	68.7	48	54	42	62	69	54	35.4	35.5	35.2
	1995–2000	68.0	65.7	70.4	35	40	30	46	52	41	33.5	33.8	33.3
	2000–2005	69.5	67.2	71.9	30	34	26	40	45	36	31.9	32.2	31.6
	2005–2010	71.0	68.7	73.5	26	29	23	35	39	31	30.3	30.7	29.9
Panama	1980–1985	70.8	68.4	73.3	32	36	27	43	48	38	15.1	14.4	15.9
	1985–1990	71.9	69.3	74.6	30	34	25	38	43	33	11.0	10.3	11.6
	1990–1995	72.9	70.2	75.7	27	31	23	34	38	29	9.4	8.8	10.1
	1995–2000	73.8	71.3	76.4	24	28	20	30	34	26	8.1	7.5	8.8
	2000–2005	74.7	72.3	77.4	21	24	17	27	31	23	7.0	6.4	7.6
	2005–2010	75.6	73.0	78.2	18	21	15	24	27	20	6.0	5.4	6.6
Paraguay	1980–1985	67.1	64.9	69.3	49	55	43	62	70	55	14.1	10.5	17.6
	1985–1990	67.6	65.4	69.9	47	52	41	58	65	51	9.7	7.6	11.7
	1990–1995	68.5	66.3	70.8	43	49	38	53	60	47	8.1	6.6	9.6
	1995–2000	69.7	67.5	72.0	39	44	34	48	54	43	6.7	5.6	7.8
	2000–2005	70.8	68.6	73.1	37	42	32	45	51	40	5.6	4.8	6.4
	2005–2010	71.9	69.7	74.2	34	39	29	41	47	36	4.7	4.1	5.3
Peru	1980–1985	61.6	59.5	63.8	82	88	75	117	124	109	20.6	11.7	29.4
	1985–1990	64.4	62.1	66.8	68	75	61	94	102	86	14.5	8.0	20.9
	1990–1995	66.7	64.4	69.2	56	62	49	77	85	69	12.2	6.6	17.6
	1995–2000	68.3	65.9	70.9	42	50	40	65	72	59	10.1	5.3	14.8
	2000–2005	69.8	67.3	72.4	33	42	33	56	62	50	8.4	4.4	12.3
	2005–2010	71.2	68.7	73.9	29	35	28	48	53	43	7.0	3.5	10.3
Uruguay	1980–1985	71.0	67.6	74.5	34	37	30	37	41	34	5.0	5.4	4.6
	1985–1990	72.1	68.6	75.8	23	25	20	26	29	23	3.5	4.0	3.0
	1990–1995	73.0	69.2	76.9	20	23	18	23	26	20	2.9	3.4	2.5
	1995–2000	74.1	70.5	78.0	18	21	14	20	23	17	2.4	2.9	2.0
	2000–2005	75.2	71.6	78.9	13	15	11	15	18	13	2.0	2.5	1.6
	2005–2010	76.1	72.7	79.8	12	14	10	14	16	12	1.7	2.1	1.3
Venezuela (Bolivarian Republic of)	1980–1985	68.8	65.9	71.8	34	38	29	42	47	38	16.1	13.9	18.3
	1985–1990	70.5	67.7	73.5	27	30	23	33	36	29	11.1	9.9	12.3
	1990–1995	71.5	68.7	74.5	23	26	20	30	33	27	9.1	8.3	9.9
	1995–2000	72.2	69.3	75.2	21	23	18	31	34	28	7.5	7.0	8.0
	2000–2005	72.8	69.9	75.8	18	19	16	30	32	27	6.0	5.8	6.2
	2005–2010	73.8	70.9	76.8	16	17	15	27	29	25	4.8	4.8	4.9

Source: Economic Commission for Latin America and the Caribbean (ECLAC), "Latin America and Caribbean: population estimates and projections, 1950–2050", *Demographic Bulletin*, No. 74 (LC/G.2257–P), Santiago, Chile, Latin American and Caribbean Demographic Centre (CELADE)–Population Division of ECLAC, July 2004 and United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics (UIS).

POVERTY AND INCOME DISTRIBUTION

Table 4

POVERTY AND INDIGENCE LEVELS, 1990–2004 (Percentages)											
Country	Year	Population below the poverty line ^a					Population below the indigence line				
		Total	Urban areas			Rural areas	Total	Urban areas			Rural areas
			Total	Metropolitan area	Other urban areas			Total	Metropolitan area	Other urban areas	
Argentina	1990	...	...	21.2	...	...	...	...	5.2	...	...
	1994	...	16.1	13.2	21.2	...	...	3.4	2.6	4.9	...
	1997	...	...	17.8	...	...	...	...	4.8	...	...
	1999	...	23.7	19.7	28.5	...	...	6.7	4.8	8.8	...
	2002	...	45.4	41.5	49.6	...	...	20.9	18.6	23.3	...
	2004	...	29.4	25.9	33.6	...	...	11.1	9.6	12.9	...
Bolivia	1989	...	52.6	...	...	...	...	23.0	...	...	...
	1994	...	51.6	...	...	...	...	19.8	...	...	...
	1997	62.1	52.3	...	...	78.5	37.2	22.6	...	...	61.5
	1999	60.6	48.7	45.0	63.9	80.7	36.4	19.8	17.5	29.0	64.7
	2002	62.4	52.0	48.0	58.2	79.2	37.1	21.3	18.8	25.0	62.9
	Brazil	1990	48.0	41.2	70.6	23.4	16.7	...	...	46.1
1993		45.3	40.3	...	...	63.0	20.2	15.0	...	...	38.8
1996		35.8	30.6	...	...	55.6	13.9	9.6	...	...	30.2
1999		37.5	32.9	...	...	55.3	12.9	9.3	...	...	27.1
2001		37.5	34.1	...	...	55.2	13.2	10.4	...	...	28.0
2003		38.7	35.7	...	...	54.5	13.9	11.4	...	...	27.5
Chile		1990	38.6	38.5	32.1	43.5	38.8	13.0	12.5	9.3	14.9	15.6
	1994	27.6	27.0	18.4	33.4	31.1	7.6	7.1	4.2	9.3	9.9
	1996	23.2	22.0	13.4	27.8	30.4	5.7	5.1	2.4	6.9	9.4
	1998	23.2	22.0	13.4	27.8	30.4	5.7	5.1	2.4	6.9	9.4
	2000	20.2	19.7	14.4	23.4	23.7	5.6	5.1	3.9	6.0	8.4
	2003	18.7	18.5	12.4	22.7	20.0	4.7	4.4	2.8	5.6	6.2
	Colombia	1991	56.1	52.7	60.7	26.1	20.0	...	...	34.3
1994		52.5	45.4	37.6	48.2	62.4	28.5	18.6	13.6	20.4	42.5
1997		50.9	45.0	33.5	48.9	60.1	23.5	17.2	11.3	19.1	33.4
1999		54.9	50.6	43.1	53.1	61.8	26.8	21.9	19.6	22.7	34.6
2002		...	50.6	39.8	53.8	...	...	23.7	17.1	25.7	...
Costa Rica		1990	26.3	24.9	22.8	27.7	27.3	9.9	6.4	4.9	8.4	12.5
	1994	23.1	20.7	19.1	22.7	25.0	8.0	5.7	4.6	7.1	9.7
	1997	22.5	19.3	18.8	20.1	24.8	7.8	5.5	5.7	5.3	9.6
	1999	20.3	18.1	17.5	18.7	22.3	7.8	5.4	4.3	6.5	9.8
	2002	20.3	17.5	16.8	18.0	24.3	8.2	5.5	5.5	5.6	12.0
	Dominican Republic	2000	46.9	42.3	55.2	22.1	18.5	...	...	28.7
2002		44.9	41.9	...	...	50.7	20.3	17.1	...	...	26.3
Ecuador	1990	...	62.1	...	...	...	...	26.2	...	...	...
	1994	...	57.9	...	...	...	...	25.5	...	...	...
	1997	...	56.2	...	...	...	...	22.2	...	...	...
	1999	...	63.5	...	...	...	...	31.3	...	...	...
	2002	...	49.0	...	...	...	...	19.4	...	...	...
	El Salvador	1995	54.2	45.8	34.7	55.1	64.4	21.7	14.9	8.8	20.1	29.9
1997		55.5	44.4	29.8	56.6	69.2	23.3	14.8	6.3	21.9	33.7
1999		49.8	38.7	29.8	48.7	65.1	21.9	13.0	7.7	19.0	34.3
2001		48.9	39.4	32.1	47.7	62.4	22.1	14.3	9.9	19.2	33.3
Guatemala		1989	69.4	53.6	77.7	42.0	26.4	...	...	50.2
	1998	61.1	49.1	...	...	69.0	31.6	16.0	...	...	41.8
	2002	60.2	45.3	...	...	68.0	30.9	18.1	...	...	37.6
Honduras	1990	80.8	70.4	59.9	79.5	88.1	60.9	43.6	31.0	54.5	72.9
	1994	77.9	74.5	68.7	80.4	80.5	53.9	46.0	38.3	53.7	59.8
	1997	79.1	72.6	68.0	77.2	84.2	54.4	41.5	35.5	48.6	64.0
	1999	79.7	71.7	64.4	78.8	86.3	56.8	42.9	33.7	51.9	68.0
	2002	77.3	66.7	56.9	74.4	86.1	54.4	36.5	25.1	45.3	69.5

Table 4 (concluded)

POVERTY AND INDIGENCE LEVELS, 1990–2004 (Percentages)											
Country	Year	Population below the poverty line ^a					Population below the indigence line				
		Total	Urban areas		Rural areas	Total	Urban areas		Rural areas		
			Total	Metropolitan area			Other urban areas	Total		Metropolitan area	Other urban areas
Mexico	1989	47.7	42.1	...	...	56.7	18.7	13.1	...	...	27.9
	1994	45.1	36.8	...	...	56.5	16.8	9.0	...	...	27.5
	1996	52.9	46.1	...	...	62.8	22.0	14.3	...	...	33.0
	1998	46.9	38.9	...	...	58.5	18.5	9.7	...	...	31.1
	2000	41.1	32.3	...	...	54.7	15.2	6.6	...	...	28.5
	2002	39.4	32.2	...	...	51.2	12.6	6.9	...	...	21.9
	2004	37.0	32.6	...	...	44.1	11.7	7.0	...	...	19.3
Nicaragua	1993	73.6	66.3	58.3	73.0	82.7	48.4	36.8	29.5	43.0	62.8
	1998	69.9	64.0	57.0	68.9	77.0	44.6	33.9	25.8	39.5	57.5
	2001	69.3	63.8	50.8	72.0	76.9	42.3	33.2	24.3	38.9	54.9
Panama	1991	...	39.9	38.2	46.3	...	...	16.2	15.6	18.3	...
	1994	...	30.8	28.3	41.2	...	...	11.4	9.7	18.1	...
	1997	...	29.7	27.9	37.3	...	...	10.7	9.9	13.8	...
	1999	...	25.8	24.2	32.5	...	...	8.1	7.5	10.6	...
	2002	34.0	25.3	...	...	48.5	17.4	8.9	...	...	31.5
Paraguay	1990	...	...	43.2	...	...	...	...	13.1	...	...
	1994	...	49.9	42.2	59.3	...	...	18.8	12.8	26.1	...
	1996	...	46.3	39.2	55.9	...	...	16.3	9.8	25.2	...
	1999	60.6	49.0	39.5	61.3	73.9	33.9	17.4	9.2	28.0	52.8
	2001	61.0	50.1	42.7	59.1	73.6	33.2	18.4	10.4	28.1	50.3
Peru	1997	47.6	33.7	...	...	72.7	25.1	9.9	...	...	52.7
	1999	48.6	36.1	...	...	72.5	22.4	9.3	...	...	47.3
	2001 ^c	54.8	42.0	...	...	78.4	24.4	9.9	...	...	51.3
	2003 ^c	54.7	43.1	...	...	76.0	21.6	8.6	...	...	45.7
Uruguay	1990	...	17.9	11.3	24.3	...	...	3.4	1.8	5.0	...
	1994	...	9.7	7.5	11.8	...	...	1.9	1.5	2.2	...
	1997	...	9.5	8.6	10.3	...	...	1.7	1.5	1.8	...
	1999	...	9.4	9.8	9.0	...	...	1.8	1.9	1.6	...
	2002	...	15.4	15.1	15.8	...	...	2.5	2.7	2.2	...
Venezuela (Bolivarian Republic of) ^b	1990	39.8	38.6	29.2	41.2	46.0	14.4	13.1	8.0	14.5	21.3
	1994	48.7	47.1	25.8	52.0	55.6	19.2	17.1	6.1	19.6	28.3
	1997	48.0	...	...	...	...	20.5	...	...	...	...
	1999	49.4	...	...	...	...	21.7	...	...	...	...
	2002	48.6	...	...	...	...	22.2	...	...	...	...
Latin America ^d	1990	48.3	41.4	...	...	65.4	22.5	15.3	...	...	40.4
	1994	45.7	38.7	...	...	65.1	20.8	13.6	...	...	40.8
	1997	43.5	36.5	...	...	63.0	19.0	12.3	...	...	37.6
	1999	43.8	37.1	...	...	63.7	18.5	11.9	...	...	38.3
	2000	42.5	35.9	...	...	62.5	18.1	11.7	...	...	37.8
	2001	43.2	37.0	...	...	62.3	18.5	12.2	...	...	38.0
	2002	44.0	38.4	...	...	61.8	19.4	13.5	...	...	37.9
	2003	44.3	38.9	...	...	61.6	19.2	13.7	...	...	36.9
	2004	41.7	36.7	...	...	58.1	17.4	12.4	...	...	34.0

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Includes the population below the indigence line or living in extreme poverty.

^b The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

^c Figures from the Peruvian National Institute of Statistics and Informatics (INEI). Figures are not comparable with previous years owing to the change in the sample framework of the household survey. According to INEI, the new figures constitute a relative overestimation of 25% for poverty and 10% for indigence in relation to the previous methodology.

^d Estimate for 18 countries of the region.

Table 5

INDIGENCE LINES (IL) AND POVERTY LINES (PL)												
(In monthly values per person)												
Country	Year	Income reference period	Currency ^a	Urban		Rural		Exchange rate ^b	Urban		Rural	
				LI	LP	LI	LP		LI	LP	LI	LP
				Local currency					US dollars			
Argentina	1990 ^c	Sep.	A	255 928	511 856	...	...	5 791.0	44.2	88.4	...	...
	1994	Sep.	\$	72	144	...	...	1.0	72.0	143.9	...	...
	1997 ^c	Sep.	\$	76	151	...	...	1.0	75.5	151.0	...	...
	1999	Sep.	\$	72	143	...	...	1.0	71.6	143.3	...	...
	2002	Oct.	\$	99	198	...	...	3.6	27.5	55.0	...	...
	2004	2nd half	\$	111	221	...	...	3.0	37.4	74.8	...	...
Bolivia	1989	Oct.	Bs	68	137	...	...	2.9	23.8	47.5	...	...
	1994	June–Nov.	Bs	120	240	...	...	4.7	25.7	51.4	...	...
	1997	May.	Bs	155	309	125	219	5.3	29.4	58.8	23.9	41.8
	1999	Oct.–Nov.	Bs	167	333	130	228	5.9	28.0	56.1	21.9	38.3
	2002	Oct.–Nov.	Bs	167	334	133	234	7.4	22.6	45.2	18.1	31.6
Brazil	1990	Sep.	Cr\$	3 109	6 572	2 634	4 967	75.5	41.2	87.0	34.9	65.7
	1993	Sep.	Cr\$	3 400	7 391	2 864	5 466	111.2	30.6	66.5	25.8	49.2
	1996	Sep.	R\$	44	104	38	76	1.0	43.6	102.3	37.2	74.9
	1999	Sep.	R\$	51	126	43	91	1.9	26.7	66.2	22.7	48.1
	2001	Oct.	R\$	58	142	50	105	2.7	21.2	51.9	18.2	38.2
	2003	Oct.	R\$	75	178	65	133	2.9	26.1	62.3	22.6	46.7
Chile	1990	Nov.	Ch\$	9 297	18 594	7 164	12 538	327.4	28.4	56.8	21.9	38.3
	1994	Nov.	Ch\$	15 050	30 100	11 597	20 295	413.1	36.4	72.9	28.1	49.1
	1996	Nov.	Ch\$	17 136	34 272	13 204	23 108	420.0	40.8	81.6	31.4	55.0
	1998	Nov.	Ch\$	18 944	37 889	14 598	25 546	463.3	40.9	81.8	31.5	55.1
	2000	Nov.	Ch\$	20 281	40 562	15 628	27 349	525.1	38.6	77.2	29.8	52.1
	2003	Nov.	Ch\$	21 856	43 712	16 842	29 473	625.5	34.9	69.9	26.9	47.1
Colombia	1991	ago.	Col\$	18 093	36 186	14 915	26 102	645.6	28.0	56.1	23.1	40.4
	1994	ago.	Col\$	31 624	63 249	26 074	45 629	814.8	38.8	77.6	32.0	56.0
	1997	ago.	Col\$	53 721	107 471	44 333	77 583	1 141.0	47.1	94.2	38.9	68.0
	1999	ago.	Col\$	69 838	139 716	57 629	100 851	1 873.7	37.3	74.6	30.8	53.8
	2002	year	Col\$	86 616	173 232	...	...	2 504.2	34.6	69.2	...	...
Costa Rica	1990	June	¢	2 639	5 278	2 081	3 642	89.7	29.4	58.9	23.2	40.6
	1994	June	¢	5 264	10 528	4 153	7 268	155.6	33.8	67.7	26.7	46.7
	1997	June	¢	8 604	17 208	6 778	11 862	232.6	37.0	74.0	29.1	51.0
	1999	June	¢	10 708	21 415	8 463	14 811	285.3	37.5	75.1	29.7	51.9
	2002	June	¢	14 045	28 089	11 132	19 481	358.1	39.2	78.4	31.1	54.4
Dominican Republic	2000	Sep.	RD\$	713	1 425	641	1 154	16.5	43.1	86.2	38.8	69.8
	2002	Sep.	RD\$	793	1 569	714	1 285	18.8	42.2	83.5	38.0	68.4
Ecuador	1990	Nov.	S/.	18 465	36 930	...	...	854.8	21.6	43.2	...	...
	1994	Nov.	S/.	69 364	138 729	...	...	2 301.2	30.1	60.3	...	...
	1997	Oct.	S/.	142 233	284 465	...	...	4 194.6	33.9	67.8	...	...
	1999	Oct.	S/.	301 716	603 432	...	...	15 656.8	19.3	38.5	...	...
	2002	Nov.	S/.	863 750	1 727 500	...	...	25 000.0	34.6	69.1	...	...
El Salvador	1995	Jan.–Dec.	¢	254	508	158	315	8.8	29.0	58.1	18.0	35.9
	1997	Jan.–Dec.	¢	290	580	187	374	8.8	33.1	66.2	21.4	42.8
	1999	Jan.–Dec.	¢	293	586	189	378	8.8	33.5	66.9	21.6	43.2
	2001	Jan.–Dec.	¢	305	610	197	394	8.8	34.9	69.7	22.5	45.0
Guatemala	1989	April	Q	64	127	50	88	2.7	23.6	47.1	18.7	32.7
	1998	Dec.97–Dec.98	Q	260	520	197	344	6.4	40.7	81.5	30.8	54.0
	2002	Oct.–Nov.	Q	334	669	255	446	7.7	43.6	87.2	33.3	58.2
Honduras	1990	Aug.	L	115	229	81	141	4.3	26.5	52.9	18.6	32.6
	1994	Sep.	L	257	513	181	316	9.0	28.6	57.1	20.1	35.2
	1997	Aug.	L	481	963	339	593	13.1	36.8	73.6	25.9	45.3
	1999	Aug.	L	561	1 122	395	691	14.3	39.3	78.6	27.7	48.4
	2002	Aug.	L	689	1 378	485	849	16.6	41.6	83.3	29.3	51.3

Table 5 (concluded)

INDIGENCE LINES (IL) AND POVERTY LINES (PL) (In monthly values per person)												
Country	Year	Income reference period	Currency ^a	Urban		Rural		Exchange rate ^b	Urban		Rural	
				LI	LP	LI	LP		LI	LP	LI	LP
				Local currency					US dollars			
Mexico	1989	3rd quarter	\$	86 400	172 800	68 810	120 418	2 510.0	34.4	68.8	27.4	48.0
	1994	3rd quarter	MN\$	213	425	151	265	3.3	63.6	127.2	45.3	79.3
	1996	3rd quarter	MN\$	405	810	300	525	7.6	53.6	107.2	39.7	69.5
	1998	3rd quarter	MN\$	537	1 074	385	674	9.5	56.8	113.6	40.7	71.3
	2000	3rd quarter	MN\$	665	1 330	475	831	9.4	71.0	142.1	50.7	88.8
	2002	3rd quarter	MN\$	742	1 484	530	928	9.9	75.0	150.1	53.6	93.8
	2004	3rd quarter	MN\$	809	1 618	578	1 012	11.5	70.6	141.3	50.5	88.4
Nicaragua	1993	21 Feb.–12 June	C\$	167	334	129	225	4.6	36.6	73.3	28.2	49.4
	1997	Oct.	C\$	247	493	...	...	9.8	25.3	50.5	...	...
	1998	15 April–31 Aug.	C\$	275	550	212	370	10.4	26.3	52.7	20.3	35.5
	2001	30 April–31 July	C\$	369	739	284	498	13.4	27.6	55.2	21.3	37.2
Panama	1991	Aug.	B	35	70	...	...	1.0	35.0	70.1	...	...
	1994	Aug.	B	40	80	...	...	1.0	40.1	80.2	...	...
	1997	Aug.	B	41	81	...	...	1.0	40.6	81.3	...	...
	1999	July	B	41	81	...	...	1.0	40.7	81.4	...	...
	2002	July	B	41	81	31	55	1.0	40.7	81.4	31.5	55.0
Paraguay	1990 ^d	June, July, Aug.	G	43 242	86 484	...	...	1 207.8	35.8	71.6	...	...
	1994	Aug.–Sep.	G	87 894	175 789	...	...	1 916.3	45.9	91.7	...	...
	1996	July–Nov.	G	108 572	217 143	...	...	2 081.2	52.2	104.3	...	...
	1999	July–Dec.	G	138 915	277 831	106 608	186 565	3 311.4	42.0	83.9	32.2	56.3
	2000	Sep. 00–Aug. 01	G	155 461	310 922	119 404	208 956	3 718.3	41.8	83.6	32.1	56.2
Peru	1997	4th quarter	N\$	103	192	83	128	2.7	42.1	84.3	31.6	55.3
	1999	4th quarter	N\$	109	213	89	141	3.5	31.2	61.2	25.5	40.5
	2001	4th quarter	N\$	117	230	102	159	3.5	34.0	66.8	29.5	46.0
	2003	4th quarter	N\$	120	239	107	167	3.5	34.5	68.9	30.8	48.2
Uruguay	1990	2nd half	NUr\$	41 972	83 944	...	...	1 358.0	30.9	61.8	...	...
	1994	2nd half	\$	281	563	...	...	5.4	52.1	104.1	...	...
	1997	year	\$	528	1 056	...	...	9.4	55.9	111.9	...	...
	1999	year	\$	640	1 280	...	...	11.3	56.4	112.9	...	...
	2002	year	\$	793	1 586	...	...	21.3	37.3	74.6	...	...
Venezuela (Bolivarian Republic of)	1990	2nd half	Bs	1 924	3 848	1 503	2 630	49.4	38.9	77.9	30.4	53.2
	1994	2nd half	Bs	8 025	16 050	6 356	11 124	171.3	46.9	93.7	37.1	65.0
	1997 ^e	2nd half	Bs	31 711	62 316	...	...	488.6	64.9	127.5	...	...
	1999 ^e	2nd half	Bs	48 737	95 876	...	...	626.3	77.8	153.1	...	...
	2002 ^e	2nd half	Bs	80 276	154 813	...	...	1 161.0	69.1	133.4	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official figures.

^a Local currencies:

Argentina: (A) Austral; (\$) Peso
 Bolivia: (Bs) Boliviano
 Brazil: (Cr\$) Cruzeiro; (R\$) Real
 Chile: (Ch\$) Peso
 Colombia: (Col\$) Peso
 Costa Rica: (¢) Colón
 Ecuador: (S/) Sucre
 El Salvador: (¢) Colón
 Guatemala: (Q) Quetzal

Honduras: (L) Lempira
 Mexico: (\$) Peso; (MN\$) Nuevo Peso
 Nicaragua: (C\$) Córdoba
 Panama: (B) Balboa
 Paraguay: (G) Guaraní
 Peru: (N\$) Peso
 Venezuela (Bolivarian Republic of): (Bs) Bolívar
 Dominican Republic: (RD\$) Peso
 Uruguay: (NUr\$) Nuevo Peso; (\$) Peso

^b According to the International Monetary Fund's "rf" series.

^c Greater Buenos Aires.

^d Asunción.

^e Nationwide total.

Table 6

BREAKDOWN OF HOUSEHOLDS BY PER CAPITA INCOME BRACKETS, EXPRESSED AS MULTIPLES OF THE POVERTY LINE, URBAN AREAS, 1990–2004									
Country	Year	Per capita income bracket, in multiples of the poverty line							
		0 – 0.5 (Indigent)	0.5 – 0.9	0.9 – 1.0	0.0 – 1.0 (Poor)	1.0 – 1.25	1.25 – 2.0	2.0 – 3.0	More than 3.0
Argentina (Greater Buenos Aires)	1990	3.5	10.6	2.1	16.2	7.3	22.5	18.7	35.3
	1994	1.5	6.6	2.1	10.2	7.4	16.7	19.0	46.7
	1997	3.3	7.0	2.8	13.1	7.2	19.0	17.5	43.2
	1999	3.1	8.4	1.6	13.1	6.2	19.1	17.8	43.9
	2002	12.0	15.4	4.2	31.6	8.7	19.3	15.8	24.7
	2004	6.5	9.3	3.1	18.9	7.1	21.4	18.7	33.9
Bolivia	1989	22.1	23.2	4.1	49.4	9.0	16.4	10.6	14.5
	1994	16.8	24.2	4.6	45.6	9.8	19.3	10.2	14.9
	1997	19.2	22.6	5.1	46.8	9.7	17.2	11.2	15.2
	1999	16.4	20.8	5.1	42.3	10.8	18.5	11.4	17.0
	2002	17.3	23.1	4.4	44.9	9.1	18.8	10.2	17.1
Brazil ^a	1990	14.8	17.3	3.7	35.8	8.3	16.6	12.3	27.1
	1993	13.5	16.0	3.8	33.3	8.5	19.0	13.3	26.0
	1996	9.7	11.9	3.1	24.6	7.3	17.5	15.5	35.1
	1999	9.9	13.1	3.4	26.4	8.0	18.1	15.3	32.3
	2001	11.0	13.1	3.3	27.4	7.4	18.0	15.4	31.9
	2003	11.5	13.5	3.4	28.4	7.7	18.4	15.5	30.1
Chile	1990	10.2	18.6	4.5	33.3	9.5	20.3	14.3	22.7
	1994	5.9	13.3	3.6	22.8	8.5	20.7	16.6	31.4
	1996	4.3	11.0	3.2	18.5	8.5	20.5	17.2	34.1
	1998	4.3	9.9	2.8	17.0	7.3	19.4	17.6	38.8
	2000	4.3	9.1	2.9	16.3	7.5	19.2	18.0	39.1
	2003	3.7	8.7	2.7	15.1	7.6	19.9	18.5	39.0
Colombia ^b	1994	16.2	20.3	4.1	40.6	9.1	18.2	12.6	19.5
	1997	14.6	20.3	4.5	39.5	9.6	18.9	12.6	19.4
	1999	18.7	21.5	4.4	44.6	9.5	17.7	10.8	17.4
	2002	20.7	19.9	4.0	44.6	9.3	17.1	11.2	17.9
Costa Rica	1990	7.8	11.2	3.7	22.2	7.9	21.9	20.2	27.9
	1994	5.6	9.1	3.4	18.1	7.9	20.4	20.7	32.9
	1997	5.2	9.1	2.8	17.1	8.1	20.5	20.3	34.0
	1999	5.4	7.9	2.4	15.7	8.5	19.3	17.7	38.8
	2002	5.5	7.7	2.7	15.9	6.1	19.2	18.3	40.6
Dominican Republic	2000	17.7	17.2	4.1	39.0	8.9	18.3	13.9	19.9
	2002	16.0	18.1	4.3	38.4	9.1	18.3	13.9	20.4
Ecuador	1990	22.6	28.1	5.2	55.8	10.5	16.7	8.8	8.2
	1994	22.4	24.7	5.2	52.3	10.1	19.1	9.1	9.4
	1997	18.6	25.6	5.6	49.8	10.0	19.4	10.7	10.0
	1999	27.2	25.5	5.3	58.0	7.9	16.1	7.9	10.1
	2002	16.3	21.7	4.6	42.6	10.5	19.5	12.0	15.5
El Salvador	1995	12.4	22.4	5.1	40.0	12.0	22.0	12.8	13.3
	1997	12.0	21.8	4.8	38.6	11.0	21.8	13.6	15.0
	1999	11.1	19.0	3.9	34.0	9.8	21.7	15.4	19.1
	2001	12.0	18.7	4.0	34.7	10.3	20.8	14.8	19.5
Guatemala	1989	22.9	21.0	4.3	48.2	8.5	17.3	11.0	15.0
	1998	12.2	23.0	6.0	41.3	11.4	20.9	11.6	14.9
	2002	14.8	20.3	4.0	39.0	9.8	20.4	12.9	17.9
Honduras	1990	38.0	22.7	3.8	64.5	8.2	12.0	6.5	8.8
	1994	40.8	24.5	4.3	69.6	7.6	12.0	5.1	5.8
	1997	36.8	26.0	4.2	67.0	8.2	12.5	5.9	6.4
	1999	37.1	24.4	4.2	65.6	8.2	12.9	6.4	7.0
	2002	31.3	24.8	4.4	60.5	8.9	14.5	7.6	8.6

Table 6 (concluded)

BREAKDOWN OF HOUSEHOLDS BY PER CAPITA INCOME BRACKETS, EXPRESSED AS MULTIPLES OF THE POVERTY LINE, URBAN AREAS, 1990–2004									
Country	Year	Per capita income bracket, in multiples of the poverty line							
		0–0.5 (Indigent)	0.5–0.9	0.9–1.0	0.0–1.0 (Poor)	1.0–1.25	1.25–2.0	2.0–3.0	More than 3.0
Mexico	1989	9.3	19.8	4.8	33.9	11.0	22.3	13.1	19.8
	1994	6.2	18.2	4.6	29.0	10.8	21.8	14.4	24.0
	1996	10.0	22.2	5.3	37.5	10.7	21.3	12.4	18.1
	1998	6.9	19.1	5.1	31.1	11.0	22.0	15.3	20.6
	2000	4.7	17.3	4.5	26.5	10.9	22.7	16.3	23.6
	2002	4.8	16.2	5.0	26.0	11.2	23.2	15.6	24.0
	2004	5.2	16.3	4.7	26.2	10.9	23.6	15.0	24.4
Nicaragua	1993	32.2	23.5	4.6	60.3	8.2	15.7	6.9	9.0
	1998	30.7	24.1	4.5	59.3	8.6	15.8	7.6	8.7
	2001	28.3	25.2	4.2	57.7	8.3	16.4	8.4	9.2
Panama	1991	13.9	15.5	4.2	33.6	8.5	17.0	13.7	27.2
	1994	8.7	13.2	3.3	25.2	7.7	19.2	16.5	31.3
	1997	8.6	12.2	3.7	24.6	7.5	18.8	15.4	33.7
	1999	6.6	10.9	3.3	20.8	7.7	18.3	16.3	37.0
	2002	8.0	10.5	3.0	21.4	7.5	17.5	16.8	36.8
Paraguay (Asunción)	1990	10.4	21.7	4.7	36.8	13.6	19.6	14.2	15.9
	1994	9.5	20.9	5.0	35.4	11.6	20.4	13.4	19.3
	1996	8.0	19.2	6.4	33.5	11.3	22.2	13.5	19.5
	1999	6.9	20.8	5.2	32.9	11.9	19.9	16.2	19.2
	2000	9.1	20.1	5.9	35.0	8.9	21.4	13.2	21.5
Peru	1997	6.5	17.1	4.4	28.0	10.3	23.8	16.2	21.8
	1999	7.4	18.7	4.8	30.9	11.3	24.5	13.0	20.4
	2001	10.9	20.6	4.9	36.4	12.1	22.4	13.1	16.1
	2003	7.3	20.6	5.1	33.1	12.0	24.6	14.6	15.7
Uruguay	1990	2.0	7.0	2.8	11.8	7.1	22.7	23.1	35.3
	1994	1.1	3.4	1.3	5.8	3.6	15.4	23.2	52.0
	1997	0.9	3.5	1.4	5.7	4.0	15.2	21.4	53.8
	1999	0.9	3.4	1.3	5.6	3.6	13.5	20.5	56.9
	2002	1.3	6.1	1.9	9.3	5.6	18.0	21.6	45.5
Venezuela (Bolivarian Republic of) ^c	1990	10.9	17.5	5.0	33.4	10.9	21.5	14.8	19.4
	1994	13.5	22.0	5.4	40.9	10.4	21.4	12.9	14.4
	1997	17.1	20.7	4.5	42.3	10.6	19.3	11.5	16.3
	1999	19.4	20.5	4.1	44.0	10.3	19.5	11.5	14.8
	2002	18.6	20.0	4.7	43.3	9.8	18.9	12.0	15.9

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a In Brazil the values given for indigence (0–0.5 times the poverty line) and poverty (0–1.0 times the poverty line) may not coincide with the ones given in table 14. This is because the poverty line in Brazil is calculated by multiplying the indigence line by a variable coefficient instead of a fixed one (2.0), as in the other countries.
- ^b In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.
- ^c The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 7

POVERTY RATES IN SELECTED OCCUPATIONAL CATEGORIES, ^a URBAN AREAS, 1990–2004 (Percentages)									
Country	Year	Population	Employed	Public-sector wage or salary earners	Private-sector wage earners in non-professional, non-technical occupations			Own-account workers in non-professional, non-technical occupations	
					In establishments employing more than 5 persons	In establishments employing up to 5 persons ^b	Domestic employees	Manufacturing and construction	Commerce and services
Argentina (Greater Buenos Aires)	1990	21	10	...	12 ^c	15	21	6	8
	1994	13	5	...	5 ^c	7	10	4	3
	1997	18	8	...	8 ^c	12	18	8	6
	1999	20	10	6	9	17	22	14	8
	2002	42	27	40	31	40	43	31	19
	2004	26	15	22	14	22	26	15	12
Bolivia	1989	53	39	...	42	53	31	46	40
	1994	52	41	35	48	58	31	52	44
	1997	52	43	30	42	50	35	59	46
	1999	49	41	23	41	53	27	66	43
	2002	52	43	25	41	47	30	63	48
Brazil ^d	1990	41	32	...	30	48	49	40	36
	1993	40	32	20	31	39	47	43	33
	1996	31	22	14	22	27	35	28	22
	1999	33	24	14	26	32	39	33	27
	2001	34	24	13	26	33	40	35	27
	2003	36	25	13	25	33	41	33	32
Chile	1990	38	29	...	30 ^c	38	37	28	23
	1994	28	20	...	20 ^c	27	21	20	17
	1996	22	15	7	18	24	20	10	10
	1998	21	14	...	14 ^c	21	19	11	9
	2000	20	14	6	16	22	17	14	12
	2003	18	10	5	14	19	15	10	10
Colombia ^e	1991	52	41	27	45 ^f	...	38	54	53
	1994	45	34	15	41 ^f	...	31	42	42
	1997	40	33	15	37 ^f	...	34	48	42
	1999	51	38	12	38 ^f	...	35	60	54
	2002	51	40	11	36 ^f	...	44	59	56
Costa Rica	1990	25	15	...	15	22	28	28	24
	1994	21	12	5	11	19	25	24	18
	1997	23	10	4	10	17	23	21	18
	1999	18	10	3	9	14	27	17	16
	2002	18	9	1	8	12	18	19	18
Dominican Republic	2000	42	27	26	29	35	55	26	26
	2002	42	27	27	28	37	49	29	28
Ecuador	1990	62	51	33	50	60	56	70	61
	1994	58	46	31	49	58	56	60	56
	1997	56	45	28	46	62	53	56	54
	1999	64	53	30	55	70	61	68	62
	2002	49	39	18	39	53	51	48	45
El Salvador	1995	54	34	14	35	50	32	50	41
	1997	56	35	13	35	48	40	50	43
	1999	39	29	9	26	44	41	43	35
	2001	39	30	8	28	42	40	45	35
Guatemala	1989	53	42	20	47	61	42	48	35
	1998	49	42	20	45	58	33	50	41
	2002	44	34	8	33	54	42	48	33
Honduras	1990	70	60	29	60	76	51	81	73
	1994	75	66	42	71	83	56	84	77
	1997	73	64	44	69	83	52	84	72
	1999	72	64	41	64	81	58	80	72
	2002	67	58	28	57	75	48	80	68

Table 7 (concluded)

POVERTY RATES IN SELECTED OCCUPATIONAL CATEGORIES, ^a URBAN AREAS, 1990–2004 (Percentages)									
Country	Year	Population	Employed	Public-sector wage or salary earners	Private-sector wage earners in non-professional, non-technical occupations			Own-account workers in non-professional, non-technical occupations	
					In establishments employing more than 5 persons	In establishments employing up to 5 persons ^b	Domestic employees	Manufacturing and construction	Commerce and services
Mexico	1989	42	33	...	37 ^g	...	60	32	28
	1994	37	29	...	33 ^g	...	56	27 ^h	...
	1996	45	38	19	41	59	63	48	41
	1998	39	31	12	36	49	57	39	30
	2000	32	25	11	26	44	38	34	24
	2002	32	25	11	27	40	46	27	21
	2004	33	25	...	25 ^c	41	45	26	23
Nicaragua	1993	66	52	47	54	64	74	60	45
	1998	64	54	...	54 ^c	68	74	59	52
	2001	64	54	36	54	67	74	65	55
Panama	1991	40	26	12	24	38	31	42	38
	1994	31	18	6	16	30	28	26	25
	1997	33	18	6	17	27	26	32	25
	1999	26	15	5	12	24	20	24	26
	2002	25	14	5	12	15	22	27	29
Paraguay (Asunción)	1990	42	32	23	40	49	29	41	31
	1994	42	31	14	38	44	36	42	37
	1996	39	29	13	27	40	33	44	37
	1999	40	26	11	27	40	27	42	31
	2000	43	32	14	37	38	36	42	47
Peru	1997	34	25	14	20	28	16	36	33
	1999	36	28	14	21	32	23	52	36
	2001	42	36	20	37	47	27	43	41
	2003	43	38	21	37	49	30	44	44
Uruguay	1990	18	11	8	10	17	25	21	14
	1994	10	6	2	6	7	13	12	7
	1997	10	6	2	5	9	12	10	9
	1999	9	5	2	5	9	12	12	9
	2002	15	10	2	8	15	17	21	18
Venezuela (Bolivarian Republic of) ⁱ	1990	39	22	20	24	34	33	25	22
	1994	47	32	38	29	48	41	32	32
	1997	48	35	34	44	50	52	27	27
	1999	49	35	28	37	52	50	33	34
	2002	49	35	21	42	51	53	30	33

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Refers to the percentage of employed persons in each category residing in households with income below the poverty line.

^b For Bolivarian Republic of Venezuela, Bolivia (1999), Chile (1996), Dominican Republic, El Salvador, Panama and Uruguay (1990), this category includes establishments employing up to 4 persons only.

^c Includes public-sector wage or salary earners.

^d For 1990 the figure given for Brazil in the column for establishments employing more than 5 persons includes wage earners who have an employment contract (carteira), while the column for establishments employing up to 5 persons includes workers who do not have such contracts.

^e In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.

^f Includes wage earners in establishments employing up to 5 persons.

^g Includes wage earners in the public sector and in establishments employing up to 5 persons.

^h Refers to all non-professional, non-technical own-account workers.

ⁱ The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 8

POVERTY RATES IN SELECTED OCCUPATIONAL CATEGORIES, ^a RURAL AREAS, 1990–2004 (Percentages)									
Country	Year	Population	Employed	Public-sector wage or salary earners	Private-sector wage earners in non-professional, non-technical occupations			Own-account workers in non-professional, non-technical occupations	
					In establishments employing more than 5 persons	In establishments employing up to 5 persons ^b	Domestic employees	Total	Agriculture, forestry and fishing
Bolivia	1997	79	79	35	48	41	49	87	89
	1999	81	80	14	25	58	37	86	88
	2002	79	79	32	42	50	42	84	88
Brazil ^c	1990	71	64	...	45	72	61	70	74
	1993	63	57	56	58	53	53	59	60
	1996	56	49	33	46	35	40	54	56
	1999	55	49	39	47	40	41	54	55
	2001	55	48	30	47	42	42	52	53
	2003	55	47	29	47	35	43	51	52
Chile	1990	40	27	...	28	36	23	22	24
	1994	32	22	...	20	28	13	21	24
	1996	31	21	13	21	27	16	18	21
	1998	28	18	...	16 ^d	21	13	17	21
	2000	24	16	9	16	20	10	16	21
	2003	20	11	4	10	17	9	13	14
Colombia	1991	60	53	...	42 ^{d e}	...	54	67	73
	1994	62	55	...	55 ^{d e}	...	57	61	59
	1997	60	48	16	40 ^e	...	48	62	67
	1999	62	50	12	41 ^e	...	45	64	66
Costa Rica	1990	27	17	...	13	23	22	24	27
	1994	25	14	7	3	20	23	21	24
	1997	25	14	5	9	20	25	21	24
	1999	22	12	3	7	21	22	17	21
	2002	24	15	1	5	13	16	33	46
Dominican Republic	2000	55	38	33	35	44	54	39	47
	2002	51	34	29	31	44	58	34	42
El Salvador	1995	64	53	24	43	56	50	63	72
	1997	69	58	26	47	57	49	67	79
	1999	65	55	16	42	56	47	71	80
	2001	62	53	14	38	54	49	64	79
Guatemala	1989	78	70	42	72	76	61	71	76
	1998	69	63	42	62	74	53	63	67
	2002	68	60	27	63	62	41	65	73
Honduras	1990	88	83	...	71	90	72	88	90
	1994	81	73	40	65	79	74	78	81
	1997	84	79	37	75	86	74	83	85
	1999	86	81	38	79	89	75	85	89
	2002	86	82	34	65	89	69	86	91
Mexico	1989	57	49	...	53 ^f	...	50	47	54
	1994	57	47	...	53 ^f	...	53	46	54
	1996	62	56	23	57	67	64	59	68
	1998	58	51	23	48	60	64	55	64
	2000	55	46	16	44	59	64	49	61
	2002	51	44	21	36	54	48	48	62
	2004	44	36	...	26 ^d	49	39	41	55

Table 8 (concluded)

POVERTY RATES IN SELECTED OCCUPATIONAL CATEGORIES, ^a RURAL AREAS, 1990–2004 (Percentages)									
Country	Year	Population	Employed	Public-sector wage or salary earners	Private-sector wage earners in non-professional, non-technical occupations			Own-account workers in non-professional, non-technical occupations	
					In establishments employing more than 5 persons	In establishments employing up to 5 persons ^b	Domestic employees	Total	Agriculture, forestry and fishing
Nicaragua	1993	83	75	71	64	77	59	82	89
	1998	77	70	...	61	69	49	80	87
	2001	77	70	46	57	67	63	80	87
Panama	2002	49	40	6	13	16	27	60	70
Paraguay	1999	74	65	10	47	57	43	75	79
	2000	74	67	13	35	68	44	75	81
Peru	1997	73	66	23	47	57	54	76	77
	1999	73	66	33	42	54	38	73	78
	2001	78	74	39	65	75	53	78	82
	2003	76	72	27	58	65	63	76	79
Venezuela (Bolivarian Rep. of)	1990	47	31	22	35	36	44	31	36
	1994	56	42	27	50	50	53	42	44

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Refers to the percentage of employed persons in each category residing in households with income below the poverty line.

^b For Bolivarian Republic of Venezuela, Bolivia (1999), Chile (1996), Dominican Republic, El Salvador and Panama, this category includes establishments employing up to 4 persons only.

^c For 1990 the figure given for Brazil in the column for establishments employing more than 5 persons includes wage earners who have an employment contract (*carteira*), while the column for establishments employing up to 5 persons includes workers who do not have such contracts.

^d Includes public-sector wage earners.

^e Includes wage earners in establishments employing up to 5 persons.

^f Includes wage earners in the public sector and in establishments employing up to 5 persons.

Table 9

BREAKDOWN OF THE TOTAL EMPLOYED POPULATION LIVING IN POVERTY BY OCCUPATIONAL CATEGORY, URBAN AREAS, 1990–2004 (Percentages of the employed urban population living in poverty)								
Country	Year	Public-sector wage earners	Private-sector wage earners in non-professional, non-technical occupations			Own-account workers in non-professional, non-technical occupations		Total ^b
			In establishments employing more than 5 persons	In establishments employing up to 5 persons ^a	Domestic employees	Manufacturing and construction	Commerce and services	
Argentina (Greater Buenos Aires)	1990	...	53	17	12	6	10	98
	1994	...	52	22	10	6	10	100
	1997	...	49	23	11	5	12	100
	1999	7	36	25	12	7	13	100
	2002	25	26	22	9	8	8	98
	2004	23	28	20	11	6	9	97
Bolivia	1989	18	15	17	5	12	31	98
	1994	11	18	19	4	11	29	92
	1997	7	14	13	3	16	29	82
	1999	6	15	15	2	19	33	90
	2002	6	15	14	3	18	33	88
Brazil ^c	1990	...	32	26	10	5	18	91
	1993	9	32	11	12	6	17	87
	1996	8	31	12	13	7	16	87
	1999	7	28	11	14	7	18	85
	2001	7	29	12	15	7	17	87
	2003	6	30	13	14	8	16	87
Chile	1990	...	53	14	10	6	12	95
	1994	...	54	14	8	7	11	94
	1996	6	53	16	9	3	8	95
	1998	...	56	18	10	4	8	96
	2000	7	52	15	9	5	10	98
	2003	6	52	13	10	5	9	95
Colombia ^d	1991	...	48 ^e	...	5	8	26	87
	1994	4	58 ^e	...	5	8	22	97
	1997	4	46 ^e	...	5	10	30	95
	1999	3	38 ^e	...	5	12	37	95
	2002	2	32 ^e	...	6	12	39	91
Costa Rica	1990	...	28	13	8	12	17	78
	1994	11	28	18	9	10	18	94
	1997	7	30	18	8	10	22	95
	1999	6	28	17	15	8	20	94
	2002	3	24	15	8	10	25	85
Dominican Republic	2000	13	33	10	8	7	20	92
	2002	14	30	9	8	8	23	91
Ecuador	1990	11	21	13	5	11	29	90
	1994	9	23	15	6	8	29	90
	1997	9	24	15	6	8	27	89
	1999	6	23	18	6	7	27	87
	2002	5	23	18	6	9	27	89
El Salvador	1995	5	28	15	4	12	25	89
	1997	5	25	16	5	10	27	88
	1999	4	23	21	6	10	24	88
	2001	3	24	19	6	10	27	88
Guatemala	1989	7	26	20	7	8	12	80
	1998	4	21	28	3	10	20	86
	2002	2	24	21	5	13	19	83
Honduras	1990	7	27	17	6	12	23	92
	1994	7	33	14	5	10	19	88
	1997	7	30	14	4	10	23	88
	1999	6	27	14	4	9	25	85
	2002	5	24	17	3	14	24	86

Table 9 (concluded)

BREAKDOWN OF THE TOTAL EMPLOYED POPULATION LIVING IN POVERTY BY OCCUPATIONAL CATEGORY, URBAN AREAS, 1990–2004 (Percentages of the employed urban population living in poverty)								
Country	Year	Public-sector wage earners	Private-sector wage earners in non-professional, non-technical occupations			Own-account workers in non-professional, non-technical occupations		Total ^b
			In establishments employing more than 5 persons	In establishments employing up to 5 persons ^d	Domestic employees	Manufacturing and construction	Commerce and services	
Mexico	1989	...	72 ^e	...	5	3	11	91
	1994	...	71 ^e	...	7	17 ^f	...	95
	1996	7	36	23	6	5	17	94
	1998	14	33	15	4	3	16	85
	2000	6	36	27	5	5	15	94
	2002	6	35	28	9	5	13	95
	2004	...	40 ^g	28	9	4	14	95
Nicaragua	1993	19	17	15	9	9	15	84
	1998	...	25	18	9	5	26	83
	2001	8	22	19	6	7	26	88
Panama	1991	12	24	8	8	7	16	75
	1994	9	30	19	14	7	19	98
	1997	8	29	9	10	9	18	83
	1999	6	26	10	8	8	24	83
	2002	7	28	9	10	8	31	93
Paraguay (Asunción)	1990	8	30	24	10	7	15	94
	1994	5	30	19	14	7	19	94
	1996	5	22	19	11	10	26	93
	1999	6	26	21	10	8	20	91
	2000	5	28	13	12	7	28	93
Peru	1997	7	15	14	3	8	38	85
	1999	5	12	15	5	9	38	84
	2001	7	17	18	4	6	33	84
	2003	6	16	16	4	6	34	82
Uruguay	1990	16	30	11	15	10	15	97
	1994	8	32	13	16	13	15	97
	1997	7	27	17	15	12	19	97
	1999	5	26	15	17	15	20	98
	2002	4	20	16	17	17	23	97
Venezuela (Bolivarian Republic of) ^h	1990	19	33	10	10	5	15	92
	1994	21	26	14	5	6	19	91
	1997	17	32	15	7	5	15	91
	1999	12	26	18	3	7	24	90
	2002	8	28	16	4	6	25	87

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a For Bolivarian Republic of Venezuela, Bolivia (1999), Chile (1996), Dominican Republic, El Salvador, Panama and Uruguay (1990), this category includes establishments employing up to 4 persons only.
- ^b In most cases the total amounts to less than 100%, since employers, professional and technical workers and public-sector employees have not been included.
- ^c For 1990 the figure given for Brazil in the column for establishments employing more than 5 persons includes wage earners who have an employment contract (carteira), while the column for establishments employing up to 5 persons includes workers who do not have such contracts.
- ^d In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992, the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.
- ^e Includes wage earners in establishments employing up to 5 persons.
- ^f Refers to all non-professional, non-technical own-account workers.
- ^g Includes public-sector wage earners.
- ^h The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 10

BREAKDOWN OF THE TOTAL EMPLOYED POPULATION LIVING IN POVERTY BY OCCUPATIONAL CATEGORY, RURAL AREAS, 1990–2004								
(Percentages of the employed rural population living in poverty)								
Country	Year	Public-sector wage earners	Private-sector wage earners in non-professional, non-technical occupations			Own-account workers in non-professional, non-technical occupations		Total ^b
			In establishments employing more than 5 persons	In establishments employing to 5 persons ^a	Domestic employees	Total	Agriculture	
Bolivia	1997	1	2	2	0	94	89	99
	1999	0	1	2	0	95	90	98
	2002	1	2	2	0	91	88	97
Brazil ^c	1990	...	9	26	4	57	51	96
	1993	5	23	2	3	66	61	99
	1996	3	21	2	3	70	65	99
	1999	4	20	2	3	69	64	98
	2001	3	22	2	3	69	64	99
	2003	2	22	2	4	69	63	99
Chile	1990	...	40	29	3	27	23	99
	1994	...	39	26	2	31	25	98
	1996	2	29	35	3	30	27	99
	1998	...	36	25	3	35	31	99
	2000	3	40	22	2	33	28	100
	2003	2	38	23	3	33	29	99
Colombia	1991	...	34 ^d	...	2	58	35	94
	1994	...	47 ^d	...	4	45	24	96
	1997	1	35 ^d	...	3	57	35	96
	1999	1	31 ^d	...	3	62	36	97
Costa Rica	1990	-	25	23	6	41	27	95
	1994	5	20	28	7	35	19	95
	1997	3	20	28	9	36	19	96
	1999	2	19	34	10	30	16	95
	2002	1	9	16	5	62	41	91
	Dominican Republic	2000	7	17	8	7	59	40	98
2002		7	15	7	8	60	43	97
El Salvador	1995	1	23	15	3	52	36	94
	1997	1	23	15	4	54	39	97
	1999	1	18	17	5	55	38	96
	2001	1	13	19	5	58	43	96
Guatemala	1989	2	23	12	2	61	52	100
	1998	1	22	19	1	54	37	98
	2002	1	18	15	1	63	47	97
Honduras	1990	2	11	17	2	68	51	100
	1994	3	14	15	2	65	49	99
	1997	2	13	16	2	65	45	98
	1999	2	12	16	2	66	45	98
	2002	1	9	21	1	67	52	99
Mexico	1989	...	50 ^d	...	3	45	38	98
	1994	...	50 ^d	...	3	45	35	98
	1996	3	20	22	4	49	35	98
	1998	6	19	18	2	49	29	94
	2000	2	20	27	3	46	33	98
	2002	4	14	28	5	48	36	98
	2004	...	21 ^e	32	4	39	26	97
Nicaragua	1993	6	13	11	4	62	54	96
	1998	...	17	16	3	60	49	96
	2001	3	11	13	3	65	55	96
Panama	2002	1	5	5	2	86	68	99
Paraguay	1999	1	5	10	3	80	66	99
	2000	1	3	13	3	78	66	98
Peru	1997	1	5	7	1	82	71	96
	1999	1	4	7	1	82	73	95
	2001	2	7	9	1	78	68	96
	2003	2	5	5	1	85	76	97
Venezuela (Bolivarian Republic of)	1990	5	27	15	4	47	39	98
	1994	5	23	19	6	45	31	98

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a For Bolivarian Republic of Venezuela, Bolivia (1999), Chile (1996), Dominican Republic, El Salvador and Panama, this category includes establishments employing up to 4 persons only.

^b In most cases the total amounts to less than 100%, since employers, professional and technical workers and public-sector employees have not been included.

^c For 1990 the figure given for Brazil in the column for establishments employing more than 5 persons includes wage earners who have an employment contract (*carteira*), while the column for establishments employing up to 5 persons includes workers who do not have such contracts.

^d Includes wage earners in establishments employing up to 5 persons.

^e Includes public-sector wage earners.

Table 11

EXTENT AND DISTRIBUTION OF POVERTY AND INDIGENCE IN HOUSEHOLDS HEADED BY WOMEN, URBAN AREAS, 1990–2004									
Country	Year	Percentage of households headed by women at each poverty level				Distribution of households headed by women by poverty level			
		Total	Indigent	Non-indigent poor	Non-poor	Total	Indigent	Non-indigent poor	Non-poor
Argentina (Greater Buenos Aires)	1990	21	26	12	22	100	4.3	7.0	88.7
	1994	24	22	20	24	100	1.0	7.5	91.1
	1997	26	32	24	26	100	4.1	9.0	86.9
	1999	27	37	28	27	100	4.2	10.4	85.4
	2002	27	20	25	28	100	8.9	18.5	72.6
	2004	30	39	27	29	100	8.6	11.5	79.9
Bolivia	1989	17	23	16	15	100	30.2	25.5	44.3
	1994	18	20	17	18	100	18.1	27.0	54.9
	1997	21	24	22	19	100	22.2	30.0	47.8
	1999	21	24	19	21	100	19.2	23.4	57.4
	2002	24	24	19	26	100	17.6	22.1	60.3
Brazil	1990	20	24	23	18	100	16.0	25.1	58.9
	1993	22	23	21	22	100	12.3	20.9	66.8
	1996	24	24	22	24	100	7.7	15.9	76.4
	1999	25	24	24	26	100	6.7	18.3	74.9
	2001	26	27	25	27	100	8.2	18.3	73.5
	2003	28	28	27	28	100	8.7	18.7	72.6
Chile	1990	21	25	20	22	100	11.7	21.3	67.0
	1994	22	27	21	22	100	7.1	16.0	76.8
	1996	23	29	22	23	100	5.3	13.6	81.1
	1998	24	28	23	24	100	4.9	12.3	82.7
	2000	24	28	23	24	100	5.0	11.5	83.6
	2003	18	26	16	18	100	2.3	9.0	88.7
Colombia ^a	1991	24	28	22	24	100	19.8	27.6	52.6
	1994	24	24	24	24	100	16.1	24.0	59.9
	1997	27	32	28	25	100	17.5	25.9	56.6
	1999	29	31	27	29	100	20.4	24.0	55.6
	2002	30	34	29	30	100	23.1	22.8	54.1
Costa Rica	1990	23	36	25	21	100	10.9	16.5	72.6
	1994	24	42	27	22	100	9.8	14.0	76.2
	1997	27	51	36	24	100	9.9	15.7	74.4
	1999	28	56	39	25	100	10.9	14.1	75.0
	2002	28	48	34	27	100	9.2	12.5	78.3
Dominican Republic	2000	31	48	33	26	100	27.2	22.3	50.5
	2002	34	54	39	27	100	25.2	25.6	49.2
Ecuador	1990	17	22	16	15	100	28.9	31.2	39.9
	1994	19	23	18	18	100	27.3	28.1	44.6
	1997	19	24	19	17	100	23.9	31.1	45.0
	1999	20	23	21	18	100	30.9	31.4	37.6
	2002	21	26	21	20	100	20.0	26.0	53.9
El Salvador	1995	31	38	31	29	100	15.4	28.1	56.5
	1997	30	36	33	28	100	14.2	29.3	56.5
	1999	31	36	36	29	100	12.6	25.9	61.5
	2001	35	37	40	33	100	12.6	25.9	61.5
Guatemala	1989	22	23	21	22	100	24.2	24.3	51.5
	1998	24	26	21	26	100	12.9	24.8	62.3
	2002	22	30	21	21	100	19.8	22.7	57.5
Honduras	1990	27	35	21	21	100	50.4	21.1	28.5
	1994	25	28	25	21	100	45.8	29.2	25.0
	1997	29	32	28	28	100	40.3	28.6	31.1
	1999	30	32	30	28	100	39.4	28.7	31.9
	2002	31	32	31	31	100	31.7	29.0	39.3

Table 11 (concluded)

EXTENT AND DISTRIBUTION OF POVERTY AND INDIGENCE IN HOUSEHOLDS HEADED BY WOMEN, URBAN AREAS, 1990–2004									
Country	Year	Percentage of households headed by women at each poverty level				Distribution of households headed by women by poverty level			
		Total	Indigent	Non-indigent poor	Non-poor	Total	Indigent	Non-indigent poor	Non-poor
Mexico	1989	16	14	14	17	100	8.2	21.9	69.9
	1994	17	11	16	18	100	4.0	21.3	74.7
	1996	18	17	15	19	100	9.8	23.0	67.3
	1998	19	18	16	20	100	6.3	20.0	73.7
	2000	20	14	16	21	100	3.4	17.5	79.1
	2002	21	24	22	21	100	5.4	21.4	73.1
	2004	25	24	26	25	100	5.0	21.4	73.6
Nicaragua	1993	35	40	34	32	100	36.8	27.2	36.1
	1998	35	39	36	30	100	34.9	30.2	34.9
	2001	34	37	36	32	100	30.2	30.7	39.0
Panama	1991	26	34	29	24	100	18.0	22.0	60.0
	1994	25	35	25	24	100	12.1	16.2	71.7
	1997	28	37	29	26	100	11.4	16.7	71.9
	1999	27	45	28	26	100	10.8	14.4	74.8
	2002	29	44	31	27	100	12.3	14.6	73.1
Paraguay (Asunción)	1990	20	21	23	18	100	11.2	30.5	58.3
	1994	23	20	26	22	100	8.4	29.3	62.3
	1996	27	25	26	27	100	7.4	24.7	67.9
	1999	27	30	23	29	100	7.7	21.9	70.4
	2000	31	37	29	32	100	10.6	23.7	65.7
Peru	1997	20	21	19	21	100	8.0	18.6	73.3
	1999	21	17	21	21	100	6.3	23.9	69.7
	2001	22	22	21	23	100	7.2	25.2	67.6
	2003	25	30	20	26	100	7.2	24.3	68.5
Uruguay	1990	25	28	22	26	100	2.2	8.4	89.4
	1994	27	21	23	27	100	0.8	4.0	95.1
	1997	29	27	23	29	100	0.8	3.9	95.3
	1999	31	29	26	31	100	0.8	4.0	95.2
	2002	32	31	27	33	100	1.3	6.7	92.0
Venezuela (Bolivarian Republic of) ^b	1990	22	40	25	18	100	19.6	25.4	55.1
	1994	25	34	28	21	100	18.7	30.8	50.5
	1997	26	28	29	24	100	18.6	28.4	53.0
	1999	27	34	27	25	100	23.8	24.8	51.3
	2002	29	35	29	26	100	24.0	24.1	51.9

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys in the respective countries.

^a In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.

^b The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 12

HOUSEHOLD INCOME DISTRIBUTION, ^a NATIONAL TOTALS, 1990–2004								
(Percentages)								
Country	Year	Average income ^b	Share of total income of:				Ratio of average income per capita ^c	
			Poorest 40%	Net poorest 30%	20% below the richest 10%	Richest 10%	D ¹⁰ /D ⁽¹⁻⁴⁾	Q ⁵ /Q ¹
Argentina ^d	1990	10.6	14.9	23.6	26.7	34.8	13.5	13.5
	1997	12.4	14.9	22.3	27.1	35.8	16.0	16.4
	1999	12.5	15.4	21.6	26.1	37.0	16.4	16.5
	2002	8.1	13.4	19.3	25.3	42.1	20.0	21.8
	2004	9.4	16.0	22.3	24.5	37.3	15.5	16.6
Bolivia	1989 ^e	7.7	12.1	22.0	27.9	38.2	17.1	21.4
	1997	5.8	9.4	22.0	27.9	40.7	25.9	34.6
	1999	5.7	9.2	24.0	29.6	37.2	26.7	48.1
	2002	6.1	9.5	21.3	28.3	41.0	30.3	44.2
Brazil	1990	9.3	9.5	18.6	28.0	43.9	31.2	35.0
	1996	12.3	9.9	17.7	26.5	46.0	32.2	38.0
	1999	11.3	10.1	17.3	25.5	47.1	32.0	35.6
	2001	11.0	10.2	17.5	25.6	46.8	32.2	36.9
	2003	9.9	11.2	18.3	25.7	44.9	27.9	31.8
Chile	1990	9.4	13.2	20.8	25.4	40.7	18.2	18.4
	1996	12.9	13.1	20.5	26.2	40.2	18.3	18.6
	2000	13.6	13.8	20.8	25.1	40.3	18.7	19.0
	2003	13.6	13.7	20.7	25.5	40.0	18.8	18.4
Colombia	1994	8.4	10.0	21.3	26.9	41.8	26.8	35.2
	1997	7.3	12.5	21.7	25.7	40.1	21.4	24.1
	1999	6.7	12.3	21.6	26.0	40.1	22.3	25.6
	2002 ^f	7.2	11.9	22.2	26.8	39.1	25.0	29.6
Costa Rica	1990	9.5	16.7	27.4	30.2	25.6	10.1	13.1
	1997	10.0	16.5	26.8	29.4	27.3	10.8	13.0
	1999	11.4	15.3	25.7	29.7	29.4	12.6	15.3
	2002	11.7	14.5	25.6	29.7	30.2	13.7	16.9
Dominican Republic	1997	8.5	14.5	23.6	26.0	36.0	16.0	17.6
	2000	7.2	11.4	22.2	27.6	38.8	21.1	26.9
	2001	7.2	12.2	22.5	27.0	38.3	19.1	23.0
	2002	7.2	12.0	22.6	27.0	38.3	19.3	24.9
Ecuador ^f	1990	5.5	17.1	25.4	27.0	30.5	11.4	12.3
	1997	6.0	17.0	24.7	26.4	31.9	11.5	12.2
	1999	5.6	14.1	22.8	26.5	36.6	17.2	18.4
	2002	6.7	15.4	24.3	26.0	34.3	15.7	16.8
El Salvador	1995	6.2	15.4	24.8	26.9	32.9	14.1	16.9
	1997	6.1	15.3	24.5	27.3	33.0	14.8	15.9
	1999	6.6	13.8	25.0	29.1	32.1	15.2	19.6
	2001	6.7	13.4	24.6	28.7	33.3	16.2	20.3
Guatemala	1989	6.0	11.8	20.9	26.8	40.6	23.5	27.3
	1998	7.1	14.3	21.6	25.0	39.1	20.4	19.8
	2002	6.8	14.2	22.2	26.8	36.8	18.4	18.7
Honduras	1990	4.3	10.1	19.7	27.0	43.1	27.4	30.7
	1997	4.1	12.6	22.5	27.3	37.7	21.1	23.7
	1999	3.9	11.8	22.9	28.9	36.5	22.3	26.5
	2002	4.3	11.3	21.7	27.6	39.4	23.6	26.3

Table 12 (concluded)

HOUSEHOLD INCOME DISTRIBUTION, ^a NATIONAL TOTALS, 1990–2004 (Percentages)								
Country	Year	Average income ^b	Share of total income of:				Ratio of average income per capita ^c	
			Poorest 40%	Net poorest 30%	20% below the richest 10%	Richest 10%	D ¹⁰ /D ⁽¹⁻⁴⁾	Q ⁵ /Q ¹
Mexico	1989	8.6	15.8	22.5	25.1	36.6	17.2	16.9
	1994	8.5	15.3	22.9	26.1	35.6	17.3	17.4
	2000	8.5	14.6	22.5	26.5	36.4	17.9	18.5
	2002	8.2	15.7	23.8	27.3	33.2	15.1	15.5
	2004	8.3	15.8	23.3	26.3	34.6	15.9	16.0
Nicaragua	1993	5.2	10.4	22.8	28.4	38.4	26.1	37.7
	1998	5.6	10.4	22.1	27.1	40.5	25.3	33.1
	2001	5.9	12.2	21.5	25.7	40.7	23.6	27.2
Panama ^f	1991	9.5	13.3	23.9	28.6	34.2	18.3	22.7
	1997	12.0	13.3	22.4	27.0	37.3	19.6	21.6
	1999	12.2	14.2	23.9	26.8	35.1	17.1	19.1
	2002	11.9	14.2	25.0	28.2	32.7	15.0	17.9
Paraguay	1990 ^g	7.7	18.6	25.7	26.9	28.9	10.2	10.6
	1996 ^f	7.4	16.7	24.6	25.3	33.4	13.0	13.4
	1999	6.2	13.1	23.0	27.8	36.2	19.3	22.6
	2000	6.2	12.9	23.5	26.4	37.3	20.9	25.6
Peru	1997	8.1	13.4	24.6	28.7	33.3	17.9	20.8
	1999	8.2	13.4	23.1	27.1	36.5	19.5	21.6
	2001	6.2	13.4	24.6	28.5	33.5	17.4	19.3
	2003	6.2	14.9	23.7	27.9	33.6	15.6	16.3
Uruguay ^f	1990	9.3	20.1	24.6	24.1	31.2	9.4	9.4
	1997	11.2	22.0	26.1	26.1	25.8	8.5	9.1
	1999	11.9	21.6	25.5	25.9	27.0	8.8	9.5
	2002	9.4	21.6	25.4	25.6	27.3	9.5	10.2
Venezuela (Bolivarian Republic of)	1990	8.9	16.7	25.7	28.9	28.7	12.1	13.4
	1997	7.8	14.7	24.0	28.6	32.8	14.9	16.1
	1999	7.2	14.6	25.1	29.0	31.4	15.0	18.0
	2002	7.1	14.3	24.9	29.5	31.3	14.5	18.1

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Households arranged in order of per capita income. Table 23 presents disaggregated figures for urban and rural areas.

^b Average monthly household income in multiples of the per capita poverty line.

^c D^(1 to 4) means the 40% of households with the lowest income, and D¹⁰ means the 10% of households with the highest income. Similar notation is used for quintiles (Q), where each group represents 20% of total households.

^d Greater Buenos Aires.

^e Eight major cities and El Alto.

^f Total urban areas.

^g Asunción metropolitan area.

Table 13

HOUSEHOLD INCOME LEVELS AND DISTRIBUTION, URBAN AND RURAL AREAS, ^a 1990–2004											
(Percentages)											
Country	Year	Average income ^b	Share of total income of:				Average income ^b	Share of total income of:			
			Poorest 40%	Net poorest 30%	20% below the richest 10%	Richest 10%		Poorest 40%	Net poorest 30%	20% below the richest 10%	Richest 10%
Urban areas						Rural areas					
Argentina ^c	1990	10.6	14.9	23.6	26.7	34.8	...	...	...	...	...
	1997	12.4	14.9	22.3	27.1	35.8	...	...	...	...	...
	1999	12.5	15.4	21.6	26.1	37.0	...	...	...	...	...
	2002	8.1	13.4	19.3	25.3	42.1	...	...	...	...	...
	2004	9.4	16.0	22.3	24.5	37.3	...	...	...	...	...
Bolivia	1989 ^d	7.7	12.1	22.0	27.9	38.2	...	...	...	...	...
	1997	7.2	13.6	22.5	26.9	37.0	3.6	9.8	19.4	28.8	42.0
	1999	7.2	15.2	24.1	28.0	32.7	3.1	6.9	21.3	33.6	38.3
	2002	7.7	13.9	21.4	26.4	38.4	3.5	8.2	21.6	30.7	39.5
Brazil	1990	10.4	10.3	19.4	28.5	41.8	4.7	14.5	21.3	26.1	38.2
	1996	13.6	10.5	18.1	27.0	44.3	6.8	13.4	23.3	23.7	39.6
	1999	12.3	10.6	17.7	26.1	45.7	6.7	14.0	23.1	22.8	40.2
	2001	11.8	10.5	17.7	26.0	45.7	6.5	13.9	23.8	23.2	39.1
	2003	10.5	11.4	18.4	26.2	44.1	6.3	14.4	24.8	23.7	37.1
Chile	1990	9.4	13.4	21.2	26.2	39.2	9.7	13.8	20.4	20.6	45.1
	1996	13.5	13.4	20.9	26.4	39.4	9.4	16.8	24.3	23.4	35.6
	2000	14.1	14.0	20.9	25.4	39.7	10.6	16.9	24.5	22.4	36.1
	2003	13.9	13.9	21.0	25.6	39.4	11.1	16.5	22.6	22.2	38.8
Colombia	1994	9.0	11.6	20.4	26.1	41.9	5.7	10.0	23.3	32.2	34.6
	1997	8.4	12.9	21.4	26.1	39.5	5.3	15.4	26.3	28.2	30.1
	1999	7.3	12.6	21.9	26.6	38.8	5.6	13.9	24.7	25.9	35.5
	2002	7.2	11.9	22.2	26.8	39.1	...	...	...	...	...
Costa Rica	1990	9.6	17.8	28.7	28.9	24.6	9.3	17.6	28.0	29.9	24.5
	1997	10.5	17.3	27.6	28.4	26.8	9.6	17.3	27.9	28.9	25.9
	1999	11.9	16.2	26.8	29.9	27.2	10.9	15.8	26.7	29.3	28.2
	2002	12.3	15.5	26.2	29.3	29.0	10.8	14.4	26.6	29.2	29.8
Dominican Republic	1997	9.0	14.8	23.8	25.8	35.5	7.7	16.5	25.7	25.2	32.6
	2000	8.2	11.4	22.2	28.0	38.4	5.5	14.0	25.6	27.0	33.5
	2002	8.2	11.6	21.7	28.4	38.4	5.5	15.0	27.5	29.1	28.5
Ecuador	1990	5.5	17.1	25.4	27.0	30.5	...	...	...	...	...
	1997	6.0	17.0	24.7	26.4	31.9	...	...	...	...	...
	1999	5.6	14.1	22.8	26.5	36.6	...	...	...	...	...
	2002	6.7	15.4	24.3	26.0	34.3	...	...	...	...	...
El Salvador	1995	6.9	17.3	25.1	25.8	31.7	5.1	17.0	29.6	27.3	26.1
	1997	7.1	17.2	24.8	26.9	31.1	4.7	19.4	28.6	27.3	24.7
	1999	7.7	16.3	25.9	28.6	29.2	4.9	15.6	28.8	29.8	25.9
	2001	7.6	15.6	25.1	28.5	30.8	5.2	14.7	27.4	30.3	27.7
Guatemala	1989	7.7	12.1	22.6	27.4	37.9	5.0	14.4	24.7	25.7	35.1
	1998	8.2	16.0	22.4	24.7	36.9	6.3	15.7	23.5	23.5	37.3
	2002	7.9	13.9	22.8	26.6	36.7	6.1	17.1	24.7	27.7	30.6
Honduras	1990	5.5	12.2	20.8	28.1	38.9	3.3	13.1	22.1	27.3	37.4
	1997	4.7	14.3	22.8	26.1	36.8	3.6	14.4	24.6	27.5	33.5
	1999	4.6	14.3	24.0	27.9	33.9	3.3	13.9	23.9	29.1	33.0
	2002	5.3	13.8	23.3	26.0	36.8	3.3	15.4	23.1	28.3	33.2

Table 13 (concluded)

HOUSEHOLD INCOME LEVELS AND DISTRIBUTION, URBAN AND RURAL AREAS, ^a 1990–2004											
(Percentages)											
Country	Year	Average income ^b	Share of total income of:				Average income ^b	Share of total income of:			
			Poorest 40%	Net poorest 30%	20% below the richest 10%	Richest 10%		Poorest 40%	Net poorest 30%	20% below the richest 10%	Richest 10%
Urban areas						Rural areas					
Mexico	1989	9.6	16.3	22.0	24.9	36.9	6.7	18.7	26.5	27.4	27.4
	1994	9.7	16.8	22.8	26.1	34.3	6.6	20.1	25.3	27.6	27.0
	1998	8.6	17.2	22.3	25.7	34.8	6.2	18.0	23.7	26.8	31.5
	2000	9.0	17.0	23.3	26.1	33.6	7.4	15.6	21.5	24.3	38.7
	2002	8.9	17.9	24.0	27.0	31.2	6.9	18.0	23.2	26.5	32.3
	2004	8.9	17.5	23.4	26.2	33.0	7.1	18.1	24.5	26.2	31.2
Nicaragua	1993	6.1	12.9	23.6	26.9	36.5	3.9	12.4	24.3	30.0	33.4
	1998	6.4	12.3	22.3	26.4	39.1	4.5	10.8	24.1	27.8	37.3
	2001	6.8	13.2	21.2	24.3	41.4	4.4	14.3	26.4	28.6	30.7
Panama	1991	9.5	13.3	23.9	28.6	34.2	7.3	15.0	23.7	25.7	35.6
	1997	12.0	13.3	22.4	27.0	37.3	8.6	14.9	22.4	25.0	37.7
	1999	11.6	15.0	25.1	27.8	32.2	7.8	17.3	23.6	25.4	33.7
	2002	11.9	14.2	25.0	28.2	32.7	8.5	11.1	23.9	30.7	34.3
Paraguay	1990 ^e	7.7	18.6	25.7	26.9	28.9	...	...	...	...	...
	1996	7.4	16.7	24.6	25.3	33.4	...	...	...	...	...
	1999	7.1	16.5	24.9	25.8	32.8	5.0	15.1	21.2	24.3	39.4
	2000	7.4	15.9	23.4	27.5	33.1	4.6	14.6	24.9	27.7	32.9
Peru	1997	9.2	17.3	25.4	26.7	30.6	4.4	17.8	27.1	29.4	25.7
	1999	9.2	16.2	23.6	26.6	33.7	4.4	17.4	17.9	23.8	40.9
	2001	7.6	16.9	25.4	27.0	30.8	3.7	19.2	27.6	28.0	25.2
	2003	7.7	17.9	25.2	26.8	30.1	3.4	25.0	29.7	27.5	17.7
Uruguay	1990	9.3	20.1	24.6	24.1	31.2	...	...	...	...	...
	1997	11.2	22.0	26.1	26.1	25.8	...	...	...	...	...
	1999	11.9	21.6	25.5	25.9	27.0	...	...	...	...	...
	2002	9.4	21.6	25.4	25.6	27.3	...	...	...	...	...
Venezuela (Bolivarian Rep. of)	1990	9.1	16.8	26.1	28.8	28.4	7.7	19.8	28.6	27.8	23.8

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Households in each area (urban and rural) arranged in order of per capita income.

^b Average monthly household income in multiples of the per capita poverty line.

^c Greater Buenos Aires.

^d Eight major cities and El Alto

^e Asunción metropolitan area.

Table 14

INDICATORS OF INCOME CONCENTRATION, ^a NATIONAL TOTALS, 1990–2004							
Country	Year	Percentage of persons with per capita income of less than:		Concentration indices			
		Average	50% of average	Gini ^b	Variance of logarithm of income	Theil	Atkinson
Argentina^c	1990	70.6	39.1	0.501	0.982	0.555	0.570
	1997	72.1	43.4	0.530	1.143	0.601	0.607
	1999	72.5	44.2	0.542	1.183	0.681	0.623
	2002	74.0	47.9	0.590	1.603	0.742	0.702
	2004	72.8	42.2	0.537	1.246	0.675	0.651
Bolivia	1989 ^d	71.9	44.1	0.538	1.528	0.574	0.771
	1997	73.1	47.7	0.595	2.024	0.728	0.795
	1999	70.4	45.5	0.586	2.548	0.658	0.867
	2002	73.6	49.6	0.614	2.510	0.776	0.865
Brazil	1990	75.2	53.9	0.627	1.938	0.816	0.790
	1996	76.3	54.4	0.638	1.962	0.871	0.762
	1999	77.1	54.8	0.640	1.913	0.914	0.754
	2001	76.9	54.4	0.639	1.925	0.914	0.760
	2003	76.2	52.5	0.621	1.802	0.838	0.756
Chile	1990	74.6	46.5	0.554	1.258	0.644	0.671
	1996	73.9	46.9	0.553	1.261	0.630	0.667
	2000	75.0	46.4	0.559	1.278	0.666	0.658
	2003	74.8	45.9	0.552	1.203	0.674	0.641
Colombia	1994	73.6	48.9	0.601	2.042	0.794	0.817
	1997	74.2	46.4	0.569	1.399	0.857	0.822
	1999	74.5	46.6	0.572	1.456	0.734	0.945
	2002 ^e	74.2	47.0	0.575	1.413	0.714	0.701
Costa Rica	1990	65.0	31.6	0.438	0.833	0.328	0.539
	1997	66.6	33.0	0.450	0.860	0.356	0.535
	1999	67.6	36.1	0.473	0.974	0.395	0.573
	2002	68.5	37.1	0.488	1.080	0.440	0.646
Dominican Republic	1997	71.4	39.8	0.517	1.075	0.557	0.603
	2000	71.6	44.3	0.554	1.250	0.583	0.635
	2001	71.3	43.1	0.541	1.175	0.564	0.616
	2002	71.6	43.0	0.544	1.216	0.570	0.637
Ecuador^e	1990	69.6	33.8	0.461	0.823	0.403	0.591
	1997	68.9	34.8	0.469	0.832	0.409	0.510
	1999	72.1	42.0	0.521	1.075	0.567	0.597
	2002	72.3	39.8	0.513	1.031	0.563	0.593
El Salvador	1995	69.7	38.4	0.507	1.192	0.502	0.695
	1997	69.9	40.2	0.510	1.083	0.512	0.583
	1999	68.5	40.6	0.518	1.548	0.496	0.798
	2001	69.1	40.8	0.525	1.559	0.528	0.779
Guatemala	1989	74.9	47.9	0.582	1.477	0.736	0.700
	1998	75.3	46.6	0.560	1.182	0.760	0.618
	2002	72.8	47.9	0.543	1.142	0.589	0.595
Honduras	1990	75.1	52.3	0.615	1.842	0.817	0.746
	1997	72.5	45.4	0.558	1.388	0.652	0.697
	1999	71.8	46.4	0.564	1.560	0.636	0.746
	2002	72.8	49.6	0.588	1.607	0.719	0.709
Mexico	1989	74.2	43.5	0.536	1.096	0.680	0.598
	1994	73.1	44.7	0.539	1.130	0.606	0.592
	2000	73.2	44.0	0.542	1.221	0.603	0.621
	2002	71.7	41.2	0.514	1.045	0.521	0.571
	2004	72.6	41.0	0.516	1.045	0.588	0.582

Table 14 (concluded)

INDICATORS OF INCOME CONCENTRATION, ^a NATIONAL TOTALS, 1990–2004							
Country	Year	Percentage of persons with per capita income of less than:		Concentration indices			
				Gini ^b	Variance of logarithm of income	Theil	Atkinson
		Average	50% of average				
Nicaragua	1993	71.5	45.9	0.582	1.598	0.671	0.802
	1998	73.1	45.9	0.584	1.800	0.731	0.822
	2001	74.6	46.9	0.579	1.594	0.783	0.767
Panama ^e	1991	70.3	44.2	0.545	1.312	0.577	0.656
	1997	71.8	45.6	0.552	1.362	0.632	0.673
	1999	71.4	43.8	0.533	1.223	0.558	0.629
	2002	70.3	41.1	0.515	1.217	0.488	0.640
Paraguay	1990 ^f	69.2	33.4	0.447	0.737	0.365	0.468
	1996 ^e	72.9	37.9	0.493	0.916	0.515	0.544
	1999	72.3	46.3	0.565	1.555	0.668	0.716
	2000	72.9	44.4	0.570	1.705	0.702	0.782
Peru	1997	70.1	41.4	0.532	1.348	0.567	0.663
	1999	71.7	42.7	0.545	1.358	0.599	0.673
	2001	70.3	41.5	0.525	1.219	0.556	0.636
	2003	71.4	41.8	0.523	1.116	0.550	0.599
Uruguay ^e	1990	73.2	36.8	0.492	0.812	0.699	0.519
	1997	66.8	31.3	0.430	0.730	0.336	0.475
	1999	67.1	32.2	0.440	0.764	0.354	0.483
	2002	67.9	34.6	0.455	0.802	0.385	0.661
Venezuela (Bolivarian Republic of)	1990	68.0	35.5	0.471	0.930	0.416	0.545
	1997	70.8	40.7	0.507	1.223	0.508	0.985
	1999	69.4	38.6	0.498	1.134	0.464	0.664
	2002	68.7	38.8	0.500	1.122	0.456	0.866

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Calculated on the basis of income distribution per capita throughout the country. Tables 15 and 16 present disaggregated figures for urban and rural areas.

^b Includes individuals with zero income.

^c Greater Buenos Aires.

^d Eight major cities and El Alto.

^e Total urban areas.

^f Asunción metropolitan area.

Table 15

INDICATORS OF INCOME CONCENTRATION, ^a URBAN AREAS, 1990–2004							
Country	Year	Percentage of persons with per capita income of less than:		Concentration indices			
		Average	50% of average	Gini ^b	Variance of logarithm of income	Theil	Atkinson
Argentina^c	1990	70.6	39.1	0.501	0.982	0.555	0.570
	1997	72.1	43.4	0.530	1.143	0.601	0.607
	1999	72.5	44.2	0.542	1.183	0.681	0.623
	2002	74.0	47.9	0.590	1.603	0.742	0.702
	2004	72.8	42.2	0.537	1.246	0.675	0.651
Bolivia	1989 ^d	71.9	44.1	0.538	1.528	0.574	0.771
	1997	72.5	43.0	0.531	1.772	0.573	0.627
	1999	70.4	40.2	0.504	1.131	0.487	0.680
	2002	74.7	46.6	0.554	1.286	0.633	0.657
Brazil	1990	74.7	52.2	0.606	1.690	0.748	0.749
	1996	75.7	53.1	0.620	1.735	0.815	0.728
	1999	76.5	53.8	0.625	1.742	0.865	0.729
	2001	76.4	53.3	0.628	1.777	0.875	0.738
	2003	75.9	51.9	0.612	1.691	0.806	0.736
Chile	1990	73.8	45.1	0.542	1.204	0.600	0.663
	1996	73.5	45.7	0.544	1.206	0.604	0.662
	2000	74.7	45.9	0.553	1.246	0.643	0.654
	2003	75.0	45.1	0.547	1.184	0.661	0.641
Colombia	1994	74.6	48.1	0.579	1.491	0.749	0.724
	1997	73.8	46.5	0.577	1.571	0.714	0.866
	1999	74.2	46.1	0.564	1.312	0.707	0.701
	2002	74.2	47.0	0.575	1.413	0.714	0.701
Costa Rica	1990	63.6	29.6	0.419	0.727	0.295	0.493
	1997	65.3	32.2	0.429	0.779	0.323	0.507
	1999	66.3	34.5	0.454	0.881	0.356	0.538
	2002	67.3	35.2	0.465	0.916	0.398	0.564
Dominican Republic	1997	71.9	39.5	0.509	1.003	0.538	0.574
	2000	71.5	43.6	0.550	1.236	0.569	0.636
	2001	70.9	43.6	0.542	1.208	0.560	0.627
	2002	71.8	44.4	0.548	1.232	0.569	0.639
Ecuador	1990	69.6	33.8	0.461	0.823	0.403	0.591
	1997	68.9	34.8	0.469	0.832	0.409	0.510
	1999	72.1	42.0	0.521	1.075	0.567	0.597
	2002	72.3	39.8	0.513	1.031	0.563	0.593
El Salvador	1995	69.5	34.3	0.466	0.836	0.428	0.526
	1997	70.0	34.6	0.467	0.864	0.428	0.523
	1999	68.0	35.7	0.462	1.002	0.388	0.768
	2001	68.6	36.8	0.477	1.090	0.435	0.702
Guatemala	1989	72.2	45.6	0.558	1.377	0.640	0.679
	1998	74.5	40.3	0.525	0.997	0.653	0.568
	2002	71.8	42.2	0.524	1.106	0.532	0.596
Honduras	1990	73.1	46.6	0.561	1.397	0.661	0.679
	1997	71.8	40.9	0.527	1.142	0.578	0.650
	1999	70.8	41.6	0.518	1.138	0.528	0.630
	2002	72.3	42.3	0.533	1.227	0.580	0.659
Mexico	1989	75.2	42.5	0.530	1.031	0.678	0.583
	1994	73.6	41.6	0.512	0.934	0.544	0.534
	1998	73.2	41.5	0.507	0.901	0.578	0.530
	2000	72.1	38.7	0.493	0.856	0.500	0.512
	2002	71.6	31.2	0.477	0.800	0.444	0.489
	2004	72.8	39.3	0.493	0.848	0.537	0.512
Nicaragua	1993	71.4	42.6	0.549	1.256	0.595	0.661
	1998	72.3	43.4	0.551	1.271	0.673	0.689
	2001	73.9	44.0	0.560	1.225	0.746	0.658

Table 15 (concluded)

INDICATORS OF INCOME CONCENTRATION, ^a URBAN AREAS, 1990–2004							
Country	Year	Percentage of persons with per capita income of less than:		Concentration indices			
				Gini ^b	Variance of logarithm of income	Theil	Atkinson
		Average	50% of average				
Panama	1991	70.3	44.2	0.545	1.312	0.577	0.656
	1997	71.8	45.6	0.552	1.362	0.632	0.673
	1999	71.4	43.8	0.533	1.223	0.558	0.629
	2002	70.3	41.1	0.515	1.217	0.488	0.640
Paraguay	1990 ^e	69.2	33.4	0.447	0.737	0.365	0.468
	1996	72.9	37.9	0.493	0.916	0.515	0.544
	1999	70.0	39.1	0.497	0.997	0.490	0.575
	2000	72.0	40.2	0.511	1.081	0.549	0.638
Peru	1997	70.4	36.0	0.473	0.852	0.453	0.523
	1999	74.0	39.4	0.498	0.954	0.499	0.581
	2001	70.6	35.7	0.477	0.903	0.465	0.572
	2003	71.6	36.3	0.482	0.895	0.467	0.542
Uruguay	1990	73.2	36.8	0.492	0.812	0.699	0.519
	1997	66.8	31.3	0.430	0.730	0.336	0.475
	1999	67.1	32.2	0.440	0.764	0.354	0.483
	2002	67.9	34.6	0.455	0.802	0.385	0.661
Venezuela (Bolivarian Rep. of)	1990	67.7	34.4	0.464	0.903	0.403	0.538

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Calculated on the basis of income distribution per capita in urban areas.

^b Includes individuals with zero income.

^c Greater Buenos Aires.

^d Eight major cities and El Alto.

^e Asunción metropolitan area.

Table 16

INDICATORS OF INCOME CONCENTRATION, ^a RURAL AREAS, 1990–2004							
Country	Year	Percentage of persons with per capita income of less than:		Concentration indices			
		Average	50% of average	Gini ^b	Variance of logarithm of income	Theil	Atkinson
Bolivia	1997	75.4	53.6	0.637	2.133	0.951	0.788
	1999	71.3	52.9	0.640	2.772	0.809	0.846
	2002	73.4	51.2	0.632	2.662	0.799	0.851
Brazil	1990	72.5	45.5	0.548	1.266	0.627	0.704
	1996	73.1	47.6	0.578	1.424	0.727	0.675
	1999	73.8	47.4	0.577	1.357	0.773	0.662
	2001	73.0	47.2	0.581	1.451	0.790	0.687
	2003	72.1	46.2	0.564	1.401	0.734	0.698
Chile	1990	79.0	47.9	0.578	1.269	0.854	0.663
	1996	73.9	36.2	0.492	0.887	0.542	0.554
	2000	74.5	38.7	0.511	0.956	0.669	0.576
	2003	75.5	38.1	0.507	0.909	0.622	0.552
Colombia	1994	69.8	45.5	0.570	2.047	0.621	0.806
	1997	73.8	46.5	0.554	1.571	0.714	0.866
	1999	72.1	39.5	0.525	1.291	0.626	0.963
	2002	70.8	38.1	0.507	1.153	0.549	0.759
Costa Rica	1990	63.3	27.9	0.419	0.771	0.301	0.518
	1997	65.7	30.4	0.426	0.757	0.316	0.498
	1999	66.8	33.0	0.457	0.895	0.377	0.551
	2002	67.5	34.6	0.481	1.056	0.436	0.658
Dominican Republic	1997	69.8	36.2	0.483	0.940	0.484	0.570
	2000	70.2	37.0	0.501	0.969	0.456	0.557
	2002	67.0	34.4	0.473	0.919	0.403	0.560
El Salvador	1995	64.4	29.9	0.442	0.961	0.352	0.656
	1997	66.3	31.0	0.423	0.670	0.343	0.441
	1999	64.8	34.0	0.462	1.302	0.382	0.768
	2001	65.2	35.5	0.477	1.329	0.414	0.730
Guatemala	1989	72.6	37.6	0.513	1.076	0.593	0.620
	1998	75.0	40.6	0.510	0.882	0.697	0.541
	2002	72.5	36.1	0.470	0.794	0.420	0.490
Honduras	1990	73.9	45.6	0.558	1.326	0.692	0.658
	1997	70.9	38.7	0.504	1.083	0.520	0.630
	1999	69.8	39.8	0.512	1.244	0.516	0.695
	2002	71.8	42.6	0.519	1.072	0.567	0.593
Mexico	1989	68.8	33.5	0.453	0.769	0.401	0.490
	1994	69.5	34.9	0.451	0.720	0.385	0.458
	1998	70.2	41.5	0.486	0.846	0.467	0.506
	2000	75.3	46.1	0.553	1.125	0.682	0.592
	2002	72.7	39.7	0.498	0.879	0.528	0.519
	2004	69.9	36.7	0.480	0.886	0.518	0.531
Nicaragua	1993	69.2	41.6	0.536	1.348	0.553	0.790
	1998	68.2	42.4	0.558	1.765	0.598	0.819
	2001	67.6	37.9	0.506	1.367	0.503	0.734
Panama	2002	70.3	41.1	0.515	1.217	0.488	0.640
Paraguay	1999	74.1	47.1	0.570	1.389	0.839	0.684
	2000	70.6	42.4	0.548	1.483	0.752	0.750
Peru	1997	66.5	33.9	0.451	0.868	0.383	0.525
	1999	65.8	31.1	0.427	0.803	0.320	0.507
	2001	66.9	31.8	0.439	0.745	0.380	0.478
	2003	65.5	24.9	0.382	0.535	0.273	0.390
Venezuela (Bolivarian Rep. of)	1990	67.0	31.3	0.431	0.724	0.348	0.468

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Calculated on the basis of income distribution per capita in rural areas.

^b Includes individuals with zero income.

LABOUR MARKET

Table 17

MALE AND FEMALE ECONOMIC ACTIVITY RATES, BY AGE GROUP, URBAN AREAS, 1990–2004

Country	Year	Ages									
		Males					Females				
		Total	15–24	25–34	35–49	50 and over	Total	15–24	25–34	35–49	50 and over
Argentina (Greater Buenos Aires)	1990	76	62	97	97	55	38	41	53	52	19
	1994	76	65	98	97	54	41	43	59	56	21
	1997	76	61	97	97	59	45	44	61	60	27
	1999	76	58	96	97	62	47	42	66	63	29
	2000	76	57	96	97	62	46	43	63	62	29
	2002	75	52	96	98	63	48	40	66	70	28
	2004	78	61	96	97	65	52	45	71	70	34
(Urban areas)	1999	74	53	94	97	59	44	36	62	61	27
	2000	74	52	94	96	60	45	36	62	62	28
	2002	72	48	93	96	60	46	35	64	67	27
	2004	75	55	94	96	63	50	39	69	70	33
Bolivia	1989	73	47	90	97	64	47	35	57	61	34
	1994	75	50	92	98	65	51	37	62	68	37
	1997	75	48	92	98	73	51	35	61	68	42
	1999	75	49	93	98	72	54	40	64	71	46
	2000	77	51	92	98	74	54	36	68	74	42
	2002	77	51	93	98	75	57	39	71	75	49
Brazil	1990	82	78	96	95	59	45	48	56	53	21
	1993	83	77	96	95	60	50	51	60	60	27
	1996	80	72	94	94	59	50	50	63	61	26
	1999	80	72	95	93	59	53	51	67	64	28
	2001	79	70	94	93	59	53	52	67	65	29
	2003	79	70	94	93	59	55	53	70	68	30
Chile	1990	72	47	94	95	56	35	29	47	46	20
	1994	75	49	94	96	62	38	32	50	50	23
	1996	74	44	94	96	62	39	29	53	51	23
	1998	74	44	93	97	64	41	30	57	54	26
	2000	73	39	92	96	64	42	28	57	56	26
	2003	73	40	92	96	64	45	31	60	59	29
Colombia ^a	1991	81	62	97	97	69	48	44	63	56	22
	1994	79	58	96	97	65	48	43	65	59	21
	1997	78	55	96	97	65	50	42	68	63	24
	1999	79	59	96	96	64	55	48	73	69	27
	2002	79	61	96	96	65	57	51	76	72	32
Costa Rica	1990	78	62	96	95	61	39	39	53	49	14
	1994	76	59	94	96	57	40	35	54	52	17
	1997	77	60	96	96	58	42	33	61	54	21
	1999	79	61	95	96	65	45	40	58	58	23
	2000	77	59	96	96	60	43	38	59	54	49
	2002	77	57	97	97	61	46	37	63	60	25
	2004	78	59	96	97	62	45	35	61	61	23
Dominican Republic	1992	86	77	96	98	76	53	57	66	57	25
	1995	78	62	95	98	68	44	40	64	57	20
	1997	83	70	96	97	71	49	44	65	61	22
	2000	78	61	93	95	68	51	41	66	70	26
	2002	78	62	95	97	65	53	45	73	71	25
	2003	80	62	96	96	68	51	43	69	66	27
	2004	79	64	95	97	64	56	49	73	72	29
Ecuador	1990	80	56	95	98	78	43	33	54	56	31
	1994	81	59	96	98	76	47	39	58	58	34
	1997	81	58	97	98	75	49	38	61	62	35
	1999	82	64	97	98	76	54	45	65	67	36
	2000	80	59	95	97	74	51	41	63	63	36
	2002	81	60	96	98	74	53	40	65	67	41
	2004	81	59	96	99	76	54	44	68	67	40
El Salvador	1990	80	64	95	96	72	51	41	66	66	36
	1995	78	61	95	96	68	49	36	65	69	34
	1997	75	54	95	97	66	48	33	65	68	34
	1999	75	58	93	94	63	52	38	68	69	37
	2000	75	56	93	96	66	51	35	68	70	37
	2001	75	57	93	95	64	51	35	68	70	36
	2002	73	52	92	94	61	51	35	67	70	35
2004	74	55	92	95	61	51	36	67	69	35	

Table 17 (concluded)

MALE AND FEMALE ECONOMIC ACTIVITY RATES, BY AGE GROUP, URBAN AREAS, 1990–2004											
Country	Year	Ages									
		Males					Females				
		Total	15–24	25–34	35–49	50 and over	Total	15–24	25–34	35–49	50 and over
Guatemala	1989	84	69	97	97	78	43	42	50	49	29
	1998	82	66	95	97	77	54	47	60	68	44
	2002	85	75	95	97	78	58	54	65	72	41
	2004	82	71	93	93	77	51	42	62	62	42
Honduras	1990	81	66	95	97	73	43	35	54	57	30
	1994	80	64	93	96	74	43	35	54	51	31
	1997	83	70	96	98	74	51	43	63	63	35
	1999	82	67	97	96	78	54	45	64	69	37
	2002	79	63	94	96	74	47	38	58	62	36
	2003	78	63	93	94	73	50	40	63	66	37
Mexico	1989	77	58	96	97	68	33	31	45	39	18
	1994	81	63	97	97	69	38	34	49	46	21
	1996	80	60	97	97	68	41	36	50	50	24
	1998	81	61	96	98	71	43	39	51	51	28
	2000	82	62	97	97	71	42	36	52	53	26
	2002	79	59	95	96	70	45	36	55	57	29
	2004	80	61	97	97	69	47	37	58	60	30
Nicaragua	1993	71	50	86	89	66	44	26	57	62	32
	1998	81	66	95	95	74	51	36	66	67	38
	2001	83	72	96	95	73	52	40	62	68	39
Panama	1991	74	58	95	96	52	43	37	59	59	18
	1994	79	62	97	97	56	47	39	61	61	20
	1997	78	60	96	97	59	50	40	66	69	26
	1999	78	62	97	97	60	48	41	61	65	25
	2002	79	58	98	98	65	54	39	71	69	34
	2004	78	60	96	97	62	51	39	68	70	29
Paraguay (Asunción)	1990	84	69	97	99	75	50	51	63	58	27
	1994	82	69	99	98	66	58	58	74	76	31
	1996	86	76	97	97	75	59	54	69	71	40
	1999	83	68	97	95	73	54	46	65	66	39
	2000	81	67	95	96	69	57	52	76	68	38
(Urban areas)	1994	86	75	98	98	71	53	53	62	62	32
	1996	86	78	98	97	73	58	54	65	69	40
	1999	83	64	97	95	76	55	47	66	67	42
	2000	81	68	95	96	70	57	51	72	67	40
Peru	1997	83	66	96	98	77	62	54	74	76	45
	1999	73	53	87	91	68	55	49	66	66	39
	2001	74	56	88	92	66	54	46	67	69	38
	2003	74	56	88	93	66	54	45	62	72	34
Uruguay	1990	75	68	98	97	54	44	47	69	64	21
	1994	75	72	97	97	52	47	52	74	70	23
	1997	73	71	96	97	49	47	51	74	71	23
	1999	73	67	96	97	50	50	50	75	74	26
	2000	74	68	96	98	50	50	52	75	75	26
	2002	72	63	96	96	51	50	47	76	76	28
	2004	71	61	96	97	51	49	44	75	75	29
Venezuela (Bolivarian Republic of) ^b	1990	78	55	93	96	71	38	25	51	52	21
	1994	79	58	94	97	68	38	26	52	53	20
	1997	83	66	96	97	73	46	34	59	61	28
	1999	84	67	97	97	75	48	36	61	64	30
	2000	82	64	96	97	72	47	34	60	63	32
	2002	84	67	97	97	74	55	42	69	71	37
	2003	83	65	96	98	75	56	42	71	72	37

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country.

Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.

^b The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 18

MALE AND FEMALE ECONOMIC ACTIVITY RATES, BY YEARS OF SCHOOLING, URBAN AREAS, 1990–2004													
Country	Year	Years of schooling											
		Males						Females					
		Total	0–3	4–6	7–9	10–12	13 and over	Total	0–3	4–6	7–9	10–12	13 and over
Argentina ^a (Greater Buenos Aires)	1990	76	...	...	74	86	84	38	...	...	31	50	66
	1994	76	...	...	74	85	83	41	...	...	33	53	70
	1997	76	63	68	73	77	88	45	27	29	35	48	74
	1999	76	60	73	73	79	86	47	28	32	35	50	76
	2000	76	56	63	74	79	87	46	27	32	36	51	72
	2002	75	61	70	73	74	86	48	32	32	36	50	74
	2004	78	65	72	75	81	85	52	30	37	41	53	77
(Urban areas)	1999	74	58	71	72	76	80	44	25	30	34	47	70
	2000	70	57	71	70	72	74	42	24	31	34	44	63
	2002	72	60	69	71	73	79	46	27	33	36	48	68
	2004	75	62	69	74	77	81	50	29	35	41	51	71
Bolivia	1989	73	78	87	68	71	68	47	50	51	41	40	53
	1994	75	80	87	69	71	75	51	54	56	43	45	57
	1997	75	83	88	67	72	72	51	55	57	41	45	58
	1999	75	78	86	76	71	73	54	57	57	53	47	61
	2000	77	79	92	75	73	74	54	53	63	52	47	58
	2002	77	81	89	72	73	77	57	62	61	52	51	63
Brazil	1990	82	76	84	83	88	91	45	33	41	45	61	77
	1993	83	77	84	83	88	90	50	38	47	50	65	79
	1996	80	73	80	80	86	89	50	36	46	50	64	80
	1999	80	72	80	79	86	88	53	37	47	52	67	79
	2001	79	71	79	78	86	88	53	36	47	51	67	80
	2003	79	70	78	77	86	88	55	36	48	52	68	80
	Chile	1990	72	59	74	66	74	80	35	20	28	26	35	62
1994		75	59	74	67	79	80	38	21	28	29	40	58
1996		74	61	74	67	78	79	39	20	26	31	41	62
1998		74	60	72	66	78	81	41	23	29	31	43	64
2000		73	57	70	65	76	80	42	20	28	32	44	64
2003		73	55	66	64	78	80	45	21	29	33	47	66
Colombia ^b	1991	81	80	85	76	81	83	48	37	42	42	56	70
	1994	79	75	84	71	80	86	48	35	43	39	56	76
	1997	78	73	82	69	79	84	50	34	43	42	57	76
	1999	79	74	83	70	79	85	55	38	49	48	61	78
	2002	79	73	82	72	84	80	57	40	51	50	65	74
Costa Rica	1990	78	66	84	73	77	82	39	21	33	35	47	62
	1994	76	62	83	70	77	81	40	22	33	34	46	64
	1997	77	59	82	72	77	83	42	19	37	35	44	68
	1999	79	61	84	75	80	84	45	28	39	38	49	67
	2000	77	58	83	73	76	85	43	20	37	36	49	68
	2002	77	58	82	70	75	86	46	23	40	40	49	70
	2004	78	58	82	70	81	85	45	20	35	39	50	69
Dominican Republic	1992	86	87	91	85	85	88	53	38	43	48	61	80
	1995	78	74	81	76	74	86	44	28	37	39	47	72
	1997	83	77	84	84	82	90	49	34	41	42	56	80
	2000	78	70	81	77	77	90	51	30	44	46	55	78
	2002	78	74	80	77	77	87	53	32	45	48	57	79
	2003	80	74	80	77	80	89	51	33	41	45	55	79
	2004	79	70	80	77	82	87	46	37	47	53	58	79
Ecuador	1990	80	82	90	69	73	81	43	39	39	34	44	65
	1994	81	79	90	70	76	84	47	41	45	37	47	66
	1997	81	81	88	71	76	86	49	43	45	37	46	70
	1999	82	81	89	74	78	86	54	45	50	44	53	72
	2000	80	74	87	75	73	84	51	43	46	43	49	70
	2002	81	76	87	75	76	85	53	45	52	46	51	67
	2004	81	73	89	74	77	85	54	41	51	47	51	73
El Salvador	1990	80	80	86	75	78	80	51	45	56	45	56	68
	1995	78	77	84	71	77	79	49	43	52	43	53	67
	1997	75	76	80	71	74	76	48	44	49	40	53	65
	1999	75	72	80	73	75	78	52	43	53	46	57	69
	2000	75	72	78	71	77	78	51	46	52	44	55	65
	2001	75	72	80	70	77	78	51	43	51	46	56	65
	2002	73	68	76	68	75	77	51	43	50	44	56	66
	2004	74	69	78	71	77	76	51	41	50	44	59	68
Guatemala	1989	84	90	89	65	81	87	43	38	41	37	57	77
	1998	82	85	88	68	81	82	54	53	54	45	58	74
	2002	85	86	93	78	80	87	54	54	57	56	62	75
	2004	82	87	89	74	84	87	51	45	54	44	63	70

Table 18 (concluded)

MALE AND FEMALE ECONOMIC ACTIVITY RATES, BY YEARS OF SCHOOLING, URBAN AREAS, 1990–2004													
Country	Year	Years of schooling											
		Males						Females					
		Total	0–3	4–6	7–9	10–12	13 and over	Total	0–3	4–6	7–9	10–12	13 and over
Honduras	1990	81	84	88	61	80	76	43	39	43	31	59	53
	1994	80	81	88	59	82	79	43	37	45	29	50	63
	1997	83	83	90	72	80	82	51	43	53	38	59	67
	1999	82	85	87	64	81	84	54	48	56	41	61	65
	2002	79	81	87	63	75	80	47	41	48	38	53	65
	2003	78	78	86	65	76	79	50	42	51	42	56	66
Mexico	1989	77	79	87	74	65	80	33	21	33	37	42	55
	1994	81	80	88	81	69	83	38	29	32	41	40	58
	1996	80	75	87	81	71	82	41	32	36	42	41	62
	1998	81	71	83	85	79	81	43	33	39	38	43	63
	2000	82	72	85	87	80	83	42	32	35	36	45	55
	2002	79	73	83	84	79	79	45	29	38	40	47	63
	2004	80	72	84	83	76	83	47	34	40	45	49	65
Nicaragua	1993	71	70	74	66	70	83	44	39	43	40	51	67
	1998	81	83	87	79	75	90	51	46	49	46	54	76
	2001	83	84	89	77	78	86	52	43	50	52	58	72
Panama	1991	74	67	78	69	73	81	43	21	31	37	49	71
	1994	79	70	81	74	78	88	47	18	34	41	52	73
	1997	78	64	76	72	80	85	50	23	39	41	52	73
	1999	78	66	80	75	77	85	48	19	36	40	50	73
	2002	79	75	81	75	77	86	54	45	43	41	54	73
	2004	78	60	77	76	78	86	51	21	37	42	50	74
Paraguay (Asunción)	1990	84	75	88	82	83	87	50	29	53	45	50	71
	1994	82	64	83	78	82	89	58	39	57	51	57	74
	1996	86	76	91	82	86	91	59	43	57	53	63	81
	1999	83	73	88	79	81	91	54	40	51	49	57	79
	2000	81	69	83	80	79	88	57	39	56	51	58	79
(Urban areas)	1994	86	76	92	83	84	91	53	38	53	47	58	78
	1996	86	77	92	82	87	92	58	44	57	53	63	81
	1999	83	70	87	80	81	91	55	43	49	50	57	78
	2000	81	72	86	80	79	87	57	41	58	50	57	79
Peru	1997	83	77	82	71	85	92	62	58	61	51	62	77
	1999	73	70	71	65	78	83	55	54	58	51	53	70
	2001	74	72	78	69	79	82	54	50	57	50	55	65
	2003	74	68	77	71	80	81	54	55	53	51	56	67
Uruguay	1990	75	50	74	79	84	83	44	18	36	48	57	72
	1994	75	41	74	84	82	83	47	17	36	56	61	74
	1997	73	40	70	82	80	84	47	16	35	57	59	71
	1999	73	39	69	83	78	83	50	17	38	57	59	74
	2000	74	39	71	82	77	80	50	18	37	58	59	73
	2002	72	38	67	77	78	83	50	15	36	51	61	74
2004	71	34	66	75	78	83	49	14	36	51	58	72	
Venezuela (Bolivarian Republic of) ^c	1990	78	73	84	74	77	76	38	23	34	34	47	58
	1994	79	73	86	78	76	76	38	22	34	36	45	58
	1997	83	80	87	81	82	82	46	28	40	43	53	69
	1999	84	80	88	81	82	83	48	28	41	46	55	70
	2000	82	79	87	81	80	81	47	28	43	44	53	69
	2002	84	80	88	81	83	84	55	35	50	52	59	75
	2003	83	80	88	80	82	82	56	35	52	54	60	74

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a For 1990 and 1994 the following categories of schooling were considered: complete primary but incomplete secondary education; complete secondary education, and higher education.
- ^b In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.
- ^c The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 19

BREAKDOWN OF THE EMPLOYED ECONOMICALLY ACTIVE POPULATION BY OCCUPATIONAL CATEGORY, URBAN AREAS, 1990–2004 (Percentages)											
Country	Year	Employers	Wage or salary earners							Own-account and unpaid family workers	
			Total	Public sector	Private sector					Total ^c	Non-professional, non-technical
					Total ^a	Professional and technical	Non-professional, non-technical				
							Establishments employing more than 5 persons ^b	Establishments employing up to 5 persons	Domestic employment		
Argentina (Greater Buenos Aires)	1990	5.4	69.0	...	69.0	6.9	44.8	11.6	5.7	25.5	22.9
	1994	4.8	70.2	...	70.2	17.1	34.9	13.4	4.8	25.0	19.7
	1997	5.3	73.2	...	73.2	17.8	35.8	14.5	5.1	21.5	16.7
	1999	4.6	73.2	11.6	61.6	10.7	32.1	13.6	5.2	21.8	17.3
	2000	4.7	73.4	11.8	61.6	10.5	31.3	14.6	5.2	22.0	17.0
	2002	4.2	73.5	17.6	55.9	12.4	22.9	15.0	5.6	22.3	17.5
2004	3.8	74.7	15.6	59.1	9.5	29.5	14.0	6.1	21.5	16.4	
(Urban areas)	1999	4.4	72.7	15.6	57.1	9.1	28.5	13.7	5.8	23.0	18.6
	2000	4.6	72.0	15.9	56.1	8.9	27.3	14.1	5.8	23.4	19.0
	2002	4.0	73.1	21.7	51.4	10.3	21.1	14.0	6.0	23.0	18.4
	2004	4.1	74.2	19.3	54.9	8.6	25.8	14.0	6.5	21.8	17.2
Bolivia	1989	2.2	53.9	17.9	36.0	4.3	16.3	9.6	5.8	43.8	41.0
	1994	7.6	54.1	12.8	41.3	6.8	15.5	13.8	5.2	38.4	36.8
	1997	7.0	46.1	10.5	35.6	6.7	14.3	11.0	3.6	46.8	44.9
	1999	4.2	47.6	10.3	37.3	7.3	15.1	11.8	3.1	48.2	45.9
	2000	3.0	48.2	10.7	37.5	5.9	17.2	10.2	4.2	48.8	46.4
	2002	4.3	47.6	10.4	37.2	4.6	15.5	13.2	3.9	48.1	45.7
Brazil ^d	1990	5.2	72.0	...	72.0	14.3	34.2	17.3	6.2	22.8	21.5
	1993	4.1	67.2	14.4	52.8	4.6	31.5 ^e	8.5	8.2	27.8	26.4
	1996	4.2	68.5	13.7	54.8	4.8	31.7 ^e	9.9	8.4	27.3	25.7
	1999	4.7	66.6	13.0	53.6	11.0	25.7	8.4	8.5	28.6	26.5
	2001	4.6	68.8	12.7	56.1	11.6	26.8	8.9	8.8	26.6	24.4
	2003	4.7	68.6	12.6	56.0	6.7	31.0	9.8	8.5	26.7	23.6
Chile ^f	1990	2.5	75.0	...	75.0	12.9	45.7	9.4	7.0	22.5	20.6
	1994	3.3	75.0	...	75.0	15.4	44.9	8.6	6.1	21.8	17.4
	1996	3.9	76.4	10.9	65.5	11.6	38.7	9.1	6.1	19.7	16.1
	1998	4.2	76.0	...	76.0	17.0	43.4	9.7	5.9	19.8	15.2
	2000	4.4	75.7	13.1	62.6	11.2	37.5	7.7	6.2	19.9	14.8
	2003	4.1	75.5	11.4	64.1	12.2	38.3	7.1	6.5	20.4	14.9
Colombia ^g	1991	4.2	66.2	11.6	54.6	4.9	44.1	...	5.6	29.6	27.3
	1994	4.8	68.2	8.6	59.6	6.0	48.3	...	5.3	27.1	25.0
	1997	4.4	62.2	9.9	52.3	6.4	41.4	...	4.5	33.4	30.7
	1999	4.3	57.4	8.7	48.7	5.7	37.8	...	5.2	38.3	35.7
	2002	5.1	53.6	7.6	46.0	4.3	35.8	...	5.9	41.4	38.5
	Costa Rica	1990	5.5	74.8	25.0	49.7	6.1	29.5	9.7	4.4	19.7	17.6
1994		6.6	75.3	21.8	53.5	7.5	31.0	11.2	3.8	18.2	16.5
1997		7.7	72.4	20.5	51.9	7.3	29.9	11.2	3.5	19.8	17.7
1999		8.0	72.7	17.2	55.5	8.9	29.7	11.8	5.1	19.2	17.2
2000		5.7	74.6	18.7	55.9	8.4	31.2	11.8	4.5	19.8	17.5
2002		8.1	71.3	17.3	54.0	11.9	27.2	10.9	4.0	20.6	17.8
2004		8.3	70.5	17.0	53.5	11.6	28.6	9.9	3.4	21.2	18.1
Dominican Republic		1992	2.8	61.9	14.3	47.6	8.7	35.7	...	3.2	35.3	32.8
	1995	4.2	62.8	13.1	49.7	9.0	36.9	...	3.8	33.2	30.6
	1997	3.7	62.5	11.9	50.6	6.7	31.1	8.4	4.4	33.9	31.4
	2000	2.9	64.2	13.8	50.4	7.5	31.0	7.8	4.1	32.9	30.7
	2002	3.9	61.3	13.8	47.5	8.0	28.8	6.4	4.3	34.8	32.7
	2003	3.9	60.8	13.7	47.1	8.3	28.1	6.6	4.1	35.2	32.7
	2004	5.5	61.5	11.9	49.6	8.0	29.2	7.1	5.3	32.9	30.6
	Ecuador	1990	5.0	58.9	17.5	41.4	4.5	21.1	11.3	4.5	36.1	34.5
1994		7.9	58.0	13.7	44.3	5.6	21.8	12.2	4.7	34.1	32.1
1997		7.8	59.1	13.8	45.3	6.3	23.0	11.0	5.0	33.1	31.1
1999		8.8	59.0	10.7	48.3	7.0	22.5	13.4	5.4	32.1	31.5
2000		4.6	59.4	11.0	48.4	6.0	23.9	13.8	5.4	35.9	33.8
2002		6.9	58.3	11.5	46.8	6.4	22.6	13.3	4.5	34.8	32.9
2004		6.5	57.7	10.6	47.1	7.4	21.5	14.0	4.2	35.8	34.2
El Salvador ^h		1990	3.4	62.9	13.8	49.1	3.4	26.3	13.3	6.1	33.7	33.3
	1995	6.2	61.8	12.5	49.3	7.2	27.2	10.5	4.4	32.1	31.1
	1997	5.7	61.7	13.3	48.4	7.8	25.0	11.2	4.4	32.6	31.5
	1999	4.6	65.2	12.3	52.9	9.1	25.7	13.8	4.3	30.3	29.2
	2001	5.0	62.1	11.3	50.8	7.5	25.7	13.4	4.2	32.8	31.6
	2002	5.0	60.8	11.2	49.6	8.9	24.5	12.5	3.7	34.1	33.0
	2004	4.9	61.2	10.6	50.6	7.7	25.8	13.2	3.9	33.8	32.5
	Guatemala	1989	2.8	64.2	14.4	49.8	6.2	22.8	13.8	7.0	33.0	30.9
1998		4.7	59.0	8.2	50.8	7.3	19.5	20.1	3.9	36.3	34.5
2002		6.8	57.1	6.9	50.2	8.4	24.7	13.1	4.0	36.1	34.5
2004		5.5	56.6	6.2	50.4	8.3	24.0	14.4	3.7	38.1	36.1
Honduras		1990	1.5	65.5	14.4	51.1	4.9	26.3	13.2	6.7	33.0	31.7
	1994	4.2	65.0	11.3	53.7	6.8	30.5	11.0	5.4	30.8	29.5
	1997	6.3	60.4	10.1	50.3	6.5	27.7	11.0	5.1	33.4	32.3
	1999	6.2	60.2	9.7	50.5	7.5	27.0	11.2	4.8	33.6	33.1
	2002	4.3	58.7	9.7	49.0	7.2	24.9	12.9	4.0	36.8	34.9
	2003	5.1	56.9	9.6	47.3	5.9	23.9	13.4	4.1	38.0	36.8

Table 19 (concluded)

BREAKDOWN OF THE EMPLOYED ECONOMICALLY ACTIVE POPULATION BY OCCUPATIONAL CATEGORY, URBAN AREAS, 1990–2004 (Percentages)											
Country	Year	Employers	Wage or salary earners						Own-account and unpaid family workers		
			Total	Public sector	Private sector					Total ^c	Non-professional, non-technical
					Total ^a	Professional and technical	Non-professional, non-technical				
							Establishments employing more than 5 persons ^b	Establishments employing up to 5 persons	Domestic employment		
Mexico ⁱ	1989	3.3	76.4	...	76.4	9.0	64.7	...	2.7	20.3	18.9
	1994	3.7	74.5	16.1	58.4	6.6	48.1	...	3.7	21.7	20.4
	1996	4.5	73.5	15.1	58.4	7.1	33.1	14.6	3.6	22.1	20.5
	1998	4.8	72.9	14.2	58.7	6.6	33.1	14.9	4.1	22.4	20.5
	2000	4.5	74.2	13.6	60.6	8.1	34.6	14.9	3.0	21.3	19.6
	2002	4.3	73.1	13.2	59.9	6.3	32.0	17.0	4.6	22.7	20.9
2004	3.2	75.7	...	75.7	13.6	39.7	17.5	4.9	21.1	19.0	
Nicaragua	1993	0.7	60.8	20.3	40.5	6.6	16.0	11.7	6.2	38.5	29.3
	1998	3.8	59.8	...	59.8	13.5	25.4	14.5	6.4	36.5	35.1
	2001	4.7	58.5	11.9	46.6	4.1	22.3	15.8	4.4	36.9	35.3
Panama	1991	3.4	73.2	26.6	46.6	7.4	27.0	5.2	7.0	23.4	22.4
	1994	2.5	76.3	24.8	51.5	7.2	31.3	5.7	7.3	21.0	20.5
	1997	3.0	73.9	22.4	51.5	10.1	29.4	5.6	6.4	23.0	21.8
	1999	2.8	74.2	19.4	54.8	10.8	31.4	6.5	6.1	23.0	21.9
	2002	3.4	74.3	20.4	53.9	6.7	32.4	8.1	6.7	22.1	20.6
	2004	3.4	73.6	19.6	54.0	6.1	34.4	6.6	6.9	22.9	20.9
Paraguay (Asunción)	1990	8.9	68.4	11.9	56.5	5.5	24.9	15.6	10.5	22.7	21.2
	1994	9.4	67.0	11.6	55.4	6.3	24.3	13.3	11.5	23.6	23.1
	1996	7.0	62.3	11.3	51.0	5.0	22.9	13.8	9.3	30.7	28.6
	1999	6.4	67.7	12.7	55.0	6.9	25.4	13.6	9.1	25.8	23.2
	2000	7.3	65.8	11.5	54.3	7.8	23.9	11.3	11.3	35.4	24.4
(Urban areas)	1994	9.2	62.0	10.5	51.5	4.5	21.5	15.0	10.5	28.9	28.6
	1996	6.8	57.9	10.0	47.9	3.8	20.4	14.4	9.3	35.3	33.7
	1999	6.6	62.1	11.8	50.3	5.1	21.1	14.9	9.2	31.2	29.1
	2000	7.6	59.9	11.1	48.8	5.5	19.6	13.3	10.4	32.5	30.1
Peru	1997	5.8	53.7	11.3	42.4	7.4	18.7	11.9	4.4	40.5	38.2
	1999	5.6	52.9	11.0	41.9	7.0	16.1	13.0	5.8	41.5	38.1
	2001	4.8	53.0	12.0	41.0	6.5	15.9	13.4	5.2	42.1	39.6
	2003	4.6	51.1	10.7	40.4	6.6	15.8	12.4	5.6	44.4	42.0
Uruguay	1990	4.6	74.2	21.8	52.4	5.1	30.1	10.3	6.9	21.3	19.0
	1994	4.8	72.3	18.7	53.6	5.4	31.8	9.4	7.0	22.9	20.1
	1997	4.3	72.2	17.7	54.5	5.9	30.5	11.0	7.1	23.6	20.8
	1999	4.0	72.4	16.2	56.2	6.5	31.8	10.4	7.5	23.6	20.6
	2000	3.7	73.3	17.2	56.1	6.3	29.6	11.1	9.1	23.2	19.4
	2002	3.7	70.5	17.3	53.2	5.9	26.4	11.0	9.9	25.8	21.8
2004	3.5	70.6	17.0	53.6	6.2	26.6	11.4	9.4	25.9	21.8	
Venezuela (Bolivarian Republic of) ⁱ	1990	7.5	70.0	21.4	48.6	5.8	30.0	6.5	6.3	22.5	21.4
	1994	6.1	64.5	18.1	46.4	6.1	27.1	9.2	4.0	29.3	27.4
	1997	5.0	62.8	16.8	46.0	5.5	25.4	10.8	4.3	32.3	30.3
	1999	5.1	57.9	14.9	43.0	4.9	24.0	12.1	2.0	36.9	35.3
	2000	5.0	56.3	14.6	41.7	4.6	23.8	11.2	2.1	38.6	37.1
	2002	5.4	54.6	13.8	40.8	3.9	23.2	11.1	2.6	39.9	38.2
2003	5.0	53.4	13.8	39.6	4.0	21.3	11.5	2.8	41.6	39.6	

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a For Argentina (except 1999 and 2000), Brazil (except 1993, 1996 and 1999), Chile (except 1996 and 2000), Mexico (1989 and 2004) and Nicaragua (1998), this includes public-sector wage or salary earners.

^b For Colombia, Dominican Republic (1992, 1995 and 1998) and Mexico (1989 and 1994), no information was available on the size of business establishments. In those cases, wage earners in non-professional, non-technical occupations in establishments employing up to 5 persons are included in the figures for establishments employing more than 5 persons. For Bolivarian Republic of Venezuela, Chile (1996), Dominican Republic, El Salvador, Panama and Uruguay (1990), establishments employing up to 4 persons are taken into account.

^c Includes professional and technical workers.

^d Brazil's national household survey (PNAD) does not provide information on the size of business establishments, except in 1993, 1996 and 1999. Therefore, the figure given for Brazil in the column for establishments employing more than 5 persons includes wage earners who have an employment contract (*carteira*), while the column for establishments employing up to 5 persons includes workers who do not have such contracts.

^e Includes private-sector employees engaged in non-professional, non-technical occupations in business establishments of undeclared size.

^f Information from national socio-economic surveys (CASEN).

^g In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country.

^h Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.

ⁱ The figures for 1990 are not strictly comparable to those for 1997 owing to changes made in the classification of professional and technical workers.

^j Information from national household income and expenditure surveys (ENIGH).

^k The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 19.1

BREAKDOWN OF THE EMPLOYED ECONOMICALLY ACTIVE MALE POPULATION BY OCCUPATIONAL CATEGORY, URBAN AREAS, 1990–2004 (Percentages)											
Country	Year	Employers	Wage or salary earners							Own-account and unpaid family workers	
			Total	Public sector	Private sector					Total ^c	Non-professional, non-technical
					Total ^a	Professional and technical	Non-professional, non-technical				
							Establishments employing more than 5 persons ^b	Establishments employing up to 5 persons	Domestic employment		
Argentina (Greater Buenos Aires)	1990	6.9	68.3	...	68.3	6.3	47.8	12.4	1.8	24.7	23.1
	1994	6.2	69.0	...	69.0	14.6	39.5	14.5	0.4	24.7	20.8
	1997	6.4	72.5	...	72.5	14.3	40.3	17.5	0.4	21.1	16.2
	1999	6.0	71.3	8.7	62.6	9.4	37.1	15.9	0.2	22.5	18.1
	2000	5.8	71.1	8.7	62.4	10.4	35.5	16.4	0.1	23.1	18.6
	2002	5.4	67.7	11.6	56.1	11.9	26.6	17.5	0.1	26.9	21.9
2004	5.4	70.8	14.3	56.5	8.1	31.0	17.2	0.2	23.7	19.3	
(Urban areas)	1999	5.8	70.1	12.3	57.8	8.2	33.6	15.8	0.2	24.1	19.7
	2000	5.8	69.1	12.5	56.6	8.6	31.7	16.1	0.2	25.1	20.6
	2002	5.2	67.0	15.5	51.5	9.8	25.0	16.6	0.1	28.0	23.2
	2004	5.4	70.8	14.3	56.5	8.1	31.0	17.2	0.2	23.7	19.3
Bolivia	1989	3.2	60.4	20.0	40.4	4.8	22.1	12.9	0.6	36.4	32.8
	1994	10.7	62.0	13.9	48.1	7.8	21.5	18.3	0.5	27.4	25.4
	1997	10.1	52.0	10.0	42.0	7.8	19.6	14.1	0.5	37.9	35.5
	1999	5.8	55.5	10.3	45.2	9.1	20.2	15.6	0.3	38.7	35.5
	2000	4.1	54.2	11.2	43.0	6.7	21.8	14.3	0.2	41.7	38.7
	2002	6.1	54.8	10.2	44.6	5.5	21.8	17.1	0.2	39.1	36.3
Brazil ^d	1990	6.9	71.0	...	71.0	10.4	39.1	21.1	0.4	22.1	20.9
	1993	5.6	66.5	11.8	54.7	4.5	39.3 ^a	10.1	0.8	27.9	26.7
	1996	5.4	65.8	10.9	54.9	4.4	38.3 ^a	11.4	0.8	28.7	27.2
	1999	6.2	63.4	10.2	53.2	9.1	32.8	10.5	0.8	30.4	28.5
	2001	5.9	65.8	9.9	55.9	9.6	34.4	11.1	0.8	28.3	26.4
	2003	6.0	65.8	9.9	55.9	6.4	37.5	11.2	0.8	28.3	25.0
Chile ^f	1990	3.1	73.0	...	73.0	9.9	52.9	10.0	0.2	23.9	22.0
	1994	3.9	73.7	...	73.7	13.4	51.1	9.1	0.1	22.5	18.3
	1996	4.5	75.0	9.6	65.4	11.4	44.1	9.7	0.2	20.5	17.0
	1998	5.0	74.2	...	74.2	14.9	49.5	9.7	0.1	20.7	16.4
	2000	5.5	74.1	11.8	62.3	11.0	43.3	7.9	0.1	20.5	15.8
	2003	4.8	72.6	8.3	64.3	11.8	44.7	7.6	0.2	22.6	17.8
Colombia ^g	1991	5.6	63.1	10.8	52.3	4.4	47.6	...	0.3	31.3	28.5
	1994	6.3	65.3	8.0	57.3	5.2	51.9	...	0.2	28.4	26.1
	1997	5.6	58.8	8.7	50.1	5.9	44.0	...	0.2	35.6	32.5
	1999	5.4	54.4	7.9	46.5	5.1	40.9	...	0.5	40.2	37.4
	2002	6.9	50.6	6.5	44.1	3.8	39.9	...	0.4	42.4	39.3
	Costa Rica	1990	7.2	72.1	23.0	49.1	7.0	31.6	10.3	0.2	20.6	18.1
1994		8.1	73.2	20.1	53.1	7.7	33.5	11.6	0.3	18.7	16.7
1997		9.9	70.7	16.5	54.2	7.7	33.9	12.4	0.2	19.4	17.1
1999		10.2	71.2	14.6	56.6	9.6	33.3	13.3	0.4	18.5	16.7
2000		7.1	71.8	15.7	56.1	8.7	34.7	12.4	0.3	21.0	18.5
2002		10.3	70.4	13.6	56.8	13.6	31.5	11.4	0.3	19.4	16.1
2004	10.7	69.5	13.2	56.3	12.4	33.1	10.5	0.3	19.8	16.6	
Dominican Republic	1992	3.9	57.1	13.8	43.3	6.9	36.2	...	0.2	39.0	36.1
	1995	5.3	56.7	11.0	45.7	8.0	37.5	...	0.2	37.9	35.2
	1997	4.9	58.1	11.4	46.7	5.6	31.3	9.4	0.4	37.0	34.5
	2000	3.5	58.6	11.4	47.2	6.3	32.6	7.7	0.6	38.0	35.6
	2002	4.8	55.2	12.5	42.7	6.7	29.1	6.1	0.8	39.9	37.8
	2003	5.1	53.8	11.1	42.7	6.7	29.5	6.1	0.4	41.1	38.3
2004	6.6	54.9	9.9	45.0	6.2	30.6	7.1	1.1	38.5	36.0	
Ecuador	1990	6.3	60.3	17.4	42.9	4.0	24.5	13.8	0.6	33.5	31.7
	1994	9.7	59.6	13.0	46.6	5.3	26.0	15.0	0.3	30.7	28.5
	1997	9.8	59.6	12.8	46.8	5.7	27.3	13.1	0.7	30.6	28.3
	1999	10.2	60.7	10.4	50.3	5.8	27.3	16.6	0.6	28.2	27.7
	2000	5.9	60.5	9.8	50.7	5.4	27.8	16.8	0.7	33.5	31.1
	2002	8.4	60.5	10.6	49.9	5.6	27.6	16.0	0.7	31.2	28.9
2004	8.3	61.1	9.9	51.2	6.3	26.7	17.7	0.5	30.7	28.9	
El Salvador ^h	1990	4.8	71.4	15.5	55.9	4.2	33.1	18.2	0.4	23.8	23.2
	1995	8.6	68.7	13.0	55.7	8.3	32.6	14.3	0.5	22.7	21.3
	1997	7.6	68.1	14.1	54.0	8.8	30.3	14.6	0.3	24.4	22.9
	1999	6.2	72.4	12.9	59.5	10.3	30.0	18.6	0.6	21.5	20.0
	2000	8.0	68.4	12.9	55.5	10.0	28.3	16.8	0.4	23.6	22.0
	2001	6.4	69.5	11.2	58.3	8.7	30.7	18.4	0.5	24.0	22.1
2002	7.0	67.5	11.3	56.2	10.2	28.6	16.9	0.5	25.5	23.9	
2004	6.5	68.6	10.9	57.7	8.6	31.0	17.6	0.5	24.9	23.1	
Guatemala	1989	3.6	66.1	15.0	51.1	6.2	27.3	17.4	0.2	30.3	28.6
	1998	6.2	64.4	8.4	56.0	7.5	23.8	24.4	0.3	29.5	27.2
	2002	9.4	61.1	7.0	54.1	8.1	29.6	16.3	0.1	29.5	27.6
	2004	7.1	61.7	5.5	56.2	7.8	29.9	18.3	0.2	31.2	28.9
Honduras	1990	1.9	69.8	13.6	56.2	5.4	33.0	17.4	0.4	28.3	26.8
	1994	5.7	65.9	10.3	55.6	6.9	34.5	14.2	0.0	28.4	26.9
	1997	8.8	62.5	8.3	54.2	6.1	31.5	15.8	0.8	28.9	27.8
	1999	8.4	63.3	8.0	55.3	6.6	31.9	16.2	0.6	28.4	28.0
	2002	5.4	60.1	7.7	52.4	7.2	27.6	17.2	0.4	34.6	32.6
	2003	6.7	59.0	7.6	51.4	6.0	26.9	18.0	0.5	34.4	33.1

Table 19.1 (concluded)

BREAKDOWN OF THE EMPLOYED ECONOMICALLY ACTIVE MALE POPULATION BY OCCUPATIONAL CATEGORY, URBAN AREAS, 1990–2004 (Percentages)											
Country	Year	Employers	Wage or salary earners							Own-account and unpaid family workers	
			Total	Public sector	Private sector					Total ^c	Non-professional, non-technical
					Total ^a	Professional and technical	Non-professional, non-technical				
							Establishments employing more than 5 persons ^b	Establishments employing up to 5 persons	Domestic employment		
Mexico ⁱ	1989	4.3	76.4	...	76.4	9.3	66.5	...	0.6	19.2	17.4
	1994	4.9	75.5	13.9	61.6	6.9	54.1	...	0.6	19.6	18.0
	1996	5.8	75.2	13.7	61.5	7.2	36.1	17.3	0.9	19.0	17.4
	1998	6.3	75.0	12.9	62.1	6.8	36.7	17.4	1.2	18.9	16.6
	2000	6.0	76.9	11.3	65.6	8.9	37.4	18.4	0.9	17.3	15.3
	2002	5.8	74.2	11.9	62.3	6.2	35.3	19.4	1.4	20.0	18.2
	2004	4.3	77.6	...	77.6	11.5	44.3	20.8	1.0	18.1	15.8
Nicaragua	1993	0.9	64.3	18.8	45.5	6.6	22.4	16.2	0.3	34.9	27.5
	1998	5.6	63.1	...	63.1	11.7	31.5	18.7	1.2	31.3	30.0
	2001	6.3	63.6	9.8	53.8	4.0	28.2	21.5	0.1	30.1	28.6
Panama	1991	4.4	65.5	23.2	42.3	7.7	28.1	5.9	0.6	30.0	28.8
	1994	3.0	70.6	21.7	48.9	7.4	33.6	6.7	1.2	26.4	25.4
	1997	4.0	68.3	19.3	49.0	10.4	31.6	6.0	1.0	27.8	26.2
	1999	3.6	70.1	17.0	53.1	11.1	33.6	7.4	1.0	26.4	25.1
	2002	4.6	70.0	17.7	52.3	6.2	35.5	9.6	1.0	25.4	23.6
	2004	4.7	69.2	16.7	52.5	5.1	38.8	7.5	1.1	26.1	23.7
Paraguay (Asunción)	1990	13.5	69.2	12.3	56.9	4.9	31.4	20.6	0.0	17.4	16.4
	1994	12.3	68.1	11.7	56.4	6.5	30.2	18.1	1.6	19.5	19.1
	1996	9.3	64.3	10.3	54.0	5.1	29.5	18.4	1.0	26.3	24.6
	1999	8.5	69.4	13.4	56.0	7.4	33.3	14.5	0.8	22.1	19.5
	2000	9.5	66.4	10.5	55.9	7.7	32.2	13.7	2.3	24.0	20.3
(Urban areas)	1994	11.9	63.4	10.2	53.2	4.6	27.0	20.2	1.4	24.7	24.5
	1996	9.1	60.3	9.0	51.3	4.0	27.1	19.3	0.9	30.6	29.2
	1999	9.0	64.0	11.9	52.1	5.3	28.0	17.9	0.9	27.0	25.1
	2000	10.3	60.7	9.9	50.8	5.4	25.8	18.0	1.6	29.1	26.1
Peru	1997	8.5	58.8	11.6	47.2	7.3	23.8	15.9	0.2	32.6	29.5
	1999	8.0	55.8	11.4	44.4	7.6	20.3	16.1	0.4	36.1	32.0
	2001	6.7	58.0	12.6	45.4	7.0	20.4	17.5	0.5	35.4	32.2
	2003	6.3	55.1	11.6	43.5	6.2	20.6	15.9	0.8	38.7	35.8
Uruguay	1990	6.4	73.0	22.8	50.2	4.4	33.9	11.8	0.1	20.5	18.9
	1994	6.3	70.8	18.6	52.2	4.8	36.7	10.6	0.1	23.0	20.7
	1997	5.8	69.2	17.3	51.9	4.9	34.8	12.0	0.2	24.9	22.6
	1999	5.2	69.1	15.6	53.5	5.4	36.2	11.7	0.2	25.6	23.2
	2000	4.9	69.7	16.5	53.2	5.3	35.2	11.4	1.3	25.2	21.9
	2002	4.9	65.6	16.8	48.8	4.9	30.3	12.2	1.4	29.5	25.7
	2004	4.6	66.7	16.3	50.4	5.5	31.2	12.3	1.4	28.6	24.6
Venezuela (Bolivarian Republic of) ⁱ	1990	10.2	66.1	16.8	49.3	5.5	33.9	8.0	1.9	23.6	22.5
	1994	8.4	60.6	13.0	47.6	5.2	30.0	10.9	1.5	31.1	29.2
	1997	6.7	61.2	12.1	49.1	5.0	29.2	13.4	1.5	32.0	30.3
	1999	6.9	57.5	10.6	46.9	4.0	27.9	14.9	0.1	35.6	34.1
	2000	6.8	55.6	10.4	45.2	3.7	27.7	13.7	0.1	37.6	36.3
	2002	7.3	54.4	9.9	44.5	3.2	27.4	13.8	0.1	38.3	36.8
	2003	6.7	53.0	9.6	43.4	3.4	25.5	14.3	0.2	40.3	38.5

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a For Argentina (except 1999 and 2000), Brazil (except 1993, 1996 and 1999), Chile (except 1996 and 2000), Mexico (1989 and 2004) and Nicaragua (1998), this includes public-sector wage or salary earners.

^b For Colombia, Dominican Republic (1992, 1995 and 1998) and Mexico (1989 and 1994), no information was available on the size of business establishments. In those cases, wage earners in non-professional, non-technical occupations in establishments employing up to 5 persons are included in the figures for establishments employing more than 5 persons. For Bolivarian Republic of Venezuela, Chile (1996), Dominican Republic, El Salvador, Panama and Uruguay (1990), establishments employing up to 4 persons are taken into account.

^c Includes professional and technical workers.

^d Brazil's national household survey (PNAD) does not provide information on the size of business establishments, except in 1993, 1996 and 1999. Therefore, the figure given for Brazil in the column for establishments employing more than 5 persons includes wage earners who have an employment contract (*carteira*), while the column for establishments employing up to 5 persons includes workers who do not have such contracts.

^e Includes private-sector employees engaged in non-professional, non-technical occupations in business establishments of undeclared size.

^f Information from national socio-economic surveys (CASEN).

^g In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country.

^h Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.

ⁱ The figures for 1990 are not strictly comparable to those for 1997 owing to changes made in the classification of professional and technical workers.

^j Information from national household income and expenditure surveys (ENIGH).

^k The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 19.2

BREAKDOWN OF THE EMPLOYED ECONOMICALLY ACTIVE FEMALE POPULATION BY OCCUPATIONAL CATEGORY, URBAN AREAS, 1990–2004 (Percentages)												
Country	Year	Employers	Wage or salary earners							Own-account and unpaid family workers		
			Total	Public sector	Private sector					Total ^c	Non-professional, non-technical	
					Total ^a	Professional and technical	Non-professional, non-technical					
							Establishments employing more than 5 persons ^b	Establishments employing up to 5 persons	Domestic employment			
Argentina (Greater Buenos Aires)	1990	2.8	70.3	...	70.3	8.0	39.6	10.2	12.5	27.1	22.7	
	1994	2.4	72.2	...	72.2	21.4	27.0	11.5	12.3	25.4	18.7	
	1997	3.5	74.2	...	74.2	23.6	28.3	9.6	12.7	22.2	17.5	
	1999	2.6	76.3	15.9	60.4	12.6	24.8	10.3	12.7	20.7	15.3	
	2000	3.0	76.8	16.4	60.4	10.7	24.8	12.0	12.9	20.1	15.7	
	2002	2.5	81.3	25.9	55.4	13.0	17.6	11.6	13.2	16.2	11.5	
	2004	2.4	78.6	26.0	52.6	9.3	18.6	9.5	15.2	19.0	14.2	
	(Urban areas)	1999	2.5	76.2	20.4	55.8	10.4	20.7	10.5	14.2	21.3	16.9
	2000	2.8	76.5	21.1	55.4	9.4	20.7	11.1	14.2	20.7	16.5	
	2002	2.3	81.6	30.3	51.3	11.0	15.9	10.4	14.0	16.1	11.8	
2004	2.4	78.6	26.0	52.6	9.3	18.6	9.5	15.2	19.0	14.2		
Bolivia	1989	0.8	45.3	15.0	30.3	3.6	8.6	5.2	12.9	54.0	52.2	
	1994	3.5	43.7	11.4	32.3	5.4	7.8	7.9	11.2	52.9	51.7	
	1997	2.8	38.5	11.1	27.4	5.4	7.3	7.0	7.7	58.7	57.4	
	1999	2.2	37.4	10.2	27.2	5.0	8.6	6.9	6.7	60.6	59.3	
	2000	1.6	40.7	10.0	30.7	4.9	11.5	4.9	9.4	57.8	56.3	
	2002	2.2	39.0	10.7	28.3	3.6	7.8	8.6	8.3	58.7	56.9	
Brazil ^d	1990	2.5	73.6	...	73.6	20.7	26.1	11.2	15.6	24.0	22.4	
	1993	1.8	70.7	18.3	52.4	4.7	21.9 ^e	6.0	19.8	27.4	25.8	
	1996	2.5	72.3	17.9	54.4	5.4	21.7 ^e	7.6	19.7	25.2	23.4	
	1999	2.7	71.2	16.9	54.3	13.8	15.5	5.3	19.7	26.1	23.6	
	2001	2.8	73.0	16.5	56.5	14.5	16.1	5.9	20.0	24.3	21.6	
	2003	2.9	72.6	16.4	56.2	7.1	22.2	7.8	19.1	24.5	21.7	
	Chile ^f	1990	1.4	78.6	...	78.6	18.4	32.6	8.2	19.4	20.1	18.2
1994		2.2	77.4	...	77.4	19.1	33.8	7.7	16.8	20.6	15.8	
1996		2.8	78.9	13.2	65.7	12.0	29.2	8.2	16.3	18.4	14.5	
1998		3.0	78.8	...	78.8	20.6	33.3	9.7	15.2	18.1	13.2	
2000		2.5	78.4	15.3	63.1	11.5	28.2	7.4	16.0	19.1	13.3	
2003		3.0	80.0	16.2	63.8	12.8	28.3	6.4	16.3	17.0	10.5	
Colombia ^g		1991	2.2	70.7	12.8	57.9	5.5	38.8	...	13.6	27.1	25.5
	1994	2.7	72.3	9.4	62.9	7.2	43.0	...	12.7	25.2	23.4	
	1997	2.8	66.9	11.6	55.3	6.9	38.0	...	10.4	30.3	28.2	
	1999	2.7	61.7	9.9	51.8	6.6	33.7	...	11.5	35.6	33.4	
	2002	2.9	57.1	8.9	48.2	4.9	30.6	...	12.7	40.0	37.5	
	Costa Rica	1990	2.3	79.6	28.7	50.9	4.5	25.8	8.6	12.0	18.1	16.6
1994		4.0	78.6	24.7	53.9	7.1	26.4	10.3	10.1	17.3	16.1	
1997		4.0	75.7	27.5	48.2	6.6	23.2	9.2	9.2	20.4	18.7	
1999		4.4	75.0	21.5	53.5	7.5	24.0	9.4	12.6	20.4	18.1	
2000		3.2	79.1	23.6	55.5	7.8	25.4	10.9	11.4	17.5	15.7	
2002		4.7	72.8	23.0	49.8	9.3	20.6	10.1	9.8	22.6	20.4	
2004		4.4	72.3	23.2	49.1	10.3	21.4	9.0	8.4	23.4	20.5	
Dominican Republic		1992	0.9	70.9	15.1	55.8	12.1	35.0	...	8.7	28.3	26.7
	1995	2.0	73.7	16.9	56.8	10.7	35.6	...	10.5	24.3	21.9	
	1997	1.5	70.1	12.6	57.5	8.6	30.6	6.7	11.6	28.4	25.8	
	2000	2.0	73.3	17.7	55.6	9.4	28.4	8.1	9.7	24.8	22.8	
	2002	2.4	71.0	15.9	55.1	10.0	28.4	6.7	10.0	26.6	24.6	
	2003	1.8	72.4	17.9	54.5	11.1	25.8	7.4	10.2	25.7	23.5	
	2004	3.7	72.6	15.2	57.4	11.1	26.9	7.2	12.2	23.6	21.7	
	Ecuador	1990	2.7	56.4	17.7	38.7	5.5	14.9	6.7	11.6	40.8	39.5
1994		5.0	55.5	14.8	40.7	6.2	15.0	7.7	11.8	39.5	37.8	
1997		4.5	57.5	15.5	42.0	7.3	15.8	8.0	10.9	37.1	35.7	
1999		5.0	56.7	11.3	45.4	8.9	15.0	8.4	13.1	38.3	37.4	
2000		2.5	57.7	12.8	44.9	7.0	17.8	9.0	11.1	39.8	38.1	
2002		4.5	55.0	12.8	42.2	7.6	14.7	9.1	10.8	40.5	39.3	
2004		3.7	52.9	11.7	41.2	9.1	13.9	8.5	9.7	43.4	42.1	
El Salvador ^h		1990	1.6	52.5	11.7	40.8	2.5	18.0	7.2	13.1	45.9	45.8
	1995	3.3	53.4	11.8	41.6	5.9	20.8	5.8	9.1	43.3	42.8	
	1997	3.3	53.9	12.2	41.7	6.5	18.7	7.1	9.4	42.8	42.0	
	1999	2.7	57.0	11.5	45.5	7.6	20.9	8.4	8.6	40.2	39.6	
	2000	3.4	54.5	12.0	42.5	6.6	20.0	7.7	8.2	42.1	41.5	
	2001	3.4	53.9	11.5	42.4	6.2	20.0	7.8	8.4	42.7	42.3	
	2002	3.0	53.6	11.1	42.5	7.5	20.2	7.8	7.0	43.4	42.8	
	2004	3.1	53.3	10.3	43.0	6.8	20.1	8.4	7.7	43.6	43.0	
	Guatemala	1989	1.5	61.2	13.4	47.8	6.1	15.7	7.9	18.1	37.3	34.6
1998		2.7	52.0	7.8	44.2	7.1	14.1	14.6	8.4	45.2	43.9	
2002		3.3	51.5	6.8	44.7	8.6	18.1	8.8	9.2	45.1	43.9	
2004		3.3	49.0	7.0	42.0	8.9	15.6	8.9	8.6	47.8	46.2	
Honduras	1990	0.9	59.0	15.5	43.5	4.1	16.5	6.9	16.0	40.0	39.0	
	1994	1.8	63.6	12.9	50.7	6.7	24.3	6.0	13.7	34.6	33.6	
	1997	3.1	57.4	12.4	45.0	7.0	22.6	4.7	10.7	39.4	38.3	
	1999	3.6	56.6	11.8	44.8	8.6	21.2	5.1	9.9	39.8	39.2	
	2002	2.9	57.2	12.4	44.8	7.2	21.4	7.3	8.9	39.9	38.0	
	2003	3.0	54.2	12.1	42.1	5.8	20.1	7.5	8.7	42.8	41.6	

Table 19.2 (concluded)

BREAKDOWN OF THE EMPLOYED ECONOMICALLY ACTIVE FEMALE POPULATION BY OCCUPATIONAL CATEGORY, URBAN AREAS, 1990–2004 (Percentages)											
Country	Year	Employers	Wage or salary earners							Own-account and unpaid family workers	
			Total	Public sector	Private sector					Total ^c	Non-professional, non-technical
					Total ^a	Professional and technical	Non-professional, non-technical				
							Establishments employing more than 5 persons ^b	Establishments employing up to 5 persons	Domestic employment		
Mexico ⁱ	1989	1.3	76.3	...	76.3	8.4	60.8	...	7.1	22.4	21.9
	1994	1.5	72.8	20.3	52.5	6.1	36.8	...	9.6	25.8	25.0
	1996	2.1	70.4	17.5	52.9	7.0	27.7	9.9	8.3	27.5	25.9
	1998	2.2	69.5	16.5	53.0	6.5	26.8	10.7	9.0	28.4	27.1
	2000	1.9	70.2	17.5	52.7	6.6	30.0	9.6	6.5	27.9	26.8
	2002	1.9	71.1	15.2	55.9	6.4	26.7	13.1	9.7	27.0	25.3
2004	1.6	73.0	...	73.0	16.7	32.9	12.8	10.6	25.5	23.7	
Nicaragua	1993	0.5	56.2	22.4	33.8	6.6	7.5	5.6	14.1	43.4	31.7
	1998	1.3	55.4	...	55.4	15.8	17.2	8.9	13.5	43.3	41.9
	2001	2.5	51.2	14.7	36.5	4.2	14.0	8.0	10.3	46.2	44.5
Panama	1991	1.7	86.1	32.5	53.6	6.9	24.9	4.0	17.8	12.2	11.5
	1994	1.5	86.6	30.3	56.3	6.9	27.3	4.0	18.1	12.0	11.7
	1997	1.4	83.3	27.4	55.9	9.7	25.9	5.0	15.3	15.4	14.8
	1999	1.6	81.1	23.5	57.6	10.3	27.7	5.2	14.4	17.3	16.7
	2002	1.8	81.2	24.6	56.6	7.6	27.8	5.9	15.3	17.1	16.1
	2004	1.4	80.4	23.8	56.6	7.7	27.9	5.3	15.7	18.1	16.7
Paraguay (Asunción)	1990	2.4	67.5	11.3	56.2	6.5	15.5	8.6	25.6	30.2	28.1
	1994	5.7	65.5	11.5	54.0	6.1	16.6	7.0	24.3	28.8	28.2
	1996	4.0	59.5	12.5	47.0	4.9	14.3	7.8	20.0	36.5	33.9
	1999	3.7	65.4	11.7	53.7	6.3	14.9	12.4	20.1	30.8	28.2
	2000	4.8	64.3	12.7	51.6	7.8	14.3	8.4	21.1	30.9	29.0
(Urban areas)	1994	5.3	59.7	10.9	48.8	4.3	13.7	7.5	23.3	34.9	34.5
	1996	3.5	54.7	11.4	43.3	3.5	11.3	7.7	20.8	41.8	39.9
	1999	3.4	59.7	11.6	48.1	5.0	11.6	10.8	20.7	36.9	34.6
	2000	4.2	59.0	12.6	46.4	5.6	11.8	7.5	21.5	36.8	35.2
Peru	1997	2.3	47.3	10.9	36.4	7.6	12.1	6.9	9.8	50.5	49.1
	1999	2.5	49.3	10.5	38.8	6.3	11.0	9.1	12.4	48.2	45.7
	2001	2.4	46.9	11.3	35.6	5.8	10.2	8.3	11.3	50.7	49.0
	2003	2.4	46.1	9.4	36.7	7.1	10.0	8.1	11.5	51.5	49.7
Uruguay	1990	1.9	75.9	20.2	55.7	6.1	24.4	8.1	17.1	22.3	19.1
	1994	2.8	74.4	18.9	55.5	6.2	24.9	7.6	16.8	22.8	19.2
	1997	2.3	75.9	18.1	57.8	7.2	24.4	9.5	16.7	21.8	18.3
	1999	2.3	76.7	17.0	59.7	7.9	25.8	8.6	17.4	21.1	17.1
	2000	2.2	77.7	18.0	59.7	7.6	22.0	10.6	19.5	20.3	15.9
	2002	2.1	77.1	18.0	59.1	7.2	20.9	9.5	21.5	20.9	16.6
	2004	2.0	75.9	17.9	58.0	7.2	20.4	10.1	20.3	22.1	18.0
Venezuela (Bolivarian Republic of) ^j	1990	2.3	77.5	30.4	47.1	6.4	22.3	3.4	15.0	20.2	19.1
	1994	1.7	72.3	28.1	44.2	8.0	21.3	5.9	9.0	26.0	23.9
	1997	1.9	65.7	25.7	40.0	6.4	18.1	5.8	9.7	32.5	30.1
	1999	1.9	58.9	22.7	36.2	6.5	17.1	7.0	5.6	39.2	37.4
	2000	1.9	57.6	22.1	35.5	6.3	16.7	6.9	5.6	40.4	38.4
	2002	2.4	55.0	20.0	35.0	5.1	16.6	6.7	6.6	42.6	40.6
2003	2.3	53.9	20.5	33.4	5.0	14.5	6.9	7.0	43.8	41.4	

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a For Argentina (except 1999 and 2000), Brazil (except 1993, 1996 and 1999), Chile (except 1996 and 2000), Mexico (1989 and 2004) and Nicaragua (1998), this includes public-sector wage or salary earners.

^b For Colombia, Dominican Republic (1992, 1995 and 1998) and Mexico (1989 and 1994), no information was available on the size of business establishments. In those cases, wage earners in non-professional, non-technical occupations in establishments employing up to 5 persons are included in the figures for establishments employing more than 5 persons. For Bolivarian Republic of Venezuela, Chile (1996), Dominican Republic, El Salvador, Panama and Uruguay (1990), establishments employing up to 4 persons are taken into account.

^c Includes professional and technical workers.

^d Brazil's national household survey (PNAD) does not provide information on the size of business establishments, except in 1993, 1996 and 1999. Therefore, the figure given for Brazil in the column for establishments employing more than 5 persons includes wage earners who have an employment contract (*carteira*), while the column for establishments employing up to 5 persons includes workers who do not have such contracts.

^e Includes private-sector employees engaged in non-professional, non-technical occupations in business establishments of undeclared size.

^f Information from national socio-economic surveys (CASEN).

^g In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country.

Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.

^h The figures for 1990 are not strictly comparable to those for 1997 owing to changes made in the classification of professional and technical workers.

ⁱ Information from national household income and expenditure surveys (ENIGH).

^j The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 20

BREAKDOWN OF THE EMPLOYED ECONOMICALLY ACTIVE POPULATION BY OCCUPATIONAL CATEGORY, RURAL AREAS, 1990–2004 (Percentages)										
Country	Year	Total	Employers	Wage or salary earners					Own-account and unpaid family workers	
				Total	Public sector	Private sector ^a			Total	Agriculture
						Total	Agriculture	Other		
Bolivia	1997	100	3.3	8.9	2.4	6.5	2.7	3.8	87.8	79.9
	1999	100	1.2	9.2	2.3	6.9	2.7	4.2	89.6	82.1
	2000	100	0.5	8.6	2.8	5.8	2.1	3.7	90.9	83.0
	2002	100	4.2	9.8	2.3	7.5	4.2	3.3	86.0	79.0
Brazil	1990	100	3.0	44.3	...	44.3	22.7	21.6	52.7	44.3
	1993	100	1.9	33.6	5.1	28.5	20.8	7.7	64.5	58.4
	1996	100	1.8	34.3	4.4	29.9	20.6	9.3	63.8	57.2
	1999	100	2.0	34.3	5.2	29.1	15.6	13.5	63.7	56.4
	2001	100	2.5	33.7	4.3	29.4	17.4	12.0	63.8	57.3
	2003	100	2.2	33.1	3.8	29.3	17.2	12.1	64.7	57.8
Chile ^b	1990	100	2.8	64.9	...	64.9	45.4	19.5	32.3	25.0
	1994	100	2.6	66.6	...	66.6	42.2	24.4	30.8	21.5
	1996	100	2.4	64.2	3.6	60.6	39.9	20.7	33.3	26.6
	1998	100	2.8	64.5	...	64.5	39.8	24.7	32.7	24.4
	2000	100	2.5	65.1	4.9	60.2	38.7	21.5	32.5	24.3
	2003	100	2.5	65.6	4.0	61.6	38.9	22.7	32.0	23.4
Colombia	1991	100	6.3	48.6	...	48.6	28.8	19.8	45.0	25.5
	1994	100	4.5	54.2	...	54.2	28.6	25.6	41.3	22.4
	1997	100	4.2	50.6	...	50.6	27.7	22.9	45.1	25.0
	1999	100	3.7	47.2	3.7	43.5	25.9	17.6	49.2	27.9
	2002	100	4.6	40.6	3.5	37.1	21.3	15.8	54.8	30.2
Costa Rica	1990	100	5.1	66.2	10.5	55.7	24.1	31.6	28.7	16.8
	1994	100	6.8	69.0	9.6	59.4	22.5	36.9	24.2	11.1
	1997	100	7.1	67.8	9.0	58.8	20.7	38.1	25.2	11.3
	1999	100	8.2	69.2	8.9	60.3	21.3	39.0	22.7	9.5
	2000	100	5.8	66.9	9.6	57.3	22.7	34.6	27.3	12.3
	2002	100	7.5	63.5	8.8	54.8	19.4	35.4	29.0	13.2
	2004	100	7.8	65.8	9.2	56.6	19.2	37.4	26.4	11.5
Dominican Republic	1992	100	4.0	52.4	13.2	39.2	14.8	24.4	43.7	21.6
	1995	100	2.1	56.1	11.5	44.6	10.3	33.3	41.9	15.7
	1997	100	3.4	45.6	10.3	35.3	7.3	28.0	51.0	28.5
	2000	100	1.8	40.3	8.1	32.2	7.2	25.0	57.8	32.6
	2002	100	1.7	36.6	8.3	28.3	5.5	22.8	61.7	34.9
	2003	100	2.7	42.4	8.9	33.5	4.5	29.0	54.9	25.3
	2004	100	2.9	42.0	8.7	33.3	4.7	28.6	55.1	28.0
Ecuador	2000	100	3.2	42.4	3.9	38.5	23.1	15.3	54.3	40.7
	2004	100	4.2	35.4	3.1	32.3	19.4	12.9	60.4	48.2
El Salvador	1995	100	6.0	49.6	3.2	46.4	24.9	21.2	44.3	26.8
	1997	100	4.0	50.9	3.1	47.8	24.8	23.0	45.1	28.1
	1999	100	4.1	50.8	3.9	46.9	20.2	26.7	45.2	26.3
	2000	100	4.6	47.2	3.9	43.3	18.0	25.3	48.1	26.7
	2001	100	3.8	47.0	3.8	43.2	17.8	25.4	49.2	28.9
	2002	100	3.9	45.9	3.8	42.1	14.7	27.4	50.3	27.6
	2004	100	3.2	56.3	3.4	52.9	21.2	31.7	40.5	20.9
Guatemala	1989	100	0.6	38.7	2.9	35.8	23.6	12.2	60.7	47.5
	1998	100	2.0	42.9	1.7	41.2	26.6	14.6	55.1	34.8
	2002	100	6.3	35.3	1.6	33.7	17.4	16.3	58.4	38.8
	2004	100	3.2	34.5	1.8	32.7	18.6	14.1	62.3	42.5
Honduras	1990	100	0.6	34.9	4.0	30.9	21.0	9.9	64.6	47.6
	1994	100	1.7	37.0	4.8	32.2	17.5	14.7	61.4	43.5
	1997	100	2.6	34.8	3.4	31.4	19.2	21.2	62.6	41.6
	1999	100	3.1	33.4	3.7	29.7	16.4	13.3	63.5	41.3
	2002	100	1.3	35.0	1.8	33.2	19.8	13.4	63.7	46.9
	2003	100	1.4	35.6	1.9	33.7	20.1	13.6	63.0	43.6

Table 20 (concluded)

BREAKDOWN OF THE EMPLOYED ECONOMICALLY ACTIVE POPULATION BY OCCUPATIONAL CATEGORY, RURAL AREAS, 1990–2004 (Percentages)										
Country	Year	Total	Employers	Wage or salary earners					Own-account and unpaid family workers	
				Total	Public sector	Private sector ^a			Total	Agriculture
						Total	Agriculture	Other		
Mexico ^c	1989	100	2.5	50.2	...	50.2	21.9	28.3	47.3	34.6
	1994	100	4.0	48.6	5.5	43.1	18.8	24.3	47.4	30.8
	1996	100	5.1	48.1	6.4	41.7	16.9	24.8	46.7	28.6
	1998	100	4.5	45.6	6.0	39.6	16.0	23.6	49.9	29.2
	2000	100	5.0	51.0	6.6	44.4	18.1	26.3	44.0	25.1
	2002	100	3.3	52.4	7.8	44.6	15.7	28.9	44.3	25.4
	2004	100	3.4	61.1	...	61.1	16.4	44.7	35.4	16.8
Nicaragua	1993	100	0.2	38.4	6.6	31.8	17.4	14.4	61.3	45.8
	1998	100	3.3	43.7	...	43.7	23.8	19.9	53.0	39.7
	2001	100	5.4	37.4	4.9	32.5	17.8	14.7	57.2	44.5
Panama	1991	100	2.9	39.1	12.5	26.6	13.0	13.6	58.0	45.5
	1994	100	3.3	47.0	11.8	35.2	17.6	17.6	49.7	34.4
	1997	100	2.2	46.1	10.1	36.0	13.1	22.9	51.6	33.4
	1999	100	3.2	44.9	10.1	34.8	15.6	19.2	51.9	31.6
	2002	100	2.0	40.1	8.3	31.8	14.3	17.5	57.9	39.1
	2004	100	2.8	40.9	8.5	32.3	13.0	19.3	56.3	35.5
Paraguay	1997	100	2.3	24.8	3.2	21.6	10.1	11.5	72.8	57.3
	1999	100	3.4	27.0	3.4	23.6	7.2	16.4	69.7	54.0
	2000	100	3.6	27.1	2.5	24.6	8.8	15.8	69.4	53.7
Peru	1997	100	5.3	19.8	4.4	15.4	9.9	5.5	74.8	61.0
	1999	100	6.3	19.9	3.7	16.2	10.9	5.3	73.9	61.9
	2001	100	5.4	20.6	4.1	16.5	12.0	4.5	74.0	61.2
	2003	100	5.0	14.6	3.5	11.1	8.2	2.9	80.5	69.5
Venezuela (Bolivarian Republic of)	1990	100	6.9	46.6	8.3	38.3	22.9	15.4	46.5	33.3
	1994	100	7.6	47.6	7.4	40.2	19.4	20.8	44.8	29.7
	1997	100	5.4	49.6	5.4	44.2	34.6	9.6	44.9	33.1

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Includes domestic employees. For Brazil (1990), Chile (1990, 1994 and 1998), Mexico (1989 and 2004) and Nicaragua (1998), public-sector wage or salary earners are included.

^b Information from national socio-economic surveys (CASEN).

^c Information from national household income and expenditure surveys (ENIGH).

Table 21

URBAN POPULATION EMPLOYED IN LOW-PRODUCTIVITY SECTORS OF THE LABOUR MARKET, 1990–2004 (Percentages of the employed urban population)										
Country	Year	Total	Microenterprises ^a				Domestic employment	Unskilled self-employed workers ^b		
			Employers	Wage or salary earners				Total ^c	Manufacturing and construction	Commerce and services
				Total	Professional and technical	Non-professional non-technical				
Argentina (Greater Buenos Aires)	1990	44.4	3.8	12.0	0.4	11.6	5.7	22.9	6.9	16.0
	1994	42.7	3.4	14.8	1.4	13.4	4.8	19.7	6.0	13.6
	1997	41.4	3.7	15.9	1.4	14.5	5.1	16.7	4.6	12.1
	1999	40.4	3.2	14.9	1.3	13.6	5.3	17.0	5.1	11.9
	2000	42.2	3.4	16.0	1.4	14.6	5.3	17.5	5.1	12.4
	2002	42.1	2.9	16.1	1.1	15.0	5.6	17.5	6.8	10.7
	2004	44.6	2.5	15.0	1.0	14.0	6.1	21.0	10.3	10.7
(Urban areas)	1999	42.2	3.2	14.9	1.4	13.5	5.8	18.3	5.4	12.7
	2000	43.5	3.3	15.4	1.3	14.1	5.9	18.9	5.6	13.2
	2002	42.5	2.9	15.2	1.2	14.0	6.0	18.4	6.4	11.8
	2004	41.0	2.8	15.2	1.2	14.0	5.9	17.1	5.9	11.1
Bolivia	1989	58.5	1.1	10.5	0.9	9.6	5.8	41.1	9.8	30.0
	1994	63.0	6.2	14.8	1.0	13.8	5.2	36.8	9.1	27.1
	1997	65.5	5.0	12.0	1.0	11.0	3.6	44.9	11.9	27.7
	1999	64.3	2.5	12.8	1.0	11.8	3.1	45.9	12.1	31.1
	2000	63.1	1.7	10.8	0.6	10.2	4.2	46.4	12.1	30.9
	2002	66.7	3.2	13.9	0.7	13.2	3.9	45.7	12.3	29.4
Brazil ^d	1990	49.2	...	21.6	4.3	17.3	6.2	21.4	3.5	15.8
	1993	45.5	1.9	9.0	0.5	8.5	8.2	26.4	4.7	16.0
	1996	46.7	2.0	10.6	0.7	9.9	8.4	25.7	5.0	15.9
	1999	47.3	2.2	10.1	1.7	8.4	8.5	26.5	5.2	16.4
	2001	46.2	2.2	10.8	1.9	8.9	8.8	24.4	4.8	15.4
	2003	45.0	2.2	10.7	0.9	9.8	8.5	23.6	6.5	12.6
Chile ^e	1990	38.8	0.8	10.3	0.9	9.4	7.0	20.7	5.7	14.0
	1994	34.6	1.8	9.4	0.8	8.6	6.1	17.3	5.4	11.2
	1996	34.3	2.0	10.1	1.0	9.1	6.1	16.1	4.2	10.7
	1998	34.4	2.6	10.7	1.0	9.7	5.9	15.2	4.1	10.2
	2000	32.5	2.4	9.0	1.0	8.0	6.2	14.9	4.3	9.6
	2003	31.8	2.4	7.9	0.8	7.1	6.5	15.0	4.9	9.2
Colombia ^f	1991	...	...	...	...	...	5.6	27.3	6.4	20.0
	1994	...	...	...	...	...	5.3	25.0	6.2	18.4
	1997	...	...	...	...	...	4.5	30.8	7.1	22.9
	1999	...	...	...	...	...	5.2	35.7	7.5	26.7
	2002	...	...	...	...	...	5.9	38.5	8.0	27.8
Costa Rica	1990	36.9	4.4	10.5	0.8	9.7	4.4	17.6	6.4	10.1
	1994	38.0	5.0	12.6	1.4	11.2	3.8	16.6	4.6	11.1
	1997	39.6	6.1	12.2	1.0	11.2	3.5	17.8	4.8	12.4
	1999	41.6	6.0	13.2	1.4	11.8	5.1	17.3	4.5	11.9
	2000	39.1	4.1	13.0	1.2	11.8	4.5	17.5	4.5	11.9
	2002	40.2	6.2	12.3	1.4	10.9	4.0	17.7	4.7	12.2
	2004	38.9	6.2	11.2	1.3	9.9	3.4	18.1	4.3	12.9
Dominican Republic	1992	...	...	...	...	...	3.2	32.8	5.6	23.0
	1995	...	...	...	...	...	3.8	30.6	4.9	22.1
	1997	47.0	2.1	9.1	0.7	8.4	4.4	31.4	6.8	21.3
	2000	45.1	1.8	8.5	0.7	7.8	4.1	30.7	7.3	20.6
	2002	46.3	2.3	7.0	0.6	6.4	4.3	32.7	7.4	22.0
	2003	46.9	2.7	7.4	0.8	6.6	4.1	32.7	7.8	21.4
2004	48.1	4.3	7.9	0.8	7.1	5.3	30.6	6.8	20.2	
Ecuador	1990	54.5	3.6	11.9	0.6	11.3	4.5	34.5	7.8	24.4
	1994	56.5	6.5	13.2	1.0	12.2	4.7	32.1	6.0	24.1
	1997	56.6	6.2	12.6	0.8	11.8	5.0	32.8	6.9	23.6
	1999	58.9	7.0	15.0	1.6	13.4	5.4	31.5	5.6	23.8
	2000	56.5	3.0	15.0	1.2	13.8	4.7	33.8	7.1	24.1
	2002	56.3	4.8	14.2	0.9	13.3	4.5	32.8	6.9	23.6
	2004	58.6	5.1	15.1	1.1	14.0	4.2	34.2	6.5	25.2
El Salvador	1990	55.6	2.7	13.6	0.3	13.3	6.1	33.2	8.7	21.8
	1995	51.0	4.9	10.7	0.2	10.5	4.4	31.0	8.1	20.2
	1997	52.5	4.8	11.8	0.6	11.2	4.4	31.5	7.1	21.5
	1999	52.2	4.1	14.6	0.8	13.8	4.3	29.2	6.7	20.0
	2000	53.8	5.0	13.5	1.0	12.5	4.1	31.2	7.0	21.7
	2001	54.4	4.4	14.1	0.7	13.4	4.2	31.7	6.7	22.8
	2002	54.8	4.6	13.5	1.0	12.5	3.7	33.0	6.8	23.9
	2004	54.6	4.4	13.9	0.7	13.2	3.9	32.4	6.5	23.9
Guatemala	1989	54.6	2.1	14.6	0.8	13.8	7.0	30.9	7.4	14.9
	1998	64.4	3.6	22.4	2.3	20.1	3.9	34.5	8.2	20.7
	2002	57.6	5.2	13.9	0.8	13.1	4.0	34.5	8.9	19.8
	2004	60.2	4.7	15.8	1.4	14.4	3.7	36.0	8.4	20.4

Table 21 (concluded)

URBAN POPULATION EMPLOYED IN LOW-PRODUCTIVITY SECTORS OF THE LABOUR MARKET, 1990–2004 (Percentages of the employed urban population)										
Country	Year	Total	Microenterprises ^a				Domestic employment	Unskilled self-employed workers ^b		
			Employers	Wage or salary earners				Total ^c	Manufacturing and construction	Commerce and services
				Total	Professional and technical	Non- professional non-technical				
Honduras	1990	53.3	1.0	13.9	0.7	13.2	6.7	31.7	8.9	18.7
	1994	49.9	3.0	11.9	0.9	11.0	5.4	29.5	8.1	16.1
	1997	54.3	5.3	11.6	0.6	11.0	5.1	32.3	7.6	20.4
	1999	55.2	5.1	12.2	1.0	11.2	4.8	33.1	7.4	22.0
	2002	56.5	3.6	14.0	1.1	12.9	4.0	34.9	9.8	20.1
	2003	59.4	4.3	14.3	0.9	13.4	4.1	36.7	10.0	22.0
Mexico ^g	1989	...	2.8	...	...	...	2.7	18.9	3.0	12.5
	1994	...	3.3	...	...	...	3.7	20.4	4.2	14.9
	1996	43.6	3.8	15.8	1.2	14.6	3.6	20.4	3.8	15.7
	1998	44.3	3.9	15.9	1.0	14.9	4.1	20.4	3.2	16.4
	2000	42.5	3.9	16.0	1.1	14.9	3.0	19.6	3.6	15.1
	2002	47.2	3.4	18.3	1.3	17.0	4.6	20.9	4.2	16.1
	2004	45.7	2.3	19.5	2.0	17.5	4.9	19.0	3.5	14.7
	2004	45.7	2.3	19.5	2.0	17.5	4.9	19.0	3.5	14.7
Nicaragua	1993	49.2	0.5	13.3	1.6	11.7	6.2	29.2	7.7	17.5
	1998	60.6	3.0	16.2	1.7	14.5	6.4	35.0	4.3	26.4
	2001	59.9	3.6	16.5	0.7	15.8	4.4	35.4	5.5	25.7
Panama	1991	37.9	2.6	5.8	0.6	5.2	7.0	22.5	4.3	11.2
	1994	35.4	1.7	6.0	0.3	5.7	7.3	20.4	4.4	11.4
	1997	36.6	2.0	6.4	0.8	5.6	6.4	21.8	4.8	12.6
	1999	37.3	2.1	7.2	0.7	6.5	6.1	21.9	4.6	13.5
	2002	38.4	2.3	8.8	0.7	8.1	6.7	20.6	4.4	15.2
	2004	37.2	2.2	7.1	0.5	6.6	6.9	21.0	4.2	15.9
Paraguay (Asunción)	1990	55.5	6.8	17.0	1.1	15.9	10.5	21.2	5.2	15.5
	1994	54.6	7.1	14.6	1.3	13.3	11.5	21.4	5.3	15.9
	1996	57.1	4.7	14.6	0.8	13.8	9.3	28.5	6.4	19.9
	1999	51.9	4.7	14.9	1.3	13.6	9.1	23.2	5.2	17.1
	2000	54.5	6.1	13.0	1.7	11.3	11.0	24.4	5.1	19.0
(Urban areas)	1994	61.2	7.2	16.0	1.0	15.0	10.5	27.5	5.4	20.2
	1996	62.9	4.9	15.0	0.6	14.4	9.3	33.7	5.6	24.3
	1999	59.1	5.0	15.8	0.9	14.9	9.2	29.1	5.2	21.3
	2000	61.6	6.4	14.7	1.4	13.3	10.4	30.1	5.3	21.9
Peru	1997	60.6	4.9	13.1	1.2	11.9	4.4	38.2	5.4	28.6
	1999	63.3	4.5	14.9	1.9	13.0	5.8	38.1	4.9	29.4
	2001	63.1	4.0	14.4	1.0	13.4	5.2	39.5	5.0	28.8
	2003	64.6	3.7	13.3	0.9	12.4	5.6	42.0	5.3	29.7
Uruguay	1990	39.2	2.7	10.6	0.3	10.3	6.9	19.0	5.6	12.0
	1994	40.3	3.3	9.9	0.5	9.4	7.0	20.1	6.4	12.7
	1997	42.2	2.8	11.5	0.5	11.0	7.1	20.8	6.8	12.7
	1999	41.5	2.4	11.0	0.6	10.4	7.5	20.6	7.0	12.7
	2000	42.6	2.4	11.8	0.7	11.1	9.1	19.3	7.3	10.9
	2002	45.7	2.4	11.6	0.6	11.0	9.9	21.8	8.1	12.5
	2004	45.3	2.1	12.0	0.6	11.4	9.4	21.8	7.4	13.0
Venezuela (Bolivarian Republic of) ^h	1990	39.2	4.9	6.7	0.2	6.5	6.3	21.3	4.1	15.3
	1994	45.3	4.2	9.7	0.5	9.2	4.0	27.4	5.9	19.0
	1997	49.4	3.6	11.3	0.5	10.8	4.3	30.2	6.1	19.9
	1999	53.7	3.9	12.6	0.5	12.1	2.0	35.2	6.7	23.7
	2000	54.6	3.8	11.6	0.4	11.2	2.1	37.1	7.4	24.7
	2002	56.5	4.2	11.5	0.4	11.1	2.6	38.2	6.5	26.4
	2003	58.3	4.0	11.9	0.4	11.5	2.8	39.6	6.5	27.0

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a Refers to establishments employing up to 5 persons. In the cases of Bolivarian Republic of Venezuela, Chile (1996), Dominican Republic, El Salvador, Panama and Uruguay (1990), includes establishments employing up to 4 persons.
- ^b Refers to own-account workers and unpaid family workers without professional or technical skills.
- ^c Includes persons employed in agriculture, forestry, hunting and fishing.
- ^d Until 1990 the "microenterprises" category included wage earners lacking an employment contract. In 1993 and from 1996 to 1999, this category included wage earners in establishments employing up to 5 persons, so that the figures for these years are not comparable to those for previous years.
- ^e Information from national socio-economic surveys (CASEN).
- ^f In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.
- ^g Information from national household income and expenditure surveys (ENIGH). In the 1994 survey no information was given on the size of establishments employing wage or salary earners.
- ^h The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 21.1

URBAN MALE POPULATION EMPLOYED IN LOW-PRODUCTIVITY SECTORS OF THE LABOUR MARKET, 1990–2004 (Percentages of the employed urban population)										
Country	Year	Total	Microenterprises ^a				Domestic employment	Unskilled self-employed workers ^b		
			Employers	Wage or salary earners				Total ^c	Manufacturing and construction	Commerce and services
				Total	Professional and technical	Non-professional non-technical				
Argentina (Greater Buenos Aires)	1990	42.2	4.6	12.7	0.3	12.4	1.8	23.1	8.5	14.6
	1994	41.3	4.4	15.7	1.2	14.5	0.4	20.8	8.4	12.3
	1997	39.8	4.5	18.7	1.2	17.5	0.4	16.2	6.0	10.2
	1999	39.4	4.2	16.9	1.0	15.9	0.2	18.1	7.2	10.8
	2000	40.8	4.1	17.9	1.5	16.4	0.2	18.6	7.2	11.4
	2002	43.9	3.4	18.4	0.9	17.5	0.1	22.0	9.5	12.5
	2004	39.4	3.2	17.7	1.0	16.7	0.1	18.4	7.5	10.9
(Urban areas)	1999	40.9	4.1	16.8	1.2	15.6	0.2	19.8	7.6	11.9
	2000	42.5	4.1	17.6	1.5	16.1	0.2	20.6	8.0	12.4
	2002	44.6	3.5	17.7	1.1	16.6	0.1	23.3	9.2	13.8
	2004	41.5	3.7	18.3	1.1	17.2	0.2	19.3	7.5	11.6
Bolivia	1989	48.8	1.5	13.8	0.9	12.9	0.6	32.9	11.5	19.9
	1994	53.7	8.6	19.2	0.9	18.3	0.5	25.4	9.1	15.6
	1997	58.4	7.1	15.2	1.1	14.1	0.5	35.6	12.6	17.1
	1999	57.2	3.0	16.7	1.1	15.6	0.3	37.2	12.7	19.5
	2000	56.2	2.2	15.1	0.8	14.3	0.2	38.7	15.3	19.2
	2002	58.5	4.2	17.8	0.7	17.1	0.2	36.3	13.1	18.4
Brazil ^d	1990	44.7	...	23.4	2.3	21.1	0.4	20.9	5.1	12.9
	1993	40.6	2.5	10.6	0.5	10.1	0.8	26.7	6.7	14.8
	1996	42.6	2.5	12.0	0.6	11.4	0.8	27.3	7.4	15.1
	1999	43.7	2.9	11.6	1.1	10.5	0.8	28.4	7.5	15.9
	2001	42.3	2.8	12.3	1.2	11.1	0.8	26.4	7.1	14.9
	2003	40.7	2.8	12.1	0.9	11.2	0.8	25.0	7.8	12.5
Chile ^e	1990	33.8	0.9	10.7	0.7	10.0	0.2	22.0	6.3	14.3
	1994	30.1	2.0	9.8	0.7	9.1	0.1	18.2	6.2	10.9
	1996	30.2	2.3	10.7	1.0	9.7	0.2	17.0	4.8	10.6
	1998	30.0	2.9	10.5	0.8	9.7	0.1	16.5	5.0	10.2
	2000	27.9	2.9	9.1	0.9	8.2	0.1	15.8	5.2	9.2
	2003	27.8	2.7	8.3	0.7	7.6	0.2	16.6	6.1	9.1
Colombia ^f	1991	...	...	...	...	...	0.3	28.4	6.2	20.9
	1994	...	...	...	...	...	0.2	26.0	6.7	18.7
	1997	...	...	...	...	...	0.2	32.6	8.4	22.9
	1999	...	...	...	...	...	0.5	37.3	8.4	26.5
	2002	...	...	...	...	...	0.4	39.3	8.2	26.7
	2004	...	...	...	...	...	...	...	...	...
Costa Rica	1990	35.1	5.7	11.1	0.8	10.3	0.2	18.1	5.7	10.8
	1994	36.2	6.1	13.1	1.5	11.6	0.3	16.7	4.4	10.9
	1997	38.5	7.8	13.4	1.0	12.4	0.2	17.1	5.2	11.0
	1999	39.5	7.7	14.7	1.4	13.3	0.4	16.7	4.4	10.9
	2000	37.4	5.1	13.5	1.1	12.4	0.3	18.5	5.3	11.6
	2002	37.3	7.9	13.0	1.6	11.4	0.3	16.1	5.1	9.8
	2004	36.7	7.9	11.9	1.4	10.5	0.3	16.6	4.5	10.6
Dominican Republic	1992	...	...	...	...	...	0.2	36.2	5.8	24.0
	1995	...	...	...	...	...	0.2	35.1	5.3	24.4
	1997	47.5	2.7	9.9	0.5	9.4	0.4	34.5	8.7	20.8
	2000	46.6	1.9	8.5	0.8	7.7	0.6	35.6	10.1	21.3
	2002	48.1	2.7	6.7	0.6	6.1	0.8	37.9	10.3	22.5
	2003	48.9	3.4	6.8	0.7	6.1	0.4	38.3	10.8	22.0
	2004	49.6	5.0	7.5	0.4	7.1	1.1	36.0	9.7	20.6
Ecuador	1990	50.7	4.3	14.2	0.4	13.8	0.6	31.6	8.0	20.7
	1994	52.5	7.8	15.9	0.9	15.0	0.3	28.5	5.8	20.2
	1997	52.2	7.6	14.8	0.6	14.2	0.7	29.1	6.5	19.5
	1999	54.9	8.6	18.0	1.4	16.6	0.6	27.7	5.4	19.6
	2000	53.6	3.8	18.0	1.2	16.8	0.7	31.1	7.5	20.6
	2002	52.1	5.7	16.8	0.8	16.0	0.7	28.9	6.9	19.4
	2004	54.5	6.4	18.7	1.0	17.7	0.5	28.9	7.0	19.4
El Salvador	1990	45.9	3.8	18.6	0.4	18.2	0.4	23.1	6.0	12.8
	1995	43.0	6.7	14.5	0.2	14.3	0.5	21.3	5.2	11.5
	1997	44.7	6.3	15.2	0.6	14.6	0.3	22.9	5.6	12.2
	1999	45.7	5.5	19.6	1.0	18.6	0.6	20.0	4.2	11.3
	2000	47.1	6.6	18.1	1.3	16.8	0.4	22.0	5.0	12.5
	2001	47.5	5.5	19.3	0.9	18.4	0.5	22.2	4.4	13.9
	2002	48.4	6.1	18.0	1.1	16.9	0.5	23.8	4.8	14.9
	2004	47.8	5.8	18.3	0.7	17.6	0.5	23.2	5.0	14.5
Guatemala	1989	49.5	2.5	18.2	0.8	17.4	0.2	28.6	5.7	10.1
	1998	59.1	4.7	26.9	2.5	24.4	0.3	27.2	5.6	13.3
	2002	51.5	6.9	16.9	0.6	16.3	0.1	27.6	7.6	11.3
	2004	54.6	5.9	19.6	1.3	18.3	0.2	28.9	6.9	12.0

Table 21.1 (concluded)

URBAN MALE POPULATION EMPLOYED IN LOW-PRODUCTIVITY SECTORS OF THE LABOUR MARKET, 1990–2004 (Percentages of the employed urban population)										
Country	Year	Total	Microenterprises ^a				Domestic employment	Unskilled self-employed workers ^b		
			Employers	Wage or salary earners				Total ^c	Manufacturing and construction	Commerce and services
				Total	Professional and technical	Non-professional non-technical				
Honduras	1990	46.6	1.2	18.2	0.8	17.4	0.4	26.8	6.6	13.5
	1994	43.0	4.1	12.0	0.9	14.2	0.0	26.9	5.6	12.6
	1997	52.1	7.3	16.2	0.4	15.8	0.8	27.8	4.7	15.7
	1999	52.4	6.7	17.1	0.9	16.2	0.6	28.0	4.1	17.6
	2002	55.7	4.5	18.2	1.0	17.2	0.4	32.6	8.4	15.9
	2003	57.9	5.6	18.8	0.8	18.0	0.5	33.0	8.0	17.1
Mexico ^g	1989	...	3.5	...	...	...	0.6	17.5	2.5	10.5
	1994	...	4.4	...	...	...	0.6	17.9	4.0	12.6
	1996	41.7	5.1	18.3	1.0	17.3	0.9	17.4	3.6	12.9
	1998	41.3	5.1	18.4	1.0	17.4	1.2	16.6	2.6	13.2
	2000	40.7	5.1	19.3	1.2	18.1	0.9	15.4	3.6	10.7
	2002	44.9	4.6	20.7	1.3	19.4	1.4	18.2	3.9	13.5
	2004	42.2	3.0	22.5	1.7	20.8	1.0	15.7	3.7	11.0
	Nicaragua	1993	45.8	0.6	17.4	1.2	16.2	0.3	27.5	6.8	14.2
1998		55.8	4.2	20.4	1.7	18.7	1.2	30.0	4.9	18.2
2001		55.7	4.9	22.1	0.6	21.5	0.1	28.6	4.6	17.3
Panama	1991	39.3	3.4	6.5	0.6	5.9	0.6	28.8	5.4	12.7
	1994	35.7	2.1	7.0	0.3	6.7	1.2	25.4	5.6	13.0
	1997	36.6	2.7	6.7	0.7	6.0	1.0	26.2	6.0	13.2
	1999	36.7	2.5	8.1	0.7	7.4	1.0	25.1	5.5	13.7
	2002	37.8	2.9	10.3	0.7	9.6	1.0	23.6	5.9	16.2
	2004	35.8	3.0	7.9	0.4	7.5	1.1	23.8	5.4	17.0
Paraguay (Asunción)	1990	48.0	10.2	21.4	0.8	20.6	0.0	16.4	4.3	11.5
	1994	47.9	8.8	19.3	1.2	18.1	1.6	18.2	5.4	11.9
	1996	51.1	6.2	19.3	0.9	18.4	1.0	24.6	6.6	15.0
	1999	43.8	6.1	16.4	1.9	14.5	0.8	20.5	4.9	14.5
	2000	45.7	7.8	15.3	1.6	13.7	2.3	20.3	4.2	15.8
(Urban areas)	1994	55.1	9.0	21.2	1.0	20.2	1.4	23.5	5.3	15.4
	1996	56.7	6.6	20.1	0.8	19.3	0.9	29.1	6.0	18.4
	1999	51.9	6.8	19.1	1.2	17.9	0.9	25.1	4.9	16.8
	2000	55.6	8.6	19.3	1.3	18.0	1.6	26.1	4.8	18.0
Peru	1997	53.7	7.0	17.0	1.1	15.9	0.2	29.5	5.3	19.2
	1999	56.5	6.2	18.0	1.9	16.1	0.4	31.9	5.0	21.7
	2001	56.7	5.5	18.5	1.0	17.5	0.5	32.2	5.4	20.4
	2003	58.1	4.8	16.7	0.8	15.9	0.8	35.8	5.1	23.5
Uruguay	1990	34.8	3.7	12.1	0.3	11.8	0.1	18.9	5.4	11.7
	1994	36.0	4.2	11.0	0.4	10.6	0.1	20.7	6.9	12.4
	1997	38.2	3.6	12.3	0.3	12.0	0.2	22.1	8.1	12.8
	1999	38.6	3.1	12.1	0.4	11.7	0.2	23.2	9.0	13.0
	2000	38.3	3.1	12.0	0.6	11.4	1.3	21.9	9.6	10.7
	2002	43.0	3.2	12.8	0.6	12.2	1.4	25.6	10.7	13.3
	2004	41.6	2.7	12.9	0.6	12.3	1.4	24.6	9.3	13.4
Venezuela (Bolivarian Republic of) ^h	1990	39.1	6.5	8.2	0.2	8.0	1.9	22.5	4.0	15.7
	1994	47.8	5.8	11.3	0.4	10.9	1.5	29.2	6.5	19.0
	1997	50.4	4.8	13.8	0.4	13.4	1.5	30.3	6.8	17.4
	1999	54.6	5.2	15.2	0.3	14.9	0.1	34.1	7.2	19.9
	2000	55.6	5.1	14.0	0.3	13.7	0.1	36.4	8.4	20.6
	2002	56.4	5.6	14.0	0.2	13.8	0.1	36.7	7.1	21.9
	2003	58.6	5.3	14.6	0.3	14.3	0.2	38.5	6.9	22.7

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Refers to establishments employing up to 5 persons. In the cases of Bolivarian Republic of Venezuela, Chile (1996), Dominican Republic, El Salvador, Panama and Uruguay (1990), includes establishments employing up to 4 persons.

^b Refers to own-account workers and unpaid family workers without professional or technical skills.

^c Includes persons employed in agriculture, forestry, hunting and fishing.

^d Until 1990 the "microenterprises" category included wage earners lacking an employment contract. In 1993 and from 1996 to 1999, this category included wage earners in establishments employing up to 5 persons, so that the figures for these years are not comparable to those for previous years.

^e Information from national socio-economic surveys (CASEN).

^f In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country.

Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.

^g Information from national household income and expenditure surveys (ENIGH). In the 1994 survey no information was given on the size of establishments employing wage or salary earners.

^h The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 21.2

URBAN FEMALE POPULATION EMPLOYED IN LOW-PRODUCTIVITY SECTORS OF THE LABOUR MARKET, 1990–2004 (Percentages of the employed urban population)										
Country	Year	Total	Microenterprises ^a				Domestic employment	Unskilled self-employed workers ^b		
			Employers	Wage or salary earners				Total ^c	Manufacturing and construction	Commerce and services
				Total	Professional and technical	Non-professional non-technical				
Argentina (Greater Buenos Aires)	1990	48.0	2.3	10.6	0.4	10.2	12.5	22.6	4.0	18.6
	1994	45.6	1.6	13.0	1.5	11.5	12.3	18.7	1.8	16.8
	1997	43.9	2.5	11.2	1.6	9.6	12.7	17.5	2.3	15.2
	1999	41.9	1.7	12.2	1.9	10.3	12.7	15.3	1.9	13.4
	2000	44.1	2.2	13.2	1.2	12.0	13.0	15.7	2.0	13.7
	2002	40.0	2.3	13.0	1.4	11.6	13.2	11.5	3.1	8.4
	2004	41.1	1.6	11.4	1.1	10.3	14.5	13.6	4.1	9.5
(Urban areas)	1999	44.0	1.7	11.8	1.6	10.2	14.2	16.3	2.1	14.1
	2000	45.2	2.2	12.2	1.1	11.1	14.3	16.5	2.1	14.3
	2002	39.5	2.0	11.8	1.4	10.4	14.0	11.7	2.6	9.1
	2004	41.8	1.7	10.7	1.2	9.5	15.2	14.2	3.7	10.4
Bolivia	1989	71.5	0.4	6.1	0.9	5.2	12.9	52.1	7.5	43.6
	1994	75.0	3.1	9.0	1.1	7.9	11.2	51.7	9.1	42.1
	1997	75.2	2.1	7.9	0.9	7.0	7.7	57.5	11.1	41.8
	1999	75.3	1.7	7.6	0.7	6.9	6.7	59.3	11.3	45.9
	2000	71.9	1.1	5.2	0.3	4.9	9.4	56.2	8.1	45.7
	2002	76.7	2.1	9.4	0.8	8.6	8.3	56.9	11.3	42.6
Brazil ^d	1990	56.8	...	18.8	7.6	11.2	15.6	22.4	0.9	20.7
	1993	53.2	1.0	6.6	0.6	6.0	19.8	25.8	1.6	17.8
	1996	52.7	1.3	8.3	0.7	7.6	19.7	23.4	1.6	17.1
	1999	53.1	1.3	8.0	2.7	5.3	20.3	23.5	1.7	17.1
	2001	51.6	1.3	8.8	2.9	5.9	20.0	21.5	1.6	16.1
	2003	51.1	1.4	8.8	1.0	7.8	19.1	21.8	4.6	12.9
Chile ^e	1990	47.5	0.5	9.5	1.3	8.2	19.4	18.1	4.6	13.3
	1994	42.7	1.5	8.6	0.9	7.7	16.8	15.8	4.0	11.7
	1996	41.5	1.5	9.2	1.0	8.2	16.3	14.5	3.2	10.9
	1998	41.7	2.1	11.1	1.4	9.7	15.2	13.3	2.8	10.3
	2000	39.8	1.6	8.9	1.1	7.8	16.0	13.3	2.8	10.2
	2003	38.0	1.9	7.3	0.9	6.4	16.3	12.5	3.0	9.3
Colombia ^f	1991	...	...	...	...	...	13.6	25.5	6.8	18.6
	1994	...	...	...	...	...	12.7	23.4	5.4	17.9
	1997	...	...	...	...	...	10.4	28.2	5.2	22.9
	1999	...	...	...	...	...	11.5	33.4	6.3	26.8
	2000	...	...	...	...	...	12.7	37.4	7.7	29.2
	2002	...	...	...	...	...	...	...	...	...
Costa Rica	1990	40.1	1.9	9.5	0.9	8.6	12.0	16.7	7.7	8.9
	1994	40.9	3.1	11.5	1.2	10.3	10.1	16.2	4.9	11.3
	1997	41.3	3.3	10.1	0.9	9.2	9.2	18.7	4.0	14.7
	1999	45.1	3.3	11.0	1.6	9.4	12.6	18.2	4.6	13.5
	2000	41.7	2.3	12.3	1.4	10.9	11.4	15.7	3.2	12.4
	2002	45.1	3.7	11.2	1.1	10.1	9.8	20.4	4.2	16.0
	2004	42.4	3.4	10.1	1.1	9.0	8.4	20.5	3.8	16.6
Dominican Republic	1992	...	...	...	...	...	8.7	26.7	5.2	21.4
	1995	...	...	...	...	...	10.5	21.9	4.0	17.8
	1997	46.0	1.1	7.6	0.9	6.7	11.6	25.7	3.6	22.0
	2000	42.8	1.6	8.7	0.6	8.1	9.7	22.8	2.9	19.4
	2002	43.7	1.8	7.3	0.6	6.7	10.0	24.6	2.8	21.3
	2003	43.6	1.6	8.3	0.9	7.4	10.2	23.5	2.8	20.5
	2004	45.9	3.3	8.6	1.4	7.2	12.2	21.8	2.1	19.4
Ecuador	1990	61.1	2.3	7.6	0.9	6.7	11.6	39.6	7.5	31.0
	1994	62.8	4.4	8.8	1.1	7.7	11.8	37.8	6.2	30.5
	1997	62.8	4.0	9.2	1.2	8.0	10.9	38.7	7.5	30.2
	1999	65.1	4.4	10.3	1.9	8.4	13.1	37.3	5.8	30.5
	2000	61.0	1.7	10.1	1.1	9.0	11.1	38.1	6.5	29.6
	2002	64.1	3.3	10.0	0.9	9.1	10.8	40.0	7.8	30.3
	2004	64.6	3.1	9.7	1.2	8.5	9.7	42.1	5.9	33.8
El Salvador	1990	67.9	1.4	7.5	0.3	7.2	13.1	45.9	12.1	33.0
	1995	60.8	2.8	6.1	0.3	5.8	9.1	42.8	11.6	30.7
	1997	62.0	3.0	7.6	0.5	7.1	9.4	42.0	8.9	32.8
	1999	59.6	2.6	8.9	0.5	8.4	8.6	39.5	9.5	29.7
	2000	61.1	3.1	8.3	0.6	7.7	8.2	41.5	9.3	32.0
	2001	62.3	3.1	8.4	0.6	7.8	8.4	42.4	9.3	32.8
	2002	61.0	2.9	8.6	0.8	7.8	7.0	42.5	8.9	33.6
	2004	62.5	2.8	9.0	0.6	8.4	7.7	43.0	8.3	34.5
Guatemala	1989	62.7	1.3	8.7	0.8	7.9	18.1	34.6	10.1	22.7
	1998	71.2	2.2	16.7	2.1	14.6	8.4	43.9	11.6	30.2
	2002	65.7	2.9	9.8	1.0	8.8	9.2	43.8	10.6	31.2
	2004	68.0	2.9	10.3	1.4	8.9	8.6	46.2	10.7	32.2

Table 21.2 (concluded)

URBAN FEMALE POPULATION EMPLOYED IN LOW-PRODUCTIVITY SECTORS OF THE LABOUR MARKET, 1990–2004 (Percentages of the employed urban population)										
Country	Year	Total	Microenterprises ^a				Domestic employment	Unskilled self-employed workers ^b		
			Employers	Wage or salary earners				Total ^c	Manufacturing and construction	Commerce and services
				Total	Professional and technical	Non-professional non-technical				
Honduras	1990	63.3	0.8	7.5	0.6	6.9	16.0	39.0	12.3	26.5
	1994	55.6	1.5	6.8	0.8	6.0	13.7	33.6	12.0	21.4
	1997	57.3	2.7	5.5	0.8	4.7	10.7	38.4	11.4	26.7
	1999	58.5	3.2	6.3	1.2	5.1	9.9	39.1	11.3	27.2
	2002	57.9	2.4	8.6	1.3	7.3	8.9	38.0	11.7	25.6
	2003	61.5	2.6	8.6	1.1	7.5	8.7	41.6	12.6	28.3
Mexico ^g	1989	...	1.2	...	...	...	7.1	21.9	4.0	16.7
	1994	...	1.1	...	...	...	9.6	25.0	4.6	19.1
	1996	47.6	2.0	11.4	1.5	9.9	8.3	25.9	4.2	20.7
	1998	49.6	1.9	11.6	0.9	10.7	9.0	27.1	4.4	22.0
	2000	45.7	1.8	10.6	1.0	9.6	6.5	26.8	3.7	22.4
	2002	51.0	1.6	14.4	1.3	13.1	9.7	25.3	4.6	20.3
	2004	50.7	1.3	15.2	2.4	12.8	10.6	23.6	3.1	20.1
	2004	50.7	1.3	15.2	2.4	12.8	10.6	23.6	3.1	20.1
Nicaragua	1993	54.2	0.5	7.9	2.2	5.7	14.1	31.7	9.0	22.0
	1998	67.4	1.3	10.7	1.8	8.9	13.5	41.9	3.6	37.4
	2001	65.5	1.9	8.7	0.7	8.0	10.3	44.6	6.7	37.2
Panama	1991	35.1	1.3	4.5	0.5	4.0	17.8	11.5	2.3	8.6
	1994	35.3	1.0	4.5	0.5	4.0	18.1	11.7	2.3	8.7
	1997	37.1	1.0	6.0	1.0	5.0	15.3	14.8	2.8	11.8
	1999	38.6	1.4	6.0	0.8	5.2	14.4	16.8	3.1	13.3
	2002	39.2	1.3	6.5	0.6	5.9	15.3	16.1	2.2	13.8
	2004	39.5	1.1	5.9	0.6	5.3	15.7	16.8	2.4	14.3
Paraguay (Asunción)	1990	65.9	2.0	10.2	1.6	8.6	25.6	28.1	6.5	21.1
	1994	65.0	4.9	9.0	1.5	7.5	24.3	26.8	5.3	21.1
	1996	65.1	2.8	8.4	0.6	7.8	20.0	33.9	6.3	26.4
	1999	64.3	2.9	13.0	0.6	12.4	20.1	28.3	5.7	22.1
	2000	64.6	4.2	10.3	1.9	8.4	21.1	29.0	6.1	22.7
(Urban areas)	1994	69.9	4.7	8.5	1.0	7.5	23.3	33.4	5.6	27.0
	1996	71.4	2.5	8.1	0.4	7.7	20.8	40.0	5.1	32.4
	1999	69.1	2.5	11.3	0.5	10.8	20.7	34.6	5.6	27.5
	2000	71.9	3.7	9.0	1.5	7.5	21.5	37.7	6.0	26.7
Peru	1997	69.3	2.2	8.2	1.3	6.9	9.8	49.1	5.4	40.4
	1999	71.5	2.5	10.9	1.8	9.1	12.4	45.7	4.8	38.8
	2001	71.7	2.2	9.3	1.0	8.3	11.3	48.9	4.5	39.6
	2003	72.5	2.3	9.0	0.9	8.1	11.5	49.7	5.5	37.5
Uruguay	1990	46.1	1.4	8.5	0.4	8.1	17.1	19.1	6.0	12.3
	1994	46.3	2.0	8.2	0.6	7.6	16.8	19.3	5.7	13.0
	1997	46.8	1.6	10.2	0.7	9.5	16.7	18.3	5.0	12.6
	1999	45.4	1.6	9.3	0.7	8.6	17.4	17.1	4.4	12.2
	2000	48.2	1.4	11.4	0.8	10.6	19.5	15.9	4.2	11.3
	2002	49.6	1.4	10.1	0.6	9.5	21.5	16.6	4.6	11.5
	2004	50.3	1.3	10.7	0.6	10.1	20.3	18.0	4.8	12.5
Venezuela (Bolivarian Republic of) ^h	1990	39.6	1.7	3.7	0.3	3.4	15.0	19.2	4.4	14.6
	1994	40.7	1.2	6.6	0.7	5.9	9.0	23.9	4.7	19.0
	1997	47.9	1.4	6.6	0.8	5.8	9.7	30.2	5.0	24.6
	1999	52.2	1.5	7.7	0.7	7.0	5.6	37.4	5.9	30.6
	2000	52.9	1.5	7.4	0.5	6.9	5.6	38.4	5.6	32.0
	2002	56.6	2.0	7.4	0.7	6.7	6.6	40.6	5.4	33.8
	2003	57.8	1.9	7.5	0.6	6.9	7.0	41.4	5.8	33.9

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a Refers to establishments employing up to 5 persons. In the cases of Bolivarian Republic of Venezuela, Chile (1996), Dominican Republic, El Salvador, Panama and Uruguay (1990), includes establishments employing up to 4 persons.
- ^b Refers to own-account workers and unpaid family workers without professional or technical skills.
- ^c Includes persons employed in agriculture, forestry, hunting and fishing.
- ^d Until 1990 the "microenterprises" category included wage earners lacking an employment contract. In 1993 and from 1996 to 1999, this category included wage earners in establishments employing up to 5 persons, so that the figures for these years are not comparable to those for previous years.
- ^e Information from national socio-economic surveys (CASEN).
- ^f In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.
- ^g Information from national household income and expenditure surveys (ENIGH). In the 1994 survey no information was given on the size of establishments employing wage or salary earners.
- ^h The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 22

**OPEN UNEMPLOYMENT RATES BY SEX AND AGE IN URBAN AREAS,
CIRCA 1990, 1994, 1997, 1999, 2003 AND 2004^a**

Country	Sex	Age groups																													
		Total						15-24						25-34						35-44						45 and over					
		1990	1994	1997	1999	2003	2004	1990	1994	1997	1999	2003	2004	1990	1994	1997	1999	2003	2004	1990	1994	1997	1999	2003	2004	1990	1994	1997	1999	2003	2004
Argentina (Greater Buenos Aires)	Total	5.9	13.0	14.3	14.7	19.0	13.5	13.0	22.8	24.2	24.3	33.8	29.4	4.9	10.0	12.7	12.0	15.4	11.4	4.1	10.5	10.6	11.6	18.1	8.5	3.8	10.3	11.6	12.9	14.1	9.9
	Females	5.7	11.5	12.4	13.4	18.5	11.9	11.5	20.3	21.1	22.8	31.7	26.9	5.0	8.8	10.1	11.3	15.3	9.3	3.9	7.3	8.6	8.0	14.8	6.3	4.2	10.5	11.1	12.7	16.7	9.2
Bolivia	Total	9.4	3.2	3.7	7.1	6.4	...	17.4	5.8	6.4	15.3	11.2	...	8.5	2.8	3.7	6.3	7.1	...	5.1	2.0	2.9	3.8	4.6	...	6.6	2.1	2.1	3.7	3.3	...
	Females	9.5	3.4	3.7	6.0	5.2	...	18.2	6.3	5.8	12.5	9.2	...	7.5	2.5	3.4	4.8	4.8	...	5.5	2.1	3.1	2.3	3.2	...	8.5	2.9	2.8	4.9	4.0	...
Brazil	Total	4.5	7.4	8.0	11.4	11.1	...	8.3	14.3	15.1	21.7	21.7	...	4.4	6.9	7.4	10.5	10.4	...	2.4	4.3	5.0	7.0	7.1	...	1.5	2.6	3.8	5.5	5.4	...
	Females	4.8	6.4	6.7	9.4	9.0	...	8.7	12.4	12.8	18.4	17.7	...	4.7	5.5	5.6	8.0	7.5	...	2.8	3.8	4.2	5.5	5.8	...	2.0	2.7	3.7	5.3	5.2	...
Chile	Total	8.7	6.8	6.0	10.1	10.1	...	17.9	16.1	13.2	21.8	22.1	...	8.3	6.5	5.9	9.9	10.2	...	5.1	3.7	4.1	7.4	7.4	...	5.3	3.7	3.4	6.3	6.6	...
	Females	8.1	5.9	5.1	9.4	8.5	...	17.0	14.0	10.7	20.4	19.0	...	7.5	5.5	5.0	9.3	9.0	...	4.8	3.0	3.6	6.4	5.6	...	5.6	3.9	3.7	6.7	6.0	...
Colombia	Total	9.3	8.0	11.8	19.2	17.2	...	19.7	16.2	24.3	36.6	32.0	...	8.3	7.6	11.8	17.8	17.0	...	4.2	4.7	6.5	13.2	11.4	...	3.8	3.3	5.8	10.3	10.1	...
	Females	6.7	5.4	9.7	16.2	14.8	...	15.3	11.9	20.7	32.0	28.7	...	5.5	4.4	8.6	14.0	13.4	...	2.8	3.4	5.4	10.5	9.2	...	3.7	2.9	6.1	10.6	10.4	...
Costa Rica	Total	5.3	4.2	5.8	6.1	6.8	6.7	10.5	9.7	13.0	14.8	16.4	15.0	4.9	3.8	4.4	5.3	5.1	5.2	2.5	2.3	3.9	3.0	4.6	2.9	1.6	3.0	2.3	3.3	3.6	...
	Females	4.9	3.7	5.3	5.3	6.2	5.7	9.8	8.6	11.4	14.8	14.7	13.2	4.1	3.7	3.6	3.8	4.4	4.0	2.3	1.5	3.9	2.1	3.0	3.1	1.6	3.1	1.9	3.4	3.8	...
Dominican Republic	Total	19.7	17.0	17.0	13.8	17.8	20.4	34.1	30.6	27.8	18.8	31.8	36.3	17.3	16.1	15.7	13.7	18.0	18.0	9.2	10.0	10.2	13.3	13.6	15.0	7.4	7.4	8.7	9.4	7.9	12.7
	Females	11.3	12.1	10.9	8.8	12.0	12.6	22.3	24.0	20.0	12.9	24.8	26.6	9.2	10.4	8.0	8.0	10.2	8.7	5.0	6.3	6.9	7.5	7.0	6.8	4.0	5.8	6.1	7.1	6.9	8.5
Ecuador	Total	6.1	7.1	9.2	14.2	9.1	9.9	13.5	14.9	18.9	25.9	17.4	20.5	6.4	6.6	9.7	13.6	9.2	9.5	2.7	3.9	4.7	9.0	5.9	6.3	1.3	2.7	3.8	8.3	5.2	5.4
	Females	4.2	5.7	6.9	10.5	5.8	7.5	11.2	12.7	15.1	20.0	12.0	16.8	3.2	4.4	6.4	8.0	4.7	6.1	1.7	3.1	3.6	5.5	3.1	3.6	1.3	2.9	3.4	8.6	4.3	4.9
El Salvador	Total	9.9	6.8	7.3	6.9	6.2	6.5	19.3	14.0	14.6	13.9	11.7	12.7	9.2	6.8	7.7	6.1	5.9	6.4	5.7	2.6	4.4	4.4	4.5	4.5	4.3	3.4	3.5	3.8	3.9	3.8
	Females	10.0	8.3	8.8	8.9	8.6	8.8	17.7	15.4	16.1	16.2	14.2	14.9	8.4	7.5	8.1	6.0	7.3	8.4	7.0	3.7	6.1	6.0	6.9	6.6	6.5	5.4	5.4	6.1	6.7	6.2
Guatemala	Total	3.5	...	...	2.8	6.0	4.8	7.1	...	...	4.8	11.1	8.9	2.9	...	...	3.8	3.8	5.0	1.6	...	...	1.8	3.2	2.2	1.2	...	...	0.9	3.4	2.4
	Females	3.3	...	...	3.6	5.2	4.8	7.2	...	...	6.0	8.2	8.3	2.6	...	...	4.5	3.3	4.4	1.5	...	...	2.4	2.7	1.8	1.4	...	...	1.3	5.1	3.6
Honduras	Total	6.9	4.1	5.2	5.3	7.5	...	11.2	7.1	8.9	9.0	12.0	...	7.0	3.6	5.4	4.7	8.9	...	4.3	3.1	2.9	2.9	4.4	...	3.7	1.3	2.3	3.0	3.6	...
	Females	7.6	4.5	5.9	6.2	7.2	...	11.5	7.5	9.2	10.3	10.9	...	6.6	3.7	5.6	5.3	7.8	...	6.0	4.1	4.5	3.6	5.0	...	5.3	2.0	3.4	4.3	4.2	...
Mexico	Total	3.3	4.5	5.1	3.2	3.4	4.1	8.1	9.4	12.5	7.4	7.2	9.7	2.4	2.9	3.2	2.8	3.5	3.6	0.7	2.3	1.7	1.5	1.5	2.0	0.8	3.1	2.8	1.1	1.8	2.0
	Females	3.4	5.1	5.8	3.6	3.9	4.7	8.4	10.0	13.8	8.1	8.2	10.6	2.5	3.0	3.4	3.1	3.9	4.2	0.9	2.8	2.1	1.8	1.6	2.4	1.0	4.2	3.9	1.5	2.2	2.7
Nicaragua	Total	...	14.1	13.1	13.8	12.5	...	...	20.1	20.9	20.9	21.5	...	...	14.5	13.7	11.0	10.2	...	...	11.1	9.2	12.3	9.7	...	...	10.6	7.4	10.5	6.3	...
	Females	...	16.5	13.6	14.0	13.1	...	...	20.3	18.9	17.9	21.8	...	...	17.3	13.2	10.3	10.7	...	...	13.5	11.2	14.3	9.6	...	...	13.9	10.1	12.9	6.6	...

Table 22 (concluded)

		OPEN UNEMPLOYMENT RATES BY SEX AND AGE IN URBAN AREAS, CIRCA 1990, 1994, 1997, 1999, 2003 AND 2004 ^a																													
Country	Sex	Age groups																													
		Total						15-24						25-34						35-44						45 and over					
		1990	1994	1997	1999	2003	2004	1990	1994	1997	1999	2003	2004	1990	1994	1997	1999	2003	2004	1990	1994	1997	1999	2003	2004	1990	1994	1997	1999	2003	2004
Panama	Total	18.6	15.7	15.4	13.1	19.4	14.0	35.1	31.0	31.5	26.9	35.1	30.0	20.6	15.1	14.9	12.7	17.6	13.8	9.5	9.7	9.7	8.3	11.3	9.3	6.9	5.9	6.9	5.6	17.1	7.0
	Males	15.9	12.4	13.3	10.6	16.5	11.5	31.9	27.5	29.2	22.5	31.7	26.8	16.5	9.7	10.9	8.7	14.1	9.6	7.4	6.8	7.5	6.1	8.3	6.3	7.0	5.7	7.4	6.1	14.3	6.5
	Females	22.8	21.0	18.2	17.0	23.5	17.6	39.9	36.9	34.6	33.5	40.3	34.8	26.3	22.7	20.1	18.8	22.0	19.1	12.5	14.0	12.2	11.0	15.3	13.0	6.5	6.2	6.0	4.6	21.1	7.8
Paraguay (Asunción)	Total	6.3	4.4	8.4	10.1	11.5	...	15.5	8.3	17.8	19.5	21.4	...	4.8	3.2	5.2	6.7	11.8	...	2.3	2.9	3.4	5.9	4.5	...	1.4	2.6	5.8	8.4	6.4	...
	Males	6.2	5.1	8.2	10.2	11.0	...	14.7	9.9	17.4	21.6	21.0	...	5.0	3.4	4.2	5.2	9.5	...	3.2	3.1	1.9	6.2	3.0	...	2.0	3.9	7.6	8.8	8.5	...
	Females	6.5	3.5	8.7	10.1	12.1	...	16.5	6.5	18.2	17.1	21.8	...	4.7	3.0	6.5	8.8	14.3	...	1.1	2.6	5.1	5.5	6.2	...	0.0	0.7	3.4	7.7	3.9	...
Peru	Total	...	...	10.7	7.3	6.8	...	...	...	18.2	15.3	15.4	...	...	...	7.4	5.5	3.9	...	...	...	6.0	4.1	2.8	...	...	...	10.5	4.5	5.5	...
	Males	...	...	8.1	7.0	7.3	...	...	...	15.3	15.3	18	...	...	...	4.8	4.7	3.8	...	...	...	2.6	3.8	2.6	...	...	...	9.0	5.0	5.1	...
	Females	...	...	13.8	7.7	6.2	...	...	...	21.3	15.2	12.1	...	...	...	10.3	6.3	4.1	...	...	...	9.7	4.5	2.9	...	...	...	13.0	3.7	6.1	...
Uruguay	Total	8.9	9.7	11.4	11.2	16.9	13.0	24.4	24.7	26.3	25.8	37.9	33.0	8.2	8.4	10.5	10.0	16.4	12.9	4.3	5.5	7.1	7.2	12.1	8.0	3.5	3.8	5.3	6.1	9.6	6.8
	Males	7.3	7.3	8.9	8.6	13.4	10.2	22.2	19.8	21.8	21.4	32.0	27.9	6.0	4.9	7.5	7.2	12.7	9.0	2.5	3.4	4.4	3.7	7.8	4.6	3.0	3.4	4.4	4.9	7.7	5.4
	Females	11.1	13.0	14.7	14.5	21.1	16.6	27.5	31.5	32.7	31.9	46.1	40.2	11.0	12.8	14.3	13.5	20.9	17.6	6.4	7.8	10.2	11.1	16.8	12.0	4.4	4.5	6.7	7.7	12.1	8.6
Venezuela (Bolivarian Republic of) ^b	Total	10.2	8.9	10.6	14.5	16.8	...	19.3	17.1	19.8	25.7	28.0	...	11.3	9.1	10.6	14.7	17.6	...	5.9	5.3	6.8	10.2	11.9	...	4.5	4.2	5.5	7.8	10.7	...
	Males	11.2	9.1	9.0	13.6	14.4	...	19.9	17.2	16.4	22.2	23.7	...	12.3	8.8	8.3	12.8	13.4	...	6.9	5.9	5.7	10.1	10.1	...	5.5	4.9	5.6	9.4	11.2	...
	Females	8.4	8.3	13.6	16.1	20.3	...	18.0	17.0	26.6	32.6	34.8	...	9.6	9.6	14.3	17.7	23.3	...	4.0	4.2	8.5	10.4	14.4	...	1.7	2.5	5.3	4.7	9.8	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a For the exact years of the surveys in each country, see table 21.

^b The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 23

**OPEN UNEMPLOYMENT RATES BY SEX AND YEARS OF SCHOOLING IN URBAN AREAS,
CIRCA 1990, 1994, 1997, 1999, 2003 AND 2004^a**

Country	Sex	Years of schooling																													
		Total						0 to 5						6 to 9						10 to 12						13 or more					
		1990	1994	1997	1999	2003	2004	1990	1994	1997	1999	2003	2004	1990	1994	1997	1999	2003	2004	1990	1994	1997	1999	2003	2004	1990	1994	1997	1999	2003	2004
Argentina ^b (Greater Buenos Aires)	Total	5.9	13.0	14.3	14.7	19.0	13.5	6.8	14.0	16.8	17.0	17.1	15.1	5.9	...	16.6	17.4	20.7	15.3	3.0	15.0	14.4	14.5	21.5	16.0	...	7.7	9.4	10.2	14.3	8.0
	Females	5.7	11.5	12.4	13.4	18.5	11.9	6.1	13.1	15.6	19.4	23.5	15.9	4.7	...	15.7	15.8	20.6	12.7	3.4	12.1	9.8	12.2	18.5	13.8	...	5.9	7.6	8.1	13.4	6.5
Bolivia	Total	9.4	3.2	3.7	7.1	6.4	...	7.1	2.4	2.7	3.4	4.2	...	9.3	2.8	2.1	7.9	7.3	...	13.1	3.7	5.4	10.5	7.5	...	8.1	3.8	4.1	6.0	7.0	...
	Females	9.5	3.4	3.7	6.0	5.2	...	9.0	3.1	3.2	2.8	4.0	...	8.2	3.1	1.8	7.0	5.9	...	12.5	3.9	4.6	7.5	6.0	...	7.9	3.1	4.7	5.5	4.6	...
Brazil	Total	4.5	7.4	8.0	11.4	11.1	...	4.2	6.5	7.5	9.9	9.2	...	6.2	11.0	11.3	15.6	15.0	...	4.5	7.3	7.5	12.2	12.4	...	1.8	3.3	3.4	5.2	5.2	...
	Females	4.8	6.4	6.7	9.4	9.0	...	4.8	5.9	6.5	8.5	7.8	...	6.2	8.8	9.0	12.7	12.3	...	4.6	5.9	5.8	9.5	9.3	...	1.6	2.4	2.6	4.0	4.5	...
Chile	Total	8.7	6.8	6.0	10.1	10.1	...	9.3	5.9	6.7	12.8	10.8	...	10.1	8.1	6.7	12.2	10.6	...	9.2	7.8	6.6	10.2	11.2	...	6.3	4.4	4.0	7.1	7.5	...
	Females	8.1	5.9	5.1	9.4	8.5	...	9.3	5.8	6.8	14.0	10.5	...	10.3	7.4	5.9	12.1	9.6	...	7.9	6.5	5.2	8.7	8.9	...	4.9	3.3	3.4	5.7	6.2	...
Colombia	Total	9.3	8.0	11.8	19.2	17.2	...	6.6	6.2	9.3	15.3	13.1	...	11.3	9.7	14.5	23.2	19.3	...	12.4	10.2	14.7	23.2	21.1	...	7.4	5.2	7.6	14.1	16.1	...
	Females	6.7	5.4	9.7	16.2	14.8	...	5.1	4.7	8.7	13.8	11.4	...	8.2	6.3	11.5	19.2	16.9	...	8.1	6.5	11.4	18.6	17.6	...	0.6	3.4	5.9	12.4	14.5	...
Costa Rica	Total	5.3	4.2	5.8	6.1	6.8	6.7	6.4	5.0	5.5	9.2	9.7	7.8	6.0	5.0	7.3	7.8	8.4	7.7	5.7	4.1	6.1	4.7	6.2	7.6	3.0	2.7	3.2	2.8	3.4	3.8
	Females	4.9	3.7	5.3	5.3	6.2	5.7	6.9	4.3	4.8	6.8	11.1	7.4	5.4	3.7	6.4	7.1	7.3	6.6	4.6	4.3	5.4	3.6	4.6	5.8	2.3	2.7	3.2	2.1	2.7	3.4
Dominican Republic	Total	19.7	17.0	17.0	13.8	17.8	20.4	15.6	13.6	15.3	12.0	15.0	18.1	19.6	18.7	18.9	13.5	18.8	20.7	25.2	21.4	18.1	16.4	21.5	25.3	16.6	13.4	15.1	12.9	14.9	16.5
	Females	11.3	12.1	10.9	8.8	12.0	12.6	7.0	10.2	10.4	8.5	9.6	9.9	11.1	12.8	11.2	8.3	12.8	11.4	15.5	14.3	11.5	9.1	14.5	16.5	11.2	10.9	10.0	9.8	10.5	12.5
Ecuador	Total	6.1	7.1	9.2	14.2	9.1	9.9	2.6	5.0	5.9	9.0	7.5	8.7	4.8	5.7	7.8	13.8	9.4	10.3	10.3	10.2	12.9	19.0	11.1	12.4	6.1	6.7	8.1	11.5	7.3	7.5
	Females	4.2	5.7	6.9	10.5	5.8	7.5	3.0	4.9	6.0	8.5	6.1	8.6	3.3	4.9	6.4	10.9	5.7	7.4	6.8	7.8	9.2	12.8	6.6	8.8	4.2	4.9	5.4	7.7	5.0	5.6
El Salvador	Total	9.9	6.8	7.3	6.9	6.2	6.5	8.1	6.0	5.3	4.9	5.4	6.0	9.9	6.8	8.0	7.4	5.9	6.9	14.6	9.2	9.6	9.3	8.2	7.0	7.6	4.9	6.4	6.1	4.9	6.1
	Females	10.0	8.3	8.8	8.9	8.6	8.8	11.0	9.2	8.8	7.8	9.8	10.8	9.1	8.1	9.4	9.4	8.6	9.0	11.8	9.6	9.8	11.0	9.6	8.2	6.9	4.7	5.5	6.5	5.2	6.4
Guatemala	Total	3.5	...	...	2.8	6.0	4.8	2.3	...	...	1.7	2.0	2.3	4.3	...	...	2.9	7.0	5.3	5.9	...	...	5.4	9.1	6.9	2.3	...	...	1.7	6.9	7.7
	Females	3.3	...	...	3.6	5.2	4.8	2.3	...	...	3.0	1.5	2.8	4.1	...	...	4.1	5.8	4.3	5.3	...	...	5.1	8.2	7.5	2.3	...	...	0.8	5.8	7.8
Honduras	Total	6.9	4.1	5.2	5.3	7.5	...	5.1	3.0	4.8	4.8	5.5	...	7.7	5.0	5.4	6.3	7.3	...	9.3	4.4	6.3	4.3	9.6	...	6.3	2.8	3.6	4.0	9.0	...
	Females	7.6	4.5	5.9	6.2	7.2	...	7.3	3.8	6.6	7.0	5.8	...	8.1	5.9	6.0	6.9	8.0	...	8.0	3.8	5.9	4.9	7.6	...	5.3	2.3	3.3	3.3	7.1	...
Mexico	Total	3.3	4.5	5.1	3.2	3.4	4.1	1.3	3.9	3.5	2.1	1.9	2.9	4.3	5.0	5.8	2.6	2.8	4.3	3.8	4.9	5.2	3.7	3.7	4.9	2.4	2.6	4.6	3.9	4.4	3.7
	Females	3.4	5.1	5.8	3.6	3.9	4.7	1.6	5.4	4.8	3.2	2.8	4.2	4.4	5.7	6.7	3.0	3.5	4.9	4.4	5.3	5.7	4.0	4.1	5.4	2.1	2.8	4.2	3.9	4.6	4.0
Nicaragua	Total	...	14.1	13.1	13.8	12.5	...	...	14.1	10.9	11.8	8.7	...	...	15.0	14.3	14.2	14.3	...	...	12.6	14.9	18.5	16.6	...	...	13.6	11.6	12.4	11.5	...
	Females	...	16.5	13.6	14.0	13.1	...	...	16.4	12.5	13.8	9.1	...	...	16.8	14.7	13.0	15.4	...	...	14.8	15.1	19.2	19.5	...	...	19.2	10.7	10.8	9.8	...

Table 23 (concluded)

		OPEN UNEMPLOYMENT RATES BY SEX AND YEARS OF SCHOOLING IN URBAN AREAS, CIRCA 1990, 1994, 1997, 1999, 2003 AND 2004 ^a																													
Country	Sex	Years of schooling																													
		Total						0 to 5						6 to 9						10 to 12						13 or more					
		1990	1994	1997	1999	2003	2004	1990	1994	1997	1999	2003	2004	1990	1994	1997	1999	2003	2004	1990	1994	1997	1999	2003	2004	1990	1994	1997	1999	2003	2004
Panama	Total	18.6	15.7	15.4	13.1	19.4	14.0	10.7	9.6	12.1	7.2	40.3	9.1	18.4	16.0	16.6	14.2	19.1	13.6	24.9	19.7	18.2	16.2	20.2	16.9	14.8	12.5	11.3	9.6	13.2	12.5
	Males	15.9	12.4	13.3	10.6	16.5	11.5	9.6	9.6	13.6	7.1	34.1	9.3	16.5	13.2	15.6	12.4	16.9	12.4	20.5	13.9	14.4	11.7	16.2	12.8	12.9	9.9	8.2	7.1	9.9	8.9
	Females	22.8	21.0	18.2	17.0	23.5	17.6	13.9	9.3	9.1	7.7	49.7	8.8	22.5	21.6	18.4	18.0	23.4	16.0	30.4	27.7	23.5	22.7	25.5	22.7	16.6	15.1	14.2	12.0	16.1	15.6
Paraguay (Asunción)	Total	6.3	4.4	8.4	10.1	11.5	...	4.4	5.2	7.8	16.3	10.3	...	6.4	5.2	9.4	9.8	12.5	...	8.4	4.5	10.6	11.1	13.8	...	3.7	1.3	3.4	5.3	7.8	...
	Males	6.2	5.1	8.2	10.2	11.0	...	4.2	7.6	9.3	19.8	9.5	...	6.7	6.2	9.0	9.8	13.9	...	7.9	4.1	8.8	9.9	13.9	...	2.9	1.1	3.4	7.1	4.9	...
	Females	6.5	3.5	8.7	10.1	12.1	...	4.7	2.5	5.9	12.0	11.0	...	6.0	3.8	9.8	9.7	13.7	...	9.1	4.9	12.9	12.8	13.7	...	4.8	1.5	3.5	12.0	10.8	...
Peru	Total	...	...	10.7	7.3	6.8	...	...	...	9.4	4.9	3.3	...	...	...	11.5	10.0	9.8	...	...	...	12.8	7.1	7.8	...	...	...	8.1	7.7	6.3	...
	Males	...	...	8.1	7.0	7.3	...	...	...	7.5	5.8	3.4	...	...	...	10.4	10.1	10.7	...	...	...	8.9	7.0	7.4	...	...	...	5.6	5.8	7.5	...
	Females	...	...	13.8	7.7	6.2	...	...	...	11.0	4.1	3.3	...	...	...	12.9	9.8	8.7	...	...	...	18.2	7.3	8.5	...	...	...	11.4	10.2	4.8	...
Uruguay	Total	8.9	9.7	11.4	11.2	16.9	13.0	5.6	5.7	8.1	8.9	13.2	10.9	10.2	12.4	13.2	13.1	19.1	14.7	10.0	9.5	11.8	11.4	17.8	14.3	5.9	4.9	6.8	6.3	12.2	8.8
	Males	7.3	7.3	8.9	8.6	13.4	10.2	5.6	5.2	6.7	7.4	10.6	8.3	8.4	9.1	10.1	9.8	15.1	10.8	7.5	6.1	8.9	8.6	13.3	11.3	4.4	4.0	4.8	4.3	10.2	7.7
	Females	11.1	13.0	14.7	14.5	21.1	16.6	5.6	6.5	10.7	11.9	18.3	15.6	13.0	17.5	18.1	18.2	25.3	20.8	12.8	13.3	14.9	14.5	22.7	17.8	7.2	5.6	8.3	7.8	13.8	9.8
Venezuela (Bolivarian Republic of) ^c	Total	10.2	8.9	10.6	14.5	16.8	...	9.7	7.9	9.4	11.7	13.4	...	12.1	9.8	11.0	15.5	17.3	...	9.3	9.1	12.7	16.2	18.8	...	6.1	6.7	8.4	12.7	16.6	...
	Males	11.2	9.1	9.0	13.6	14.4	...	11.4	8.2	7.9	12.2	12.1	...	12.9	10.4	9.5	14.8	14.8	...	9.7	9.0	10.6	13.7	16.0	...	5.6	5.9	6.6	11.2	14.3	...
	Females	8.4	8.3	13.6	16.1	20.3	...	5.4	7.1	13.4	10.6	16.2	...	10.1	8.5	14.3	17.0	21.6	...	8.7	9.2	15.5	19.7	22.3	...	6.7	7.8	10.4	14.0	18.6	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a For the exact years of the surveys in each country, see table 21.

^b For 1990 the levels of schooling for which figures are given are 0 to 6 years, 7 to 9 years and 10 or more years, respectively. For 1994, however, the 0 to 5 category actually refers to between 0 and 9 years of schooling.

^c The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 24

**AVERAGE INCOMES OF THE EMPLOYED ECONOMICALLY ACTIVE POPULATION,
BY OCCUPATIONAL CATEGORY, URBAN AREAS, 1990–2004**

(In multiples of the respective per capita poverty line)

Country	Year	Total	Employers	Wage or salary earners							Own-account and unpaid family workers	
				Total	Public sector	Private sector					Total ^b	Non-professional, non-technical
						Total ^a	Professional and technical	Non-professional, non-technical				
								Establishments employing more than 5 persons	Establishments employing up to 5 persons	Domestic employment		
Argentina (Greater Buenos Aires)	1990	6.4	20.6	4.7	...	4.7	9.4	4.5	3.6	2.5	7.9	7.2
	1994	8.6	28.3	6.4	...	6.4	10.2	5.7	4.7	3.3	10.8	9.1
	1997	7.2	24.2	5.6	...	5.6	9.4	4.8	3.7	2.6	8.6	6.5
	1999	6.4	22.0	5.1	6.2	4.8	8.5	4.9	3.5	2.4	7.3	8.1
	2002	4.7	20.9	3.5	3.3	3.5	6.7	3.1	2.1	1.7	5.6	4.1
	2004	5.0	17.1	4.0	4.0	4.0	6.8	4.0	2.9	1.7	6.6	5.1
Bolivia	1989	4.2	16.2	3.9	4.1	3.5	7.7	3.5	2.6	1.6	4.1	3.8
	1994	3.5	10.3	3.2	3.9	3.0	7.3	2.7	2.0	1.0	2.5	2.2
	1997	3.6	10.1	3.9	4.6	3.6	8.8	3.2	2.2	1.1	2.5	2.3
	1999	3.4	8.2	4.1	4.7	3.7	7.4	3.8	2.4	1.8	2.3	2.2
	2002	3.2	7.3	4.0	5.2	3.7	7.7	4.0	2.4	2.0	2.0	1.9
Brazil ^c	1990	4.7	16.1	4.1	...	4.1	8.2	3.8	2.6	1.0	3.8	3.4
	1993	4.3	15.6	4.2	6.4	3.6	10.9	3.5 ^d	2.0	1.1	3.1	2.7
	1996	5.0	19.1	4.5	7.0	3.9	10.7	3.9 ^d	2.5	1.5	4.2	3.7
	1999	4.4	14.7	4.1	6.6	3.5	6.9	3.2 ^d	2.1	1.4	3.2	2.8
	2001	4.3	14.8	4.1	6.7	3.5	6.9	3.1 ^d	2.1	1.4	3.2	2.8
	2003	4.0	13.4	3.8	6.2	3.3	6.9	3.4 ^d	2.0	1.3	2.8	2.2
Chile ^e	1990	4.7	24.8	3.8	...	3.8	7.4	3.5	2.4	1.4	5.4	5.0
	1994	6.2	34.2	4.9	...	4.9	9.6	4.0	2.9	2.0	6.3	4.9
	1996	6.8	33.7	5.1	6.5	4.8	11.2	3.8	2.9	2.0	8.3	6.4
	1998	7.4	33.8	5.6	...	5.6	11.7	4.3	3.0	2.2	8.6	6.5
	2000	7.2	32.7	5.8	7.4	5.5	13.3	4.1	3.0	2.4	7.1	5.2
	2003	7.4	36.7	5.7	7.7	5.3	12.4	4.0	2.9	2.4	7.8	5.8
Colombia ^f	1991	2.9	7.4	2.7	3.9	2.5	5.3	2.4	...	1.3	2.4	2.2
	1994	3.8	13.1	3.4	5.5	3.1	7.9	2.6	...	1.7	3.4	3.0
	1997	3.8	10.9	3.6	5.7	3.2	6.9	2.7	...	1.6	3.2	2.9
	1999	3.3	9.5	3.7	6.3	3.2	6.8	2.8	...	2.1	2.2	1.9
	2002	3.0	7.2	3.6	6.4	3.1	6.3	3.0	...	1.7	1.8	1.5
Costa Rica	1990	5.2	6.8	5.4	7.3	4.4	9.0	4.3	3.2	1.5	3.7	3.4
	1994	5.7	10.8	5.5	7.8	4.6	8.4	4.4	3.6	1.6	4.4	4.0
	1997	5.6	8.4	5.8	8.2	4.8	9.0	4.8	3.2	1.8	3.8	3.6
	1999	6.0	10.4	5.9	8.8	5.1	9.7	4.8	3.6	1.7	4.4	4.0
	2002	6.5	10.2	6.8	9.5	6.0	9.7	5.9	3.7	2.0	3.7	3.1
Dominican Republic	1997	4.4	13.5	3.9	4.7	3.7	7.5	3.5	2.4	1.4	4.3	4.0
	2000	4.6	18.5	3.9	4.8	3.6	7.7	3.3	2.3	1.2	4.7	4.3
	2002	4.7	19.8	3.9	4.7	3.7	7.0	3.5	2.3	1.3	4.4	4.1
Ecuador	1990	2.8	4.8	3.2	4.1	2.8	6.0	2.9	2.3	0.8	1.9	1.9
	1994	2.9	6.6	2.8	3.5	2.5	5.2	2.6	1.9	0.9	2.2	2.0
	1997	3.0	6.0	3.0	3.9	2.7	5.7	2.9	1.8	0.9	2.2	2.1
	1999	2.9	7.6	2.8	3.8	2.6	4.5	2.9	1.7	0.9	1.8	1.8
	2002	3.5	8.7	3.4	4.7	3.1	5.0	3.4	2.1	1.5	2.6	2.4
El Salvador	1995	3.4	8.6	3.5	5.3	3.0	6.9	2.8	2.0	1.0	2.1	2.0
	1997	3.8	9.9	4.5	5.9	3.8	7.8	3.2	2.3	1.9	2.2	2.1
	1999	4.2	9.9	4.6	6.9	4.0	8.2	3.7	2.4	2.1	2.5	2.3
	2001	3.9	9.2	4.2	6.6	3.7	7.4	3.6	2.3	2.0	2.4	2.2
Guatemala	1989	3.5	17.7	3.0	4.8	2.5	5.2	2.6	1.7	1.4	3.2	2.9
	1998	3.4	15.7	3.1	4.5	2.9	5.2	3.4	2.0	0.6	2.2	2.1
	2002	2.9	7.4	3.3	5.6	3.0	5.4	3.2	1.6	1.6	1.4	1.2
Honduras	1990	2.8	16.4	3.1	4.9	2.5	6.5	2.7	1.6	0.8	1.6	1.5
	1994	2.3	7.3	2.2	3.4	2.0	4.5	1.9	1.3	0.5	1.7	1.6
	1997	2.0	6.5	2.1	2.9	1.9	4.2	1.8	1.1	0.5	1.3	1.2
	1999	2.0	5.1	2.1	2.9	1.9	3.0	2.1	1.1	0.5	1.2	1.2
	2002	2.3	5.1	2.7	4.3	2.4	5.3	2.3	1.4	0.8	1.3	1.2

Table 24 (concluded)

AVERAGE INCOMES OF THE EMPLOYED ECONOMICALLY ACTIVE POPULATION, BY OCCUPATIONAL CATEGORY, URBAN AREAS, 1990–2004 (In multiples of the respective per capita poverty line)												
Country	Year	Total	Employers	Wage or salary earners							Own-account and unpaid family workers	
				Total	Public sector	Private sector					Total ^b	Non-professional, non-technical
						Total ^a	Professional and technical	Non-professional, non-technical				
								Establishments employing more than 5 persons	Establishments employing up to 5 persons	Domestic employment		
Mexico ^g	1989	4.4	21.7	3.5	...	3.5	6.9	3.1	...	1.4	4.8	4.4
	1994	4.4	18.3	3.9	5.0	3.6	9.5	3.0	...	1.2	3.7	3.3
	1996	3.7	15.2	3.3	4.9	2.9	6.4	2.8	1.7	1.2	2.5	2.3
	1998	4.1	18.2	3.5	5.3	3.1	6.9	3.1	1.9	1.3	3.0	2.6
	2000	4.3	16.5	3.9	5.2	3.6	7.7	3.4	2.1	1.3	3.4	3.0
	2002	4.1	16.1	3.6	5.4	3.2	7.1	3.3	2.1	1.4	3.5	3.2
	2004	4.1	16.5	3.6	...	3.6	6.7	3.5	2.2	1.4	4.0	3.3
Nicaragua	1993	3.5	8.5	3.3	3.4	3.2	6.1	3.1	2.3	2.1	3.6	2.9
	1998	3.1	11.1	3.2	...	3.2	6.3	2.6	1.9	1.7	2.1	2.0
	2001	3.2	14.3	3.1	4.5	2.7	5.4	3.0	1.8	1.4	1.9	1.8
Panama	1991	5.0	11.8	5.5	7.4	4.4	9.4	4.1	2.6	1.3	2.5	2.3
	1994	5.1	17.7	5.1	7.3	4.1	9.4	3.8	2.4	1.3	3.5	3.4
	1997	5.6	15.4	5.6	8.0	4.6	10.0	4.1	2.6	1.4	3.7	3.4
	1999	5.8	11.4	6.3	8.7	5.5	11.1	4.8	2.7	2.2	3.3	3.0
	2002	6.4	13.0	7.1	9.1	6.3	9.7	6.5	5.9	2.5	3.0	2.8
Paraguay (Asunción)	1990	3.4	10.3	2.5	3.4	2.2	4.7	2.6	1.8	0.8	3.8	3.6
	1994	3.6	10.0	3.0	4.4	2.7	6.7	2.7	2.0	1.3	2.9	2.9
	1996	3.6	10.6	3.3	5.1	2.9	6.5	3.1	2.3	1.2	2.8	2.5
	1999	3.6	8.9	3.5	4.6	3.2	6.5	3.4	2.3	1.7	2.7	2.3
	2000	3.4	8.1	3.4	5.2	3.0	4.5	3.6	2.2	1.6	2.2	1.7
(Urban areas)	1994	3.3	9.6	2.8	4.3	2.5	6.6	2.6	1.9	1.2	2.5	2.5
	1996	3.3	9.7	3.1	5.1	2.6	6.3	3.0	2.1	1.1	2.5	2.3
	1999	3.3	8.8	3.3	4.8	2.9	6.7	3.1	2.1	1.6	2.2	1.9
	2000	3.1	8.6	3.1	5.2	2.6	4.5	3.3	1.9	1.4	1.8	1.5
Peru	1997	3.3	7.9	3.8	4.1	3.7	6.1	3.9	2.3	2.3	1.9	1.7
	1999	3.2	7.0	3.9	4.6	3.8	6.9	4.2	2.0	2.9	1.8	1.6
	2001	2.8	6.7	3.3	3.9	3.1	5.9	3.4	1.9	2.0	1.8	1.7
	2003	2.7	7.9	3.2	4.1	3.0	5.5	3.3	1.8	2.0	1.6	1.5
Uruguay	1990	4.3	12.0	3.7	4.0	3.6	7.6	3.7	2.5	1.5	5.1	5.1
	1994	4.8	12.3	4.6	5.3	4.2	9.6	4.5	2.9	1.7	3.9	3.5
	1997	4.9	11.5	4.8	5.9	4.5	9.8	4.6	3.0	1.8	4.0	3.5
	1999	5.4	14.1	5.3	6.7	4.9	11.2	4.9	3.2	2.1	4.1	3.6
	2002	4.3	10.6	4.4	5.8	3.9	7.9	4.3	2.6	2.0	3.1	2.4
Venezuela (Bolivarian Republic of) ^h	1990	4.5	11.9	3.7	4.0	3.6	6.6	3.6	2.5	2.1	4.5	4.3
	1994	3.8	8.9	3.2	2.7	3.4	6.7	3.4	2.0	1.9	4.1	3.8
	1997	3.6	11.2	2.6	2.9	2.5	5.8	2.4	1.7	1.4	4.2	3.9
	1999	3.5	9.2	3.2	3.7	2.9	6.4	2.9	2.0	1.4	3.2	3.0
	2002	3.3	9.9	2.9	4.5	2.4	4.8	2.5	1.7	1.2	2.9	2.8

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a For Argentina (except 1999), Brazil (1990), Chile (1990, 1994 and 1998), Mexico (1989 and 2004) and Nicaragua (1998), this includes public-sector wage or salary earners. In addition, for Bolivarian Republic of Venezuela, Chile (1996), Dominican Republic, El Salvador, Panama and Uruguay (1990), in the case of non-professional, non-technical wage earners, this includes establishments employing up to 4 persons. Where no information was available on the size of the establishments, no figures are given for the population employed in low-productivity sectors.

^b Includes own-account professional and technical workers.

^c Brazil's national household survey (PNAD) does not provide information on the size of business establishments, except in 1993, 1996 and 1999. Therefore, the figure given for Brazil in the column for establishments employing more than 5 persons includes wage earners who have an employment contract (*carteira*), while the column for establishments employing up to 5 persons includes workers who do not have such contracts.

^d Includes private-sector employees engaged in non-professional, non-technical occupations in business establishments of undeclared size.

^e Information from national socio-economic surveys (CASEN).

^f In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country.

Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.

^g Information from national household income and expenditure surveys (ENIGH).

^h The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 24.1

AVERAGE INCOMES OF THE EMPLOYED ECONOMICALLY ACTIVE MALE POPULATION, BY OCCUPATIONAL CATEGORY, URBAN AREAS, 1990–2004 (In multiples of the respective per capita poverty line)												
Country	Year	Total	Employers	Wage or salary earners							Own-account and unpaid family workers	
				Total	Public sector	Private sector					Total ^b	Non-professional, non-technical
						Total ^a	Professional and technical	Non-professional, non-technical				
								Establishments employing more than 5 persons	Establishments employing up to 5 persons	Domestic employment		
Argentina (Greater Buenos Aires)	1990	7.3	22.2	5.1	...	5.1	11.4	4.7	3.7	4.4	9.4	8.8
	1994	9.7	28.0	7.1	...	7.1	12.3	6.0	4.9	4.5	12.3	10.6
	1997	8.2	25.7	6.0	...	6.0	11.5	5.1	3.8	2.7	10.2	7.6
	1999	7.4	24.0	5.7	7.1	5.3	9.9	5.1	3.8	2.6	8.5	7.1
	2002	5.7	23.8	4.0	3.9	4.0	8.2	3.3	2.2	3.6	6.3	4.7
	2004	6.0	18.6	4.6	5.0	4.5	8.3	4.2	3.1	3.7	7.7	6.1
Bolivia	1989	5.1	17.1	4.3	4.8	4.0	9.6	3.6	2.7	4.0	5.4	4.9
	1994	4.4	10.8	4.4	4.7	3.5	8.3	2.8	2.2	1.7	3.6	3.2
	1997	4.5	10.5	4.4	5.4	4.2	9.8	3.3	2.4	1.8	3.1	2.9
	1999	4.1	7.9	4.5	5.2	4.4	8.0	4.1	2.6	1.9	3.0	2.8
	2002	4.0	7.7	4.5	5.9	4.2	8.8	4.4	2.5	2.6	2.7	2.5
Brazil ^c	1990	5.7	17.2	4.8	...	4.8	11.3	4.2	2.8	1.3	4.9	4.4
	1993	5.3	16.6	4.9	7.9	4.2	14.5	3.7 ^d	2.0	1.5	4.0	3.6
	1996	6.0	20.1	5.2	8.4	4.6	13.8	4.2 ^d	2.6	2.0	5.2	4.7
	1999	5.2	15.5	4.7	7.9	4.1	8.9	3.4 ^d	2.2	2.1	4.1	3.6
	2001	5.1	15.8	4.7	8.0	4.1	8.8	3.4 ^d	2.2	2.0	4.0	3.5
	2003	4.7	14.6	4.3	7.4	3.8	8.0	3.6 ^d	2.1	1.9	3.6	2.9
Chile ^e	1990	5.4	27.4	4.4	...	4.4	10.4	3.6	2.5	1.9	5.8	5.3
	1994	7.0	37.6	5.4	...	5.4	12.0	4.1	3.1	2.2	6.7	5.4
	1996	7.7	36.3	5.7	7.2	5.5	13.3	4.0	3.0	2.4	9.2	7.2
	1998	8.4	37.0	6.3	...	6.3	14.1	4.5	3.2	3.3	9.5	7.1
	2000	8.5	36.9	6.6	8.3	6.2	15.8	4.3	3.1	3.0	7.9	5.8
	2003	8.6	41.0	6.3	8.6	6.0	14.7	4.2	3.0	3.4	8.9	6.5
Colombia ^f	1991	3.3	7.8	3.1	4.2	2.8	6.5	2.5	...	1.5	3.0	2.7
	1994	4.4	14.5	3.6	6.1	3.3	9.8	2.6	...	1.7	4.0	3.5
	1997	4.4	11.8	4.0	6.4	3.5	8.4	2.9	...	1.6	3.9	3.4
	1999	3.8	10.2	4.0	7.1	3.4	7.9	2.9	...	2.7	2.6	2.3
	2002	3.4	7.6	3.7	6.7	3.3	6.9	3.0	...	2.2	2.2	1.9
Costa Rica	1990	5.8	7.0	6.0	7.9	5.1	9.9	4.6	3.3	1.5	4.8	4.3
	1994	6.4	11.9	6.0	8.2	5.2	9.6	4.7	3.9	2.1	5.3	4.9
	1997	6.1	8.9	6.1	8.7	5.3	9.7	5.0	3.5	2.3	5.0	4.6
	1999	6.8	11.1	6.5	9.5	5.7	10.7	5.1	3.8	2.3	5.6	5.2
	2002	7.2	10.2	7.5	10.3	6.8	10.6	6.3	3.9	2.3	4.6	4.1
Dominican Republic	1997	4.8	14.5	4.0	4.6	3.9	8.0	3.6	2.6	2.2	4.8	4.5
	2000	5.2	20.1	4.4	5.0	4.2	9.2	3.7	2.4	2.0	5.2	4.9
	2002	5.4	21.7	4.3	4.9	4.1	7.9	3.6	2.3	2.5	4.9	4.6
Ecuador	1990	3.3	4.9	3.6	4.6	3.2	8.0	3.0	2.4	1.1	2.4	2.3
	1994	3.4	7.2	3.1	3.8	2.9	6.7	2.6	2.0	1.1	2.9	2.6
	1997	3.4	6.3	3.3	4.1	3.1	6.9	2.9	1.8	1.3	2.7	2.6
	1999	3.4	8.2	3.0	4.2	2.7	4.9	2.9	1.7	1.4	2.3	2.3
	2002	4.0	9.6	3.7	5.3	3.3	6.1	3.5	2.1	1.9	3.2	3.0
El Salvador	1995	4.1	9.4	3.9	5.5	3.5	7.6	3.0	2.2	1.7	2.1	2.8
	1997	4.4	10.5	4.3	5.9	3.9	8.5	3.3	2.4	2.8	2.9	2.7
	1999	4.8	10.3	4.8	6.9	4.4	9.1	3.9	2.5	2.9	3.2	2.9
	2001	4.4	10.4	4.4	6.6	4.0	7.7	3.9	2.4	2.3	3.0	2.6
Guatemala	1989	4.0	18.6	3.3	4.8	2.8	6.2	2.7	1.8	2.6	3.9	3.6
	1998	4.3	17.2	3.6	4.9	3.4	6.3	3.7	2.2	1.2	3.1	2.9
	2002	3.6	8.3	3.7	6.1	3.4	6.6	3.5	1.7	1.7	1.8	1.5
Honduras	1990	3.4	20.3	3.3	5.1	2.9	7.3	2.8	1.7	1.6	2.4	2.2
	1994	2.7	7.8	2.5	3.8	2.2	5.2	2.0	1.3	1.6	2.1	2.0
	1997	2.5	7.1	2.2	3.3	2.0	5.3	1.9	1.1	0.8	1.8	1.7
	1999	2.4	6.7	2.3	3.1	2.1	3.8	2.3	1.2	0.8	1.7	1.6
	2002	2.6	5.3	2.9	4.9	2.6	6.1	2.5	1.4	1.2	1.6	1.5

Table 24.1 (concluded)

AVERAGE INCOMES OF THE EMPLOYED ECONOMICALLY ACTIVE MALE POPULATION, BY OCCUPATIONAL CATEGORY, URBAN AREAS, 1990–2004 (In multiples of the respective per capita poverty line)												
Country	Year	Total	Employers	Wage or salary earners							Own-account and unpaid family workers	
				Total	Public sector	Private sector					Total ^b	Non-professional, non-technical
						Total ^a	Professional and technical	Non-professional, non-technical				
								Establishments employing more than 5 persons	Establishments employing up to 5 persons	Domestic employment		
Mexico ^g	1989	5.1	23.4	3.8	...	3.8	7.8	3.3	...	2.1	6.1	5.6
	1994	5.2	19.4	4.4	5.6	4.1	11.5	3.2	...	2.0	5.0	4.4
	1996	4.3	16.0	3.6	5.3	3.3	7.7	3.1	1.8	1.9	3.4	3.1
	1998	4.9	19.2	3.9	5.9	3.5	8.2	3.4	2.1	1.9	4.3	3.6
	2000	5.2	17.1	4.3	5.6	4.1	9.3	3.7	2.3	2.1	5.2	4.7
	2002	4.9	16.5	4.0	5.8	3.6	8.3	3.6	2.3	2.0	4.9	4.5
	2004	4.9	17.9	4.0	...	4.0	8.2	3.7	2.3	2.3	5.6	4.6
Nicaragua	1993	3.8	9.4	3.6	3.9	3.5	7.4	3.1	2.4	1.3	4.1	3.2
	1998	3.7	12.0	3.5	...	3.5	7.9	2.8	2.0	3.3	2.5	2.4
	2001	3.7	14.1	3.3	5.8	2.8	6.9	3.0	1.8	1.0	2.4	2.2
Panama	1991	5.3	11.9	6.1	7.9	5.0	10.2	4.2	2.7	1.4	2.7	2.5
	1994	5.6	19.2	5.7	8.2	4.6	10.6	3.8	2.3	2.0	3.9	3.7
	1997	6.2	16.6	6.4	9.0	5.3	11.0	4.1	2.6	2.0	4.3	3.8
	1999	6.2	12.1	6.8	9.7	5.9	11.7	4.8	2.7	2.3	3.8	3.5
	2002	7.1	13.3	7.9	10.3	7.1	11.1	6.7	6.6	2.4	3.5	3.3
Paraguay (Asunción)	1990	4.2	10.4	2.9	4.0	2.6	5.8	2.6	1.9	...	4.8	4.6
	1994	4.4	10.6	3.5	5.1	3.2	8.5	2.7	2.1	2.1	3.5	3.5
	1996	4.3	11.7	3.6	5.5	3.3	7.3	3.2	2.4	2.0	3.5	3.2
	1999	4.1	8.9	3.8	4.7	3.6	7.0	3.4	2.3	1.9	3.1	2.6
	2000	3.9	7.6	3.7	5.3	3.4	5.5	3.6	2.2	1.9	3.0	2.1
(Urban areas)	1994	4.0	10.0	3.2	5.0	2.9	8.2	2.7	2.0	1.9	3.0	3.0
	1996	3.9	10.3	3.4	5.5	3.0	6.9	3.1	2.2	1.7	3.1	2.9
	1999	3.8	8.7	3.6	5.2	3.2	7.5	3.2	2.0	1.7	2.6	2.3
	2000	3.7	8.8	3.4	5.5	3.0	5.4	3.3	1.9	1.8	2.4	1.9
Peru	1997	4.0	8.5	4.2	4.6	4.1	7.0	4.3	2.5	2.7	2.5	2.3
	1999	3.9	7.9	4.3	5.4	4.1	7.0	4.5	2.1	1.8	2.3	2.1
	2001	3.4	7.1	3.7	4.3	3.5	6.8	3.6	2.0	1.8	2.2	2.0
	2003	3.4	9.0	3.7	4.6	3.4	7.2	3.4	1.9	3.6	2.0	1.9
Uruguay	1990	5.5	13.0	4.3	4.4	4.2	10.1	4.0	2.7	1.5	7.3	7.3
	1994	5.8	13.1	5.5	6.0	5.3	12.5	5.0	3.1	3.0	4.9	4.4
	1997	5.8	12.3	5.6	6.6	5.3	12.9	5.0	3.2	2.0	4.8	4.2
	1999	6.3	14.9	6.2	7.5	5.8	14.6	5.3	3.4	2.7	4.8	4.2
	2002	4.9	11.0	5.0	6.3	4.6	9.9	4.6	2.8	3.3	3.4	2.7
Venezuela (Bolivarian Republic of) ^h	1990	5.1	12.0	4.0	4.4	3.9	7.6	3.7	2.5	3.4	5.1	4.9
	1994	4.3	9.1	3.4	3.1	3.5	7.6	3.4	2.0	2.9	4.6	4.3
	1997	4.0	11.4	2.8	3.2	2.7	6.7	2.5	1.7	2.2	4.6	4.3
	1999	3.8	9.4	3.3	4.1	3.2	7.4	3.0	2.0	2.0	3.7	3.5
	2002	3.6	10.2	2.9	4.8	2.5	5.6	2.6	1.7	1.6	3.3	3.2

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a For Argentina (except 1999), Brazil (1990), Chile (1990, 1994 and 1998), Mexico (1989 and 2004) and Nicaragua (1998), this includes public-sector wage or salary earners. In addition, for Bolivarian Republic of Venezuela, Chile (1996), Dominican Republic, El Salvador, Panama and Uruguay (1990), in the case of non-professional, non-technical wage earners, this includes establishments employing up to 4 persons. Where no information was available on the size of the establishments, no figures are given for the population employed in low-productivity sectors.

^b Includes own-account professional and technical workers.

^c Brazil's national household survey (PNAD) does not provide information on the size of business establishments, except in 1993, 1996 and 1999. Therefore, the figure given for Brazil in the column for establishments employing more than 5 persons includes wage earners who have an employment contract (*carteira*), while the column for establishments employing up to 5 persons includes workers who do not have such contracts.

^d Includes private-sector employees engaged in non-professional, non-technical occupations in business establishments of undeclared size.

^e Information from national socio-economic surveys (CASEN).

^f In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country.

Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.

^g Information from national household income and expenditure surveys (ENIGH).

^h The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 24.2

AVERAGE INCOMES OF THE EMPLOYED ECONOMICALLY ACTIVE FEMALE POPULATION, BY OCCUPATIONAL CATEGORY, URBAN AREAS, 1990–2004 (In multiples of the respective per capita poverty line)												
Country	Year	Total	Employers	Wage or salary earners							Own-account and unpaid family workers	
				Total	Public sector	Private sector					Total ^b	Non-professional, non-technical
						Total ^a	Professional and technical	Non-professional, non-technical				
								Establishments employing more than 5 persons	Establishments employing up to 5 persons	Domestic employment		
Argentina (Greater Buenos Aires)	1990	4.7	13.6	3.9	...	3.9	6.6	4.0	3.4	2.0	5.8	4.5
	1994	6.7	29.4	5.4	...	5.4	7.8	6.2	4.2	3.2	8.3	6.4
	1997	5.6	19.6	4.8	...	4.8	7.3	5.8	3.4	2.5	6.2	4.7
	1999	4.8	15.0	4.4	5.5	4.0	6.8	4.3	3.0	2.1	5.3	4.3
	2002	3.3	12.4	2.8	3.0	2.7	4.8	2.6	1.8	1.7	4.2	2.7
	2004	3.6	12.4	3.1	3.2	3.1	5.1	3.4	2.4	1.6	4.7	3.3
Bolivia	1989	2.9	10.7	3.6	2.9	3.4	4.1	3.1	2.2	1.6	4.1	2.9
	1994	2.2	8.4	2.3	2.7	2.1	5.3	2.2	1.5	0.9	2.5	1.6
	1997	2.5	8.1	3.0	3.5	2.8	6.8	2.6	1.8	1.0	1.8	1.7
	1999	2.4	9.0	3.2	4.1	2.9	5.8	2.9	1.8	1.8	1.7	1.7
	2002	2.3	5.9	3.1	4.3	2.7	5.7	2.9	2.0	2.0	1.5	1.4
Brazil ^c	1990	3.1	11.1	3.1	...	3.1	5.6	2.9	2.0	0.9	2.2	1.9
	1993	2.8	11.1	3.0	4.9	2.3	5.7	2.8 ^d	1.8	1.1	1.7	1.4
	1996	3.6	15.4	3.6	5.7	3.1	7.0	3.2 ^d	2.3	1.5	2.5	2.0
	1999	3.2	12.4	3.3	5.4	2.6	5.0	2.4 ^d	1.8	1.4	2.0	1.6
	2001	3.2	11.7	3.4	5.6	2.7	5.0	2.4 ^d	1.8	1.4	2.0	1.6
	2003	3.0	10.2	3.1	5.2	2.5	5.4	2.8 ^d	2.0	1.3	1.8	1.3
Chile ^e	1990	3.4	14.3	3.0	...	3.0	4.5	3.2	2.2	1.4	4.4	4.2
	1994	4.7	26.4	3.8	...	3.8	6.5	3.5	2.6	2.0	5.8	3.8
	1996	5.1	26.4	4.1	5.5	3.9	7.8	3.6	2.8	2.0	6.4	4.4
	1998	5.6	24.9	4.7	...	4.7	8.8	3.8	2.7	2.2	6.8	5.0
	2000	5.2	18.1	4.7	6.3	4.3	9.4	3.6	2.8	2.4	5.6	3.9
	2003	5.5	25.5	4.7	6.7	4.3	9.0	3.6	2.8	2.4	5.6	4.0
Colombia ^f	1991	2.2	5.9	2.3	3.5	2.1	3.9	2.1	...	1.2	1.6	1.4
	1994	3.0	8.4	3.0	4.8	2.7	5.9	2.5	...	1.7	2.3	2.0
	1997	2.9	8.4	3.0	5.0	2.6	5.2	2.4	...	1.6	2.3	2.0
	1999	2.8	7.7	3.4	5.5	2.9	5.7	2.7	...	2.1	1.5	1.3
	2002	2.5	6.1	3.3	6.0	2.8	5.7	2.8	...	1.7	1.1	0.9
Costa Rica	1990	4.0	5.4	4.4	6.5	3.3	6.5	3.7	2.9	1.5	1.9	1.7
	1994	4.4	6.9	4.6	7.1	3.5	6.1	3.7	2.9	1.6	2.7	2.5
	1997	4.7	6.2	5.3	7.7	3.9	7.6	4.2	2.8	1.8	2.2	2.1
	1999	4.7	7.9	5.1	8.0	3.9	7.7	4.1	3.3	1.7	2.5	2.1
	2002	5.3	10.0	5.8	8.7	4.5	7.6	4.9	3.4	2.0	2.6	2.0
Dominican Republic	1997	3.6	7.7	3.7	4.7	3.4	7.0	3.5	2.0	1.4	3.3	2.9
	2000	3.6	14.4	3.3	4.6	2.9	6.1	2.7	2.1	1.1	3.5	2.9
	2002	3.7	13.9	3.5	4.4	3.2	6.0	3.2	2.2	1.1	3.2	2.9
Ecuador	1990	2.0	4.5	2.5	3.4	2.0	3.5	2.6	1.9	0.7	1.2	1.2
	1994	2.1	4.8	2.3	3.1	2.1	3.2	2.7	1.7	0.9	1.5	1.4
	1997	2.4	5.2	2.7	3.6	2.4	4.2	3.1	1.7	0.9	1.5	1.4
	1999	2.1	5.3	2.5	3.2	2.3	4.1	2.9	1.4	0.9	1.2	1.2
	2002	2.5	5.9	2.9	3.9	2.6	3.8	3.1	2.1	1.5	1.7	1.6
El Salvador	1995	2.5	5.8	3.0	4.9	2.5	5.7	2.5	1.5	0.9	1.6	1.6
	1997	3.1	8.1	4.0	6.0	3.6	6.6	3.1	2.0	1.8	1.8	1.7
	1999	3.5	8.8	4.2	6.9	3.5	6.8	3.5	2.1	2.0	2.0	2.0
	2001	3.2	6.8	4.0	6.6	3.3	7.0	3.2	2.1	1.9	2.0	2.0
Guatemala	1989	2.6	14.4	2.7	5.0	2.0	3.5	2.4	1.5	1.4	2.1	1.9
	1998	2.2	11.2	2.3	3.9	2.0	3.6	2.7	1.4	0.6	1.5	1.5
	2002	2.0	3.8	2.7	4.8	2.4	4.0	2.6	1.3	1.6	1.0	1.0
Honduras	1990	2.0	4.3	2.2	4.7	1.9	4.8	2.5	1.2	0.8	1.0	0.9
	1994	1.6	5.1	1.8	2.9	1.5	3.3	1.7	1.1	0.5	1.2	1.1
	1997	1.4	4.6	1.7	2.5	1.5	2.9	1.6	0.9	0.5	1.3	0.8
	1999	1.5	3.8	1.8	2.7	1.5	2.4	1.8	1.0	0.5	0.8	0.8
	2002	1.9	4.5	2.5	3.9	2.1	4.4	2.1	1.2	0.8	0.9	0.9

Table 24.2 (concluded)

AVERAGE INCOMES OF THE EMPLOYED ECONOMICALLY ACTIVE FEMALE POPULATION, BY OCCUPATIONAL CATEGORY, URBAN AREAS, 1990–2004 (In multiples of the respective per capita poverty line)												
Country	Year	Total	Employers	Wage or salary earners							Own-account and unpaid family workers	
				Total	Public sector	Private sector					Total ^b	Non-professional, non-technical
						Total ^a	Professional and technical	Non-professional, non-technical				
								Establishments employing more than 5 persons	Establishments employing up to 5 persons	Domestic employment		
Mexico ^g	1989	2.8	9.4	2.9	...	2.9	4.8	2.8	...	1.3	2.3	2.3
	1994	2.9	11.6	3.0	4.2	2.6	5.3	2.5	...	1.1	2.0	1.8
	1996	2.5	11.8	2.7	4.2	2.2	4.1	2.3	1.4	1.1	1.4	1.3
	1998	2.7	13.2	2.8	4.4	2.3	4.5	2.5	1.5	1.1	1.7	1.6
	2000	2.8	13.4	3.0	4.8	2.5	4.0	2.7	1.6	1.1	1.6	1.5
	2002	2.9	14.1	3.0	4.7	2.5	5.2	2.7	1.7	1.3	1.8	1.7
	2004	2.9	10.7	3.0	...	3.0	5.2	3.0	1.8	1.3	2.1	1.9
Nicaragua	1993	2.9	6.6	2.8	2.9	2.7	4.4	2.8	2.3	2.1	3.0	2.6
	1998	2.3	6.0	2.7	...	2.7	4.7	2.4	1.6	1.5	1.7	1.6
	2001	2.5	14.8	2.7	3.3	2.4	3.4	3.1	1.9	1.4	1.7	1.6
Panama	1991	4.6	11.2	4.8	6.9	3.3	7.9	4.0	2.6	1.3	2.0	1.6
	1994	4.1	12.0	4.2	6.1	3.2	7.1	3.7	2.5	1.2	2.4	2.3
	1997	4.6	10.1	4.8	6.8	3.9	8.3	4.0	2.7	1.4	2.5	2.3
	1999	5.1	8.7	5.7	7.6	4.9	9.9	4.8	2.9	2.2	2.1	1.9
	2002	5.3	11.7	6.0	7.8	5.2	8.1	6.1	4.2	2.5	1.6	1.5
Paraguay (Asunción)	1990	2.3	9.0	1.8	2.4	1.6	3.4	2.4	1.5	0.8	3.0	2.9
	1994	2.6	8.6	2.3	3.4	2.0	4.3	2.5	1.8	1.2	2.3	2.3
	1996	2.7	7.2	2.8	4.7	2.3	5.5	2.8	2.0	1.2	2.2	1.9
	1999	3.0	8.9	3.0	4.4	2.7	5.5	3.1	2.4	1.7	2.2	1.9
	2000	2.8	9.1	2.9	5.1	2.4	3.4	3.4	2.1	1.5	4.7	1.3
(Urban areas)	1994	2.4	8.5	2.2	3.4	1.9	4.2	2.4	1.7	1.2	2.0	2.0
	1996	2.4	7.5	2.6	4.6	2.0	5.3	2.7	2.0	1.1	1.9	1.7
	1999	2.7	9.3	2.8	4.3	2.5	5.6	3.0	2.2	1.6	1.8	1.6
	2000	2.4	8.2	2.8	4.8	2.2	3.4	3.3	1.9	1.4	1.3	1.2
Peru	1997	2.3	5.1	3.0	3.5	2.9	5.0	2.8	1.6	2.3	1.4	1.3
	1999	2.4	3.4	3.4	3.5	3.3	6.7	3.3	1.7	2.9	1.3	1.2
	2001	2.1	5.0	2.7	3.3	2.5	4.4	2.8	1.5	2.0	1.4	1.4
	2003	1.9	4.1	2.6	3.3	2.4	3.6	2.8	1.6	1.9	1.1	1.1
Uruguay	1990	2.7	6.9	2.7	3.4	2.5	4.8	2.8	1.9	1.5	2.1	1.8
	1994	3.4	9.9	3.4	4.4	3.1	6.4	3.4	2.5	1.7	2.7	2.2
	1997	3.7	8.3	3.8	5.0	3.4	6.7	3.8	2.6	1.8	2.9	2.3
	1999	4.1	11.5	4.2	5.6	3.8	8.0	4.0	2.8	2.1	3.1	2.4
	2002	3.5	9.2	3.6	5.1	3.1	6.2	3.7	2.2	1.9	2.5	1.8
Venezuela (Bolivarian Republic of) ^h	1990	3.3	10.8	3.2	3.6	2.9	4.9	3.3	2.4	1.7	2.9	2.7
	1994	3.0	7.5	2.8	2.3	3.2	5.6	3.3	2.0	1.5	3.1	2.6
	1997	2.8	9.4	2.4	2.6	2.2	4.5	2.2	1.6	1.2	3.4	3.0
	1999	2.9	7.9	3.0	3.3	2.8	5.4	2.6	1.9	1.3	2.5	2.3
	2002	2.8	8.6	3.0	4.3	2.2	4.0	2.3	1.6	1.2	2.3	2.2

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a For Argentina (except 1999), Brazil (1990), Chile (1990, 1994 and 1998), Mexico (1989 and 2004) and Nicaragua (1998), this includes public-sector wage or salary earners. In addition, for Bolivarian Republic of Venezuela, Chile (1996), Dominican Republic, El Salvador, Panama and Uruguay (1990), in the case of non-professional, non-technical wage earners, this includes establishments employing up to 4 persons. Where no information was available on the size of the establishments, no figures are given for the population employed in low-productivity sectors.

^b Includes own-account professional and technical workers.

^c Brazil's national household survey (PNAD) does not provide information on the size of business establishments, except in 1993, 1996 and 1999. Therefore, the figure given for Brazil in the column for establishments employing more than 5 persons includes wage earners who have an employment contract (*carteira*), while the column for establishments employing up to 5 persons includes workers who do not have such contracts.

^d Includes private-sector employees engaged in non-professional, non-technical occupations in business establishments of undeclared size.

^e Information from national socio-economic surveys (CASEN).

^f In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country.

Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.

^g Information from national household income and expenditure surveys (ENIGH).

^h The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 25

**AVERAGE INCOMES OF THE EMPLOYED ECONOMICALLY ACTIVE POPULATION,
BY OCCUPATIONAL CATEGORY, RURAL AREAS, 1990–2004**

(In multiples of the respective per capita poverty line)

Country	Year	Total	Employers	Wage or salary earners					Own-account and unpaid family workers	
				Total ^a	Public sector	Private sector			Total ^b	Agriculture
						Total	Agriculture	Other		
Bolivia	1997	1.3	10.5	3.5	3.7	3.4	3.1	3.6	0.8	0.6
	1999	0.8	3.9	3.4	4.2	3.1	2.9	3.2	0.6	0.4
	2000	1.2	5.9	3.2	3.6	3.0	2.7	3.2	1.0	0.8
	2002	1.2	4.1	3.4	4.2	3.2	3.1	3.4	0.8	0.6
Brazil	1990	2.0	9.3	2.2	...	2.2	1.4	2.9	1.5	1.3
	1993	1.8	11.6	2.2	2.9	2.1	1.7	3.4	1.3	1.2
	1996	2.0	13.5	2.8	4.0	2.6	2.0	3.8	1.3	1.1
	1999	1.8	12.4	2.6	3.8	2.4	2.1	2.8	1.0	0.8
	2001	1.7	10.6	2.3	2.8	2.2	2.1	2.4	1.0	0.9
	2003	1.7	12.7	2.3	3.3	2.2	2.0	2.5	1.0	0.9
Chile ^c	1990	4.9	39.3	3.2	...	3.2	2.8	4.3	5.2	5.2
	1994	4.6	28.9	3.8	...	3.8	3.1	5.1	4.2	3.7
	1996	4.2	24.0	3.5	5.3	3.4	2.9	4.3	4.0	3.5
	1998	5.3	32.8	3.9	...	3.9	3.2	4.9	6.3	5.3
	2000	5.3	36.8	4.2	7.0	3.9	3.5	4.5	5.6	4.8
	2003	5.7	33.6	4.5	7.9	4.3	3.6	5.5	6.3	5.3
Colombia	1991	3.1	10.7	2.9	...	2.9	3.1	2.6	2.3	1.7
	1994	2.5	5.8	2.8	...	2.8	2.9	2.6	1.9	2.3
	1997	2.7	7.0	3.1	5.0	3.0	3.2	3.0	1.8	1.8
	1999	2.9	5.6	3.9	6.4	3.7	3.5	3.9	1.8	1.9
	2002	2.9	7.9	3.8	7.6	3.4	3.8	2.9	1.8	1.9
Costa Rica	1990	5.1	9.9	5.2	8.4	4.6	4.1	4.9	4.0	3.9
	1994	5.8	11.7	5.4	8.4	4.9	4.8	5.0	5.4	6.3
	1997	5.6	9.3	5.5	9.4	4.9	4.3	5.2	4.7	4.9
	1999	6.3	11.3	6.0	10.2	5.4	4.5	5.8	5.3	5.5
	2000	6.1	8.5	6.8	10.5	6.2	6.1	6.2	3.9	2.9
	2002	6.2	9.0	7.2	11.9	6.5	7.1	6.2	3.2	2.2
Dominican Republic	1997	4.3	6.6	4.3	6.2	3.8	3.2	4.0	4.2	3.4
	2000	3.7	13.0	3.0	4.0	2.7	2.2	2.9	3.8	3.3
	2002	3.5	13.3	2.9	3.5	2.7	2.2	2.8	3.6	3.3
Ecuador	2000	2.5	8.4	2.7	4.6	2.5	2.2	2.9	2.0	1.8
El Salvador	1995	2.4	5.5	2.7	5.4	2.6	2.0	3.2	1.7	1.4
	1997	2.4	4.3	3.1	5.7	2.9	2.2	3.6	1.5	1.1
	1999	3.4	10.2	3.3	6.8	3.0	2.2	3.7	2.8	3.1
	2000	3.5	9.3	3.5	7.3	3.2	2.2	3.9	2.9	3.1
	2001	2.4	3.8	3.3	6.8	3.0	2.0	3.7	1.4	0.5
Guatemala	1989	2.5	21.1	2.3	4.9	2.1	1.8	2.7	2.4	2.1
	1998	2.6	25.3	2.3	3.9	2.2	2.0	2.5	2.1	2.1
	2002	1.7	5.7	2.3	4.4	2.2	1.8	2.6	1.0	0.8
Honduras	1990	1.7	14.7	2.2	4.9	1.8	1.4	2.7	1.3	1.3
	1994	2.0	8.6	2.1	4.1	1.8	1.6	2.1	1.8	1.8
	1997	1.7	9.0	1.6	3.4	1.4	1.3	1.7	1.4	1.5
	1999	1.8	6.1	2.0	4.4	1.7	1.4	2.0	1.4	1.4
	2002	1.4	6.3	1.9	4.7	1.7	0.9	2.9	1.1	1.0
Mexico ^d	1989	3.0	9.3	2.7	...	2.7	1.8	3.5	3.0	2.6
	1994	2.7	9.7	2.6	5.1	2.3	1.7	2.7	2.2	1.8
	1996	2.3	7.1	2.4	4.9	2.0	1.5	2.3	1.6	1.3
	1998	2.6	8.7	2.9	5.2	2.5	1.8	2.9	1.8	1.6
	2000	3.2	14.9	2.9	5.8	2.5	1.8	3.0	2.3	1.5
	2002	3.0	10.1	3.2	5.8	2.7	1.8	3.2	2.2	1.5
	2004	3.3	9.2	3.4	...	3.4	1.9	4.0	2.6	1.7

Table 25 (concluded)

AVERAGE INCOMES OF THE EMPLOYED ECONOMICALLY ACTIVE POPULATION, BY OCCUPATIONAL CATEGORY, RURAL AREAS, 1990–2004 (In multiples of the respective per capita poverty line)										
Country	Year	Total	Employers	Wage or salary earners					Own-account and unpaid family workers	
				Total ^a	Public sector	Private sector			Total ^b	Agriculture
						Total	Agriculture	Other		
Nicaragua	1993	2.2	4.8	2.7	3.0	2.6	2.1	3.2	1.9	1.4
	1998	2.1	8.8	2.8	...	2.8	2.1	3.5	1.1	0.8
	2001	1.9	4.6	2.6	3.3	2.5	2.0	3.2	1.1	0.8
Panama	1991	3.4	10.8	5.2	7.7	4.0	4.1	3.8	1.9	1.9
	1994	3.5	13.8	4.1	6.7	3.2	3.3	3.2	2.2	1.6
	1997	4.0	16.4	4.5	8.1	3.3	3.1	4.0	3.1	2.3
	1999	4.2	15.4	5.1	9.7	3.8	3.0	4.4	3.8	2.3
	2002	4.5	12.8	8.1	8.8	7.9	9.4	6.7	1.8	1.5
Paraguay	1999	2.2	17.2	2.9	5.3	2.5	1.8	2.7	1.3	1.1
	2000	1.8	9.4	2.8	5.3	2.6	1.9	3.0	1.0	0.8
Peru	1997	1.6	4.3	2.8	3.8	2.5	2.1	3.3	1.0	0.9
	1999	1.4	3.3	2.2	3.8	1.9	1.9	3.3	0.9	0.8
	2001	1.2	2.8	2.4	3.8	2.0	1.8	2.4	0.8	0.6
	2003	1.0	2.0	2.3	3.1	2.0	1.8	2.4	0.7	0.6
Venezuela (Bolivarian Rep. of)	1990	3.8	9.5	3.3	4.3	3.1	2.6	3.9	3.5	2.9
	1994	3.4	7.2	2.9	4.3	2.6	2.1	3.1	3.4	3.2

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a Includes domestic employees. For Brazil (1990), Chile (1990, 1994 and 1998), Colombia (1991 and 1994), Mexico (1989 and 2004) and Nicaragua (1998), this includes public-sector wage or salary earners.
- ^b Includes wage or salary earners in all sectors of activity.
- ^c Information from national socio-economic surveys (CASEN).
- ^d Information from national household income and expenditure surveys (ENIGH).

Table 26

RATIO OF AVERAGE FEMALE INCOME TO AVERAGE MALE INCOME, BY AGE GROUP, URBAN AREAS, 1990–2004 (Percentages)													
Country	Year	Earned income ratio, by age group ^a						Wage ratio, by age group ^b					
		Total	15–24	25–34	35–44	45–54	55 and more	Total	15–24	25–34	35–44	45–54	55 and more
Argentina (Greater Buenos Aires)	1990	65	87	77	61	59	51	76	94	82	72	72	54
	1994	71	87	88	64	72	50	76	94	80	69	73	61
	1997	70	95	83	66	67	49	79	98	92	77	63	66
	1999	65	94	76	64	58	54	79	95	84	69	78	73
	2002	59	89	73	60	54	43	71	82	79	71	61	54
	2004	61	86	69	62	57	48	68	86	72	66	67	50
Bolivia	1989	59	71	65	54	54	62	60	74	68	60	54	44
	1994	54	61	61	58	44	40	61	60	71	68	56	40
	1997	60	60	67	72	47	40	69	65	74	85	64	39
	1999	63	72	70	55	67	54	72	81	85	63	72	63
	2002	61	80	68	56	53	44	77	83	90	69	66	43
Brazil	1990	56	73	64	54	47	35	65	77	71	63	57	52
	1993	56	74	66	53	43	48	61	77	68	56	46	54
	1996	62	77	67	62	51	54	68	80	72	65	56	60
	1999	64	80	71	62	57	54	70	83	75	66	58	59
	2001	66	84	74	64	59	52	86	100	91	81	79	79
	2003	66	86	76	63	58	51	87	100	92	79	78	80
Chile	1990	61	81	67	60	56	52	66	86	72	63	54	61
	1994	67	81	84	71	56	54	70	84	78	67	64	56
	1996	67	86	82	60	64	57	73	93	82	67	62	67
	1998	66	90	77	69	59	54	74	93	83	69	67	69
	2000	61	87	79	59	50	56	72	91	82	68	64	67
	2003	64	90	79	65	55	55	83	99	92	82	74	92
Colombia ^c	1991	68	88	77	64	56	55	77	87	79	73	75	74
	1994	68	97	80	69	52	48	83	104	90	82	67	57
	1997	79	90	95	83	60	58	77	92	85	73	64	60
	1999	75	101	86	69	68	55	83	101	94	76	75	66
	2002	77	99	83	73	73	58	99	108	101	90	97	104
	Costa Rica	1990	72	86	75	66	60	61	74	87	78	66	62	81
1994		69	82	76	64	60	55	75	84	79	70	65	77
1997		78	99	79	73	74	51	87	102	87	79	87	55
1999		70	87	75	67	64	59	78	89	79	75	72	70
2002		75	86	78	69	68	70	85	98	85	79	86	95
Dominican Republic		1997	75	95	77	76	51	69	90	97	87	90	84	67
	2000	69	84	76	67	58	53	84	106	90	71	85	52
	2002	68	87	70	66	60	59	89	101	84	93	71	111
Ecuador	1990	66	80	70	61	60	64	67	78	73	63	63	60
	1994	67	77	73	65	57	58	76	81	82	76	65	72
	1997	75	90	84	70	64	67	83	94	90	77	75	62
	1999	67	99	82	61	51	55	83	99	93	78	69	52
	2002	67	83	77	66	55	50	87	95	96	89	69	70
El Salvador	1995	63	76	70	58	52	47	79	80	81	72	85	61
	1997	72	97	74	69	64	53	88	100	85	85	91	73
	1999	75	84	79	71	67	60	88	87	93	84	86	70
	2001	73	87	79	73	62	51	100	95	100	92	104	100
	Guatemala	1998	55	87	74	51	34	39	70	85	73	67	71	48
2002		58	78	62	54	42	45	80	88	81	79	65	73
Honduras	1990	59	77	68	51	56	43	78	81	80	70	89	103
	1994	63	80	72	69	47	43	73	82	80	82	67	32
	1997	60	81	72	58	47	37	77	86	78	74	70	72
	1999	65	78	65	68	51	52	78	80	76	82	69	86
	2002	76	86	78	70	71	63	95	102	90	86	98	103

Table 26 (concluded)

RATIO OF AVERAGE FEMALE INCOME TO AVERAGE MALE INCOME, BY AGE GROUP, URBAN AREAS, 1990–2004 (Percentages)													
Country	Year	Earned income ratio, by age group ^a					Wage ratio, by age group ^b						
		Total	15–24	25–34	35–44	45–54	55 and more	Total	15–24	25–34	35–44	45–54	55 and more
Mexico	1989	55	71	63	52	46	48	73	86	78	69	59	82
	1994	57	83	65	57	45	46	68	91	74	78	49	49
	1996	59	83	61	62	45	52	73	90	73	66	72	84
	1998	57	84	71	51	54	40	72	89	79	68	63	72
	2000	58	79	76	53	42	58	72	83	92	65	83	82
	2002	63	83	67	63	59	43	76	87	78	74	72	64
	2004	63	89	72	61	59	42	78	92	84	71	84	56
Nicaragua	1993	77	107	87	62	64	67	77	90	88	54	64	95
	1998	65	92	73	60	47	43	77	103	77	73	56	47
	2001	69	87	85	72	34	85	82	94	91	74	66	67
Panama	1991	80	76	90	83	73	74	80	71	89	86	74	67
	1994	71	81	77	73	58	54	75	80	86	73	63	52
	1997	74	82	81	71	73	52	76	81	87	73	73	50
	1999	83	101	90	79	79	61	94	122	96	86	85	76
	2002	76	76	86	77	70	57	85	83	92	80	79	83
Paraguay (Asunción)	1990	55	63	68	52	50	60	63	66	72	58	63	77
	1994	60	73	71	58	68	33	64	77	71	58	70	47
	1996	64	76	66	71	48	56	76	76	74	82	72	93
	1999	71	96	84	67	69	44	79	102	92	70	62	69
	2000	70	86	76	70	55	71	95	102	104	101	81	44
Peru	1997	60	80	67	58	49	41	73	89	79	79	67	48
	1999	63	95	83	63	47	32	78	99	94	86	61	40
	2001	67	91	75	59	59	56	80	92	90	74	63	72
	2003	61	93	76	65	41	33	78	92	91	87	46	52
Uruguay	1990	45	63	60	46	37	30	64	79	73	61	59	49
	1994	61	76	65	58	56	51	63	76	66	59	60	51
	1997	65	79	72	63	59	55	67	79	71	64	60	55
	1999	67	79	77	63	65	55	68	79	75	61	66	53
	2002	72	87	79	68	69	61	71	85	78	67	64	62
Venezuela (Bolivarian Republic of) ^d	1990	66	80	72	64	57	48	79	86	82	74	68	66
	1994	70	96	77	64	56	57	83	106	84	75	67	69
	1997	69	84	77	62	60	55	83	92	87	77	73	65
	1999	74	92	76	71	65	57	91	99	91	85	79	91
	2002	76	86	80	74	70	58	99	96	97	97	94	90

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Income differential among the entire employed population. This differential is calculated as the quotient of average female income and average male income, multiplied by 100.

^b Income differential among wage or salary earners. This differential is calculated as the quotient of average female income and average male income, multiplied by 100.

^c In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country.

Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.

^d The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 27

RATIO OF AVERAGE FEMALE INCOME TO AVERAGE MALE INCOME, BY YEARS OF SCHOOLING, URBAN AREAS, 1990–2004 (Percentages)													
Country	Year	Earned income ratio, by years of schooling ^a						Wage ratio, by years of schooling ^b					
		Total	0–3	4–6	7–9	10–12	13 and over	Total	0–3	4–6	7–9	10–12	13 and over
Argentina ^c (Greater Buenos Aires)	1990	65	...	66	...	63	51	76	...	73	...	68	62
	1994	71	...	62	65	65	63	76	...	...	...	...	...
	1997	70	73	66	67	69	55	79	60	57	69	76	64
	1999	65	64	82	58	63	51	79	63	72	58	77	66
	2002	59	62	81	55	61	46	71	76	68	55	67	60
	2004	61	52	52	48	60	56	68	51	53	50	69	65
Bolivia	1989	59	62	67	76	77	46	60	40	49	69	85	49
	1994	54	60	58	67	65	54	61	44	48	56	70	60
	1997	60	59	66	53	75	57	69	61	46	48	79	60
	1999	63	63	64	66	71	66	72	55	59	42	82	65
	2002	61	61	67	75	66	60	77	39	83	95	74	60
Brazil	1990	56	46	46	50	49	49	65	56	51	57	53	52
	1993	56	49	46	49	51	46	61	56	51	56	55	45
	1996	62	57	52	53	53	53	68	65	57	57	57	56
	1999	64	58	51	55	55	56	70	65	58	59	60	57
	2001	66	58	54	55	56	54	86	76	71	70	64	57
	2003	66	59	54	55	57	55	87	78	71	70	67	57
Chile	1990	61	56	58	69	62	49	66	64	49	66	69	55
	1994	67	93	70	69	69	54	70	83	68	66	72	58
	1996	67	83	65	70	70	53	73	74	68	74	73	60
	1998	66	71	63	65	71	54	74	72	64	71	75	63
	2000	61	75	71	68	68	48	72	82	73	73	74	60
	2003	64	68	68	64	69	53	83	77	80	73	81	64
Colombia ^d	1991	68	57	60	70	72	64	77	71	70	78	78	68
	1994	68	59	68	65	71	57	83	80	81	83	86	66
	1997	79	69	65	108	88	61	77	74	74	71	78	67
	1999	75	66	71	75	73	70	83	79	86	84	81	74
	2002	77	61	68	70	72	73	99	83	88	87	84	79
Costa Rica	1990	72	53	62	65	73	67	74	58	66	67	76	66
	1994	69	61	55	58	64	70	75	61	63	68	67	75
	1997	78	61	58	61	77	75	87	66	67	70	83	77
	1999	70	49	62	57	65	68	78	59	68	66	73	71
	2002	75	62	56	60	72	72	85	74	71	74	79	69
Dominican Republic	1997	75	57	60	60	75	66	90	67	71	67	95	75
	2000	69	56	53	65	61	60	84	77	74	76	70	65
	2002	68	53	54	60	66	62	89	79	64	73	82	78
Ecuador	1990	66	49	57	68	79	57	67	42	47	70	77	56
	1994	67	60	61	70	72	59	76	56	59	68	83	66
	1997	75	57	60	61	87	70	83	64	61	63	92	72
	1999	67	63	62	62	71	60	83	55	60	68	87	71
	2002	67	73	69	66	70	57	87	96	90	78	80	64
El Salvador	1995	63	61	56	63	69	65	79	59	56	67	83	72
	1997	72	77	67	76	80	66	88	80	73	85	92	71
	1999	75	73	75	78	80	71	88	79	79	81	88	73
	2001	73	80	69	69	82	69	100	82	78	81	92	78
Guatemala	1998	55	61	52	59	56	53	70	56	58	66	71	61
	2002	58	57	61	65	62	58	80	82	71	81	71	68
Honduras	1990	59	47	50	58	69	54	78	55	55	66	82	63
	1994	63	60	65	66	67	56	73	57	70	80	74	63
	1997	60	52	56	58	66	54	77	60	69	76	76	59
	1999	65	60	62	59	66	66	78	67	68	60	76	74
	2002	76	66	69	67	77	65	95	87	84	81	83	64

Table 27 (concluded)

RATIO OF AVERAGE FEMALE INCOME TO AVERAGE MALE INCOME, BY YEARS OF SCHOOLING, URBAN AREAS, 1990–2004 (Percentages)													
Country	Year	Earned income ratio, by years of schooling ^a					Wage ratio, by years of schooling ^b						
		Total	0–3	4–6	7–9	10–12	13 and over	Total	0–3	4–6	7–9	10–12	13 and over
Mexico ^e	1989	55	61	50	70	62	46	73	71	68	83	78	63
	1994	57	...	58	65	70	48	68	...	59	78	76	56
	1996	59	56	67	71	63	49	73	67	69	81	76	63
	1998	57	72	56	65	63	47	72	61	65	75	78	56
	2000	58	67	59	55	72	49	72	67	61	63	84	60
	2002	63	57	59	61	64	62	76	63	70	68	79	70
	2004	63	59	59	69	74	52	78	66	67	80	81	64
Nicaragua	1993	77	95	73	71	91	58	77	86	76	72	77	65
	1998	65	68	80	67	52	53	77	72	75	64	57	67
	2001	69	85	76	60	80	52	82	76	82	66	75	62
Panama	1991	80	45	55	67	80	72	80	45	52	66	78	76
	1994	71	51	52	60	68	61	75	57	53	62	76	62
	1997	74	58	54	58	69	62	76	49	55	65	75	63
	1999	83	57	60	66	75	71	94	80	78	75	82	70
	2002	76	65	48	55	80	67	85	64	52	67	83	68
Paraguay (Asunción)	1990	55	69	55	60	65	42	63	51	50	58	72	58
	1994	60	64	59	66	67	52	64	64	59	66	75	51
	1996	64	69	62	55	67	58	76	56	61	60	81	70
	1999	71	62	76	62	74	63	79	72	75	61	86	67
	2000	70	59	63	78	74	69	95	59	66	97	97	68
Peru	1997	60	69	66	61	71	53	73	79	69	62	80	65
	1999	63	65	65	...	67	62	78	78	80	...	69	72
	2001	67	80	82	72	71	63	80	52	75	74	75	67
	2003	61	63	68	72	65	56	78	73	66	59	72	65
Uruguay	1990	45	50	41	40	42	37	64	52	57	63	59	57
	1994	61	59	55	55	56	50	63	57	54	59	59	51
	1997	65	54	57	60	58	56	67	51	57	62	62	57
	1999	67	61	58	61	62	56	68	54	56	63	65	58
	2002	72	76	65	62	66	60	71	61	60	62	68	61
Venezuela (Bolivarian Republic of) ^f	1990	66	62	58	68	61	62	79	73	68	77	78	71
	1994	70	68	62	70	63	67	84	83	75	90	71	76
	1997	69	71	61	64	60	63	83	74	73	71	75	70
	1999	74	71	65	66	63	66	91	83	73	75	77	74
	2002	76	67	67	65	70	69	99	84	80	80	79	85

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Income differential among the entire employed population. This differential is calculated as the quotient of average female income and average male income, multiplied by 100.

^b Income differential among wage or salary earners. This differential is calculated as the quotient of average female income and average male income, multiplied by 100.

^c For Argentina the categories of schooling considered are 0–6 years, 7–9 years and 10 years and over.

^d In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country.

^e Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.

^f Except in 1990, the categories of schooling considered for Mexico are 0–5 years, 6–9 years, 10–12 years and 13 years and over.

^f The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 28

AVERAGE INCOMES OF THE URBAN POPULATION EMPLOYED IN LOW-PRODUCTIVITY SECTORS OF THE LABOUR MARKET, 1990–2004 (In multiples of the respective per capita poverty line)										
Country	Year	Total	Microenterprises ^a				Unskilled self-employed workers ^b			Domestic employment
			Employers	Wage or salary earners			Total ^c	Manufacturing and construction	Commerce and services	
				Total	Professional and technical	Non-professional, non-technical				
Argentina (Greater Buenos Aires)	1990	6.6	18.4	3.7	7.6	3.6	7.2	7.0	7.4	2.5
	1994	8.3	24.8	5.0	7.7	4.7	9.1	8.8	9.2	3.3
	1997	6.5	23.1	3.9	6.0	3.7	6.5	6.6	6.4	2.6
	1999	5.7	19.7	3.8	6.1	3.5	8.1	5.7	6.2	2.4
	2002	4.0	15.1	2.4	6.4	2.1	4.1	3.7	4.4	1.7
	2004	4.4	16.0	3.0	4.2	2.9	5.2	4.4	5.6	1.7
Bolivia	1989	3.6	11.8	2.8	4.5	2.6	3.9	3.3	4.0	1.6
	1994	2.7	8.1	2.4	3.6	2.0	2.2	2.0	2.3	1.0
	1997	2.6	7.1	2.5	5.7	2.2	2.2	2.1	2.6	1.1
	1999	2.5	7.1	2.6	5.0	2.4	2.2	1.9	2.4	1.8
	2002	2.2	5.4	2.4	3.3	2.4	1.8	1.6	2.1	2.0
Brazil ^d	1990	4.1	...	3.6	7.6	2.6	3.4	3.3	3.6	1.0
	1993	2.6	11.3	2.2	5.1	2.0	2.7	2.6	3.4	1.1
	1996	3.4	14.0	2.7	5.9	2.5	3.7	3.5	4.5	1.5
	1999	3.0	10.3	2.4	3.6	2.1	2.8	2.7	3.5	1.4
	2001	2.8	10.6	2.4	3.6	2.1	2.8	2.6	3.4	1.4
	2003	2.4	9.5	2.1	3.7	2.0	2.3	2.4	2.7	1.3
Chile ^e	1990	3.8	18.8	2.6	4.8	2.4	4.7	3.9	5.1	1.4
	1994	4.3	17.4	3.2	6.8	2.9	4.6	4.6	4.6	2.0
	1996	5.6	22.3	3.4	7.9	2.9	6.0	5.5	6.1	2.0
	1998	5.9	24.0	3.4	7.1	3.0	5.9	5.5	6.2	2.2
	2000	5.3	21.8	3.6	8.2	3.0	5.2	5.1	5.4	2.4
	2003	5.8	24.2	3.3	7.3	2.9	5.8	5.6	5.9	2.4
Colombia ^f	1991	...	...	...	...	...	2.2	2.0	2.3	1.3
	1994	...	...	...	...	...	2.9	2.6	2.9	1.7
	1997	...	...	...	...	...	2.8	2.4	2.8	1.6
	1999	...	...	...	...	...	1.9	1.6	1.9	2.1
	2002	...	...	...	...	...	1.4	1.2	1.5	1.7
Costa Rica	1990	3.7	6.5	3.5	6.7	3.2	3.4	2.9	3.6	1.5
	1994	4.3	9.2	3.8	6.3	3.5	4.0	2.9	4.2	1.6
	1997	3.9	7.4	3.3	4.9	3.2	3.6	3.3	3.7	1.8
	1999	4.5	9.3	4.0	7.0	3.6	4.0	3.6	4.1	1.7
	2002	4.3	6.5	4.1	6.9	3.7	3.1	3.2	3.1	2.0
Dominican Republic	1997	3.8	9.9	2.6	5.1	2.4	4.0	4.2	4.1	1.4
	2000	4.1	14.3	2.8	8.5	2.3	4.3	4.6	4.3	1.2
	2002	4.0	14.5	2.4	4.0	2.3	4.1	4.4	4.2	1.3
Ecuador	1990	2.0	4.0	2.3	3.4	2.3	1.8	1.7	1.9	0.8
	1994	2.4	6.1	2.0	3.9	1.9	2.0	1.8	2.1	0.9
	1997	2.3	5.5	2.0	5.0	1.8	2.1	1.8	2.2	0.9
	1999	1.9	6.0	1.8	2.6	1.7	1.8	1.6	1.9	0.9
	2002	2.6	6.2	2.2	3.4	2.1	2.4	2.2	2.5	1.5
El Salvador	1995	2.4	6.8	2.0	3.1	2.0	2.0	1.6	2.4	1.0
	1997	2.6	7.3	2.5	6.4	2.3	2.1	2.0	2.4	1.9
	1999	2.9	8.8	2.5	4.4	2.4	2.4	1.7	2.6	2.1
	2001	2.7	7.4	2.4	3.4	2.3	2.2	1.6	2.6	2.0
Guatemala	1989	2.8	13.1	1.8	3.9	1.7	2.8	2.4	3.5	1.4
	1998	2.5	9.9	2.2	3.5	2.0	2.1	1.6	2.4	0.6
	2002	1.7	5.4	1.7	3.9	1.6	1.2	1.1	1.4	1.6
Honduras	1990	1.6	7.6	1.7	3.9	1.6	1.5	1.1	1.6	0.8
	1994	1.6	4.8	1.4	2.5	1.3	1.6	1.1	1.7	0.5
	1997	1.5	4.7	1.2	2.6	1.1	1.2	1.0	1.3	0.5
	1999	1.5	4.4	1.1	1.7	1.1	1.2	1.1	1.3	0.5
	2002	1.5	4.4	1.6	3.5	1.4	1.2	1.0	1.4	0.8

Table 28 (concluded)

AVERAGE INCOMES OF THE URBAN POPULATION EMPLOYED IN LOW-PRODUCTIVITY SECTORS OF THE LABOUR MARKET, 1990–2004 (In multiples of the respective per capita poverty line)										
Country	Year	Total	Microenterprises ^a				Unskilled self-employed workers ^b			Domestic employment
			Employers	Wage or salary earners			Total ^c	Manufacturing and construction	Commerce and services	
				Total	Professional and technical	Non-professional, non-technical				
Mexico ^g	1989	...	15.5	...	...	...	3.8	3.5	5.2	1.4
	1994	...	13.8	...	...	...	3.3	2.7	3.6	1.2
	1996	3.2	13.7	1.8	2.9	1.7	2.3	1.9	2.4	1.2
	1998	3.1	11.7	2.1	4.7	1.9	2.6	2.1	2.7	1.3
	2000	3.5	12.9	2.2	3.5	2.1	3.0	2.7	3.2	1.3
	2002	3.3	12.6	2.3	5.3	2.1	3.2	2.9	3.3	1.4
	2004	3.1	12.7	2.5	4.7	2.2	3.2	3.2	3.3	1.4
Nicaragua	1993	3.0	8.8	2.6	4.8	2.3	2.9	2.7	3.3	2.1
	1998	2.3	6.9	2.2	5.2	1.9	2.0	2.1	2.1	1.7
	2001	2.1	6.1	1.9	3.4	1.8	1.8	1.5	2.1	1.4
Panama	1991	2.5	7.7	3.1	7.4	2.6	2.3	2.5	3.0	1.3
	1994	3.3	11.4	2.6	6.4	2.4	3.4	3.7	4.2	1.3
	1997	3.4	11.6	2.9	5.1	2.6	3.4	3.7	3.9	1.4
	1999	3.4	10.6	3.2	7.8	2.7	3.0	3.1	3.4	2.2
	2002	4.0	9.7	6.1	8.2	5.9	2.8	2.7	2.8	2.5
Paraguay (Asunción)	1990	3.1	8.2	1.9	3.8	1.8	3.6	2.4	4.1	0.8
	1994	3.0	8.7	2.3	4.9	2.0	2.4	2.0	2.6	1.3
	1996	2.5	7.2	2.3	3.3	2.3	2.5	2.1	2.7	1.2
	1999	2.6	6.2	2.5	4.1	2.3	2.2	2.2	2.3	1.7
	2000	2.3	6.4	2.3	3.1	2.2	1.7	1.6	1.7	1.6
(Urban areas)	1994	2.7	8.3	2.1	4.7	1.9	2.3	1.9	2.4	1.2
	1996	2.4	6.8	2.2	3.7	2.1	2.3	2.2	2.5	1.1
	1999	2.3	5.7	2.2	3.8	2.1	2.0	1.9	2.1	1.6
	2000	2.1	6.2	2.0	3.1	1.9	1.5	1.4	1.6	1.4
Peru	1997	2.4	6.5	2.4	3.6	2.3	1.8	1.6	1.9	2.3
	1999	2.1	4.5	2.2	3.9	2.0	1.6	1.4	1.7	2.9
	2001	2.0	5.5	2.0	3.0	1.9	1.7	1.6	1.9	2.0
	2003	1.8	5.4	1.8	2.1	1.8	1.5	1.6	1.7	2.0
Uruguay	1990	3.8	8.9	2.6	4.8	2.5	5.1	2.1	3.0	1.5
	1994	3.5	10.5	3.0	4.6	2.9	3.5	2.8	3.9	1.7
	1997	3.5	9.8	3.1	4.2	3.0	3.5	2.8	3.8	1.8
	1999	3.7	11.6	3.3	5.4	3.2	3.6	3.1	3.9	2.1
	2002	2.4	8.8	2.7	4.2	2.6	2.4	2.1	2.5	2.0
Venezuela (Bolivarian Republic of) ^h	1990	4.2	9.5	2.5	3.5	2.5	4.3	4.0	4.5	2.1
	1994	3.6	7.5	2.2	6.0	2.0	3.8	3.5	4.0	1.9
	1997	3.6	9.4	1.8	2.9	1.7	3.8	4.0	4.2	1.4
	1999	3.1	7.6	2.1	4.0	2.0	3.1	3.3	3.1	1.4
	2002	2.9	8.7	1.7	2.6	1.7	2.8	3.3	2.9	1.2

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Refers to establishments employing up to 5 persons. In the cases of Bolivarian Republic of Venezuela, Chile (1996), Dominican Republic, El Salvador, Panama and Uruguay (1990), includes establishments employing up to 4 persons. Where no information was available on the size of the establishments, no figures are given for the population employed in low-productivity sectors.

^b Refers to own-account workers and unpaid family workers without professional or technical skills.

^c Includes persons employed in agriculture, forestry, hunting and fishing.

^d In 1990 wage earners without a contract of employment were included in the "microenterprises" category.

^e Information from national socio-economic surveys (CASEN).

^f In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.

^g Information from national household income and expenditure surveys (ENIGH).

^h The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 28.1

AVERAGE INCOMES OF THE URBAN MALE POPULATION EMPLOYED IN LOW-PRODUCTIVITY SECTORS OF THE LABOUR MARKET, 1990–2004 (In multiples of the respective per capita poverty line)										
Country	Year	Total	Microenterprises ^a				Unskilled self-employed workers ^b			Domestic employment
			Employers	Wage or salary earners			Total ^c	Manufacturing and construction	Commerce and services	
				Total	Professional and technical	Non-professional, non-technical				
Argentina (Greater Buenos Aires)	1990	8.3	19.9	3.8	8.9	3.7	8.8	7.3	9.6	4.4
	1994	10.1	25.2	5.2	9.4	4.9	10.6	9.3	11.4	4.5
	1997	7.7	23.8	4.0	6.5	3.8	7.6	7.3	7.8	2.7
	1999	7.3	21.7	4.0	7.9	3.8	7.1	6.1	7.8	3.1
	2002	4.8	16.7	2.6	10.0	2.2	4.7	4.1	5.1	3.6
	2004	5.7	16.9	3.2	4.9	3.1	6.1	5.2	6.8	3.7
Bolivia	1989	4.6	12.9	2.9	5.4	2.7	4.9	3.6	5.6	4.0
	1994	3.6	8.2	2.3	4.3	2.2	3.2	2.5	3.6	1.7
	1997	3.3	7.3	2.6	5.3	2.4	2.9	2.6	3.8	1.8
	1999	2.9	6.0	2.8	5.0	2.6	2.8	2.6	3.2	1.9
	2002	2.7	5.4	2.5	3.7	2.5	2.5	2.0	3.2	2.6
Brazil ^d	1990	4.0	...	3.7	11.6	2.8	4.4	3.5	5.2	1.3
	1993	3.7	12.0	2.2	6.6	2.0	3.5	2.8	4.6	1.5
	1996	4.7	14.4	2.8	7.3	2.6	4.7	3.8	6.0	2.0
	1999	3.8	10.4	2.5	5.0	2.2	3.6	3.0	4.5	2.1
	2002	3.6	11.0	2.4	4.3	2.2	3.5	2.8	4.5	2.0
	2003	3.1	9.9	2.3	4.3	2.1	2.8	2.8	3.5	1.9
Chile ^e	1990	5.0	21.5	2.8	6.7	2.5	5.2	4.3	5.7	1.9
	1994	5.2	17.5	3.4	8.9	3.0	5.2	5.1	5.4	2.2
	1996	7.0	23.1	3.6	9.1	3.0	7.0	6.4	7.3	2.1
	1998	7.6	27.1	3.6	8.1	3.2	7.0	6.2	7.4	3.0
	2000	7.2	24.5	3.7	9.4	3.1	5.8	5.6	6.2	3.0
	2003	7.5	26.8	3.6	9.6	3.0	6.5	6.2	6.8	3.4
Colombia ^f	1991	...	...	...	...	...	2.8	2.4	2.9	1.5
	1994	...	...	...	...	...	3.5	3.0	3.5	1.7
	1997	...	...	...	...	...	3.4	2.6	3.5	1.6
	1999	...	...	...	...	...	2.4	1.9	2.4	2.7
	2002	...	...	...	...	...	1.9	1.5	2.0	2.2
Costa Rica	1990	4.5	6.8	3.6	8.0	3.3	4.3	3.9	4.5	1.5
	1994	5.4	9.9	4.3	7.4	3.9	4.8	3.7	4.9	2.1
	1997	4.7	7.9	3.7	5.7	3.5	4.5	3.9	4.9	2.3
	1999	5.7	10.1	4.2	8.0	3.8	5.2	4.6	5.5	2.3
	2002	5.2	8.6	4.4	7.7	3.9	4.0	3.7	4.4	2.3
Dominican Republic	1997	4.4	10.8	2.7	4.8	2.6	4.7	4.6	4.8	2.2
	2000	4.9	15.0	3.0	8.6	2.4	4.9	5.0	5.0	2.0
	2002	4.9	14.8	2.4	3.2	2.3	4.6	4.6	5.0	2.5
Ecuador	1990	2.5	3.9	2.4	4.0	2.4	2.3	1.9	2.5	1.1
	1994	3.0	6.6	2.2	5.3	2.0	2.6	2.2	2.8	1.1
	1997	2.9	5.6	2.0	7.9	1.8	2.6	2.3	2.8	1.3
	1999	2.8	6.4	1.8	2.9	1.7	2.3	2.1	2.5	1.4
	2002	3.1	6.5	2.2	3.8	2.1	3.0	2.7	3.2	1.9
El Salvador	1995	3.2	7.4	2.2	3.4	2.2	2.8	2.2	3.8	1.7
	1997	3.3	7.9	2.5	5.8	2.4	3.2	2.7	3.5	2.8
	1999	3.5	9.3	2.6	4.5	2.5	2.9	2.4	3.4	2.9
	2001	3.1	7.9	2.5	3.9	2.4	2.6	2.2	3.4	2.3
Guatemala	1989	3.5	13.7	1.9	4.9	1.8	3.6	3.4	5.4	2.6
	1998	3.3	11.3	2.4	4.0	2.2	2.8	2.5	3.7	1.2
	2002	3.1	6.0	1.8	3.9	1.7	1.5	1.6	2.0	1.7
Honduras	1990	2.2	9.4	1.8	4.1	1.7	2.2	1.7	2.4	1.6
	1994	2.1	5.1	1.4	2.5	1.3	2.0	1.6	2.3	1.6
	1997	1.9	5.0	1.1	2.2	1.1	1.7	1.6	1.8	0.8
	1999	1.9	4.7	1.2	1.4	1.2	1.6	2.1	1.8	0.8
	2002	1.8	4.6	1.6	4.4	1.4	1.5	1.5	1.8	1.2

Table 28.1 (concluded)

AVERAGE INCOMES OF THE URBAN MALE POPULATION EMPLOYED IN LOW-PRODUCTIVITY SECTORS OF THE LABOUR MARKET, 1990–2004 (In multiples of the respective per capita poverty line)										
Country	Year	Total	Microenterprises ^a				Unskilled self-employed workers ^b			Domestic employment
			Employers	Wage or salary earners			Total ^c	Manufacturing and construction	Commerce and services	
				Total	Professional and technical	Non-professional, non-technical				
Mexico ^g	1989	...	16.5	...	...	...	5.5	4.8	7.2	2.1
	1994	...	14.2	...	...	...	4.4	3.7	4.9	2.0
	1996	3.9	14.2	1.9	3.1	1.8	3.1	2.5	3.4	1.8
	1998	3.8	11.6	2.3	5.6	2.1	3.6	2.8	3.8	1.9
	2000	4.6	13.5	2.4	3.9	2.3	4.7	3.5	5.4	2.1
	2002	4.4	13.1	2.5	5.5	2.3	4.5	3.8	4.9	2.0
	2004	4.1	13.7	2.6	5.7	2.3	4.6	4.3	4.9	2.3
Nicaragua	1993	3.0	9.9	2.7	7.4	2.4	3.2	2.8	4.0	1.3
	1998	2.8	7.1	2.3	5.1	2.0	2.4	2.5	2.8	3.3
	2001	2.3	5.5	1.9	4.6	1.8	2.2	1.9	2.8	1.0
Panama	1991	4.0	7.5	2.7	7.8	2.7	2.5	2.9	3.4	1.4
	1994	3.8	11.7	2.5	6.7	2.3	3.7	4.1	4.8	2.0
	1997	4.1	12.1	2.8	4.8	2.6	3.8	4.2	4.7	2.0
	1999	3.9	11.3	3.2	8.2	2.7	3.5	3.6	4.2	2.3
	2002	4.8	10.0	6.8	9.5	6.6	3.3	3.0	3.5	2.4
Paraguay (Asunción)	1990	4.2	8.2	2.0	4.8	1.9	4.5	2.9	5.2	...
	1994	3.9	9.0	2.3	5.8	2.1	2.9	2.5	3.2	2.1
	1996	3.3	7.6	2.5	3.5	2.4	3.1	2.6	3.6	2.0
	1999	3.0	6.4	2.5	3.9	2.3	2.6	2.4	2.8	1.9
	2000	2.9	7.0	2.4	3.7	2.2	2.1	2.1	2.1	1.9
(Urban areas)	1994	3.5	8.4	2.2	5.3	2.0	2.8	2.5	3.0	1.9
	1996	3.1	7.0	2.3	4.0	2.2	2.9	2.7	3.3	1.7
	1999	2.8	5.8	2.1	3.7	2.0	2.3	2.1	2.6	1.7
	2000	2.7	6.5	2.0	3.6	1.9	1.9	1.8	2.1	1.8
Peru	1997	3.0	6.9	2.6	4.3	2.5	2.3	2.2	2.5	2.7
	1999	2.4	4.9	2.3	4.3	2.1	2.1	2.0	2.3	1.8
	2001	2.5	5.9	2.1	3.5	2.0	2.0	2.2	2.3	1.8
	2003	2.3	5.9	1.9	2.5	1.9	2.0	2.0	2.3	3.6
Uruguay	1990	6.1	9.6	2.8	6.3	2.7	7.3	2.7	3.8	1.5
	1994	4.7	10.8	3.2	7.0	3.1	4.4	3.5	5.0	3.0
	1997	4.5	10.5	3.3	6.0	3.2	4.1	3.3	4.6	2.0
	1999	4.7	12.1	3.5	7.1	3.4	4.2	3.5	4.7	2.7
	2002	3.3	9.0	2.9	4.7	2.8	2.6	2.3	2.8	3.3
Venezuela (Bolivarian Republic of) ^h	1990	5.1	9.5	2.5	3.9	2.5	4.9	4.8	5.4	3.4
	1994	4.2	7.6	2.2	6.4	2.0	4.2	3.9	4.7	2.9
	1997	4.1	9.5	1.7	2.8	1.7	4.3	4.6	5.0	2.2
	1999	3.4	7.7	2.1	4.3	2.0	3.3	3.8	3.8	2.0
	2002	3.4	8.9	3.3	3.3	1.7	1.7	3.9	3.6	1.9

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Refers to establishments employing up to 5 persons. In the cases of Bolivarian Republic of Venezuela, Chile (1996), Dominican Republic, El Salvador, Panama and Uruguay (1990), includes establishments employing up to 4 persons. Where no information was available on the size of the establishments, no figures are given for the population employed in low-productivity sectors.

^b Refers to own-account workers and unpaid family workers without professional or technical skills.

^c Includes persons employed in agriculture, forestry, hunting and fishing.

^d In 1990 wage earners without a contract of employment were included in the "microenterprises" category.

^e Information from national socio-economic surveys (CASEN).

^f In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.

^g Information from national household income and expenditure surveys (ENIGH).

^h The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 28.2

AVERAGE INCOMES OF THE URBAN FEMALE POPULATION EMPLOYED IN LOW-PRODUCTIVITY SECTORS OF THE LABOUR MARKET, 1990–2004 (In multiples of the respective per capita poverty line)										
Country	Year	Total	Microenterprises ^a				Unskilled self-employed workers ^b			Domestic employment
			Employers	Wage or salary earners			Total ^c	Manufacturing and construction	Commerce and services	
				Total	Professional and technical	Non-professional, non-technical				
Argentina (Greater Buenos Aires)	1990	4.2	13.2	3.5	5.8	3.4	4.5	5.7	4.2	2.0
	1994	5.5	23.0	4.4	5.5	4.2	6.4	4.2	6.5	3.2
	1997	4.9	21.1	3.7	5.3	3.4	4.7	3.4	4.9	2.5
	1999	3.7	12.6	3.2	4.6	3.0	4.3	3.4	4.4	2.4
	2002	2.7	11.9	2.0	3.3	1.8	2.7	2.1	2.9	1.7
	2004	2.7	13.3	2.5	3.4	2.4	3.3	2.5	3.6	1.6
Bolivia	1989	2.7	6.1	2.4	3.4	2.2	2.9	2.7	3.0	1.4
	1994	1.8	7.5	1.7	2.8	1.5	1.6	1.4	1.7	0.9
	1997	1.9	6.6	2.3	6.3	1.8	1.7	1.3	2.0	1.0
	1999	1.9	9.7	2.1	5.1	1.8	1.6	0.9	1.9	1.8
	2002	1.7	5.4	2.1	2.9	2.0	1.4	1.1	1.6	2.0
Brazil ^d	1990	2.2	...	3.5	5.6	2.1	1.9	1.1	2.0	0.9
	1993	1.5	8.4	2.1	3.3	1.8	1.4	1.1	1.9	1.1
	1996	2.2	12.6	2.5	4.1	2.3	2.0	1.5	2.6	1.5
	1999	1.9	10.1	2.2	2.9	1.8	1.6	1.2	2.0	1.4
	2001	1.8	9.5	2.3	3.2	1.8	1.6	1.3	2.0	1.4
	2003	1.7	8.4	2.1	3.1	2.0	1.3	1.4	1.6	1.4
Chile ^e	1990	2.6	10.2	2.3	3.1	2.2	2.9	2.9	3.9	1.4
	1994	3.2	17.2	2.7	3.8	2.6	3.3	3.2	3.3	2.0
	1996	3.6	20.4	3.1	5.6	2.8	3.9	3.3	4.1	2.0
	1998	3.7	16.8	3.2	6.2	2.6	4.2	3.6	4.4	2.2
	2000	3.5	14.0	3.3	6.6	2.8	3.9	3.6	4.0	2.4
	2003	3.8	18.3	3.0	4.6	2.8	4.0	3.4	4.2	2.4
Colombia ^f	1991	...	...	...	...	...	2.2	1.9	2.3	1.2
	1994	...	...	...	...	...	2.0	1.9	2.0	1.7
	1997	...	...	...	...	...	2.0	1.9	2.0	1.6
	1999	...	...	...	...	...	1.3	1.1	1.3	2.1
	2002	...	...	...	...	...	1.0	0.8	1.0	1.7
Costa Rica	1990	2.1	5.0	3.1	4.5	2.9	1.7	1.6	1.8	1.5
	1994	2.8	6.5	2.9	4.0	2.8	2.5	1.7	2.9	1.6
	1997	2.4	5.3	2.9	3.7	2.8	2.1	2.1	2.1	1.8
	1999	2.7	6.1	3.6	5.6	3.3	2.1	2.0	2.1	1.7
	2002	3.0	9.2	3.6	5.2	3.4	2.0	2.3	1.9	2.0
Dominican Republic	1997	2.5	5.8	2.4	5.6	2.0	2.9	2.5	3.0	1.4
	2000	2.9	12.9	2.5	8.3	2.1	2.9	2.3	3.0	1.1
	2002	2.9	13.6	2.5	5.4	2.2	2.9	3.3	2.9	1.1
Ecuador	1990	1.3	4.2	2.0	2.8	1.9	1.3	1.2	1.3	0.7
	1994	1.6	4.4	1.7	1.9	1.7	1.4	1.3	1.4	0.9
	1997	1.7	4.9	1.9	2.9	1.7	1.5	1.0	1.6	0.9
	1999	1.4	4.7	1.6	2.2	1.4	1.2	0.8	1.3	0.9
	2002	1.8	5.2	2.2	2.8	2.1	1.7	1.4	1.8	1.5
El Salvador	1995	1.7	5.2	1.6	2.9	1.5	1.6	1.3	1.7	0.9
	1997	2.1	5.9	2.3	7.2	2.0	1.7	1.5	1.8	1.8
	1999	2.4	7.6	2.2	4.2	2.1	2.0	1.4	2.2	2.0
	2001	2.2	6.3	2.1	2.4	2.1	2.0	1.3	2.2	1.9
Guatemala	1989	1.6	11.1	1.8	2.5	1.5	1.9	1.6	2.1	1.4
	1998	1.6	6.2	1.6	2.8	1.4	1.5	1.0	1.7	0.6
	2002	1.3	3.5	1.6	4.0	1.3	1.0	0.7	1.1	1.6
Honduras	1990	1.0	4.0	1.4	3.5	1.2	0.9	0.7	0.9	0.8
	1994	1.0	3.5	1.3	2.6	1.1	1.1	0.7	1.2	0.5
	1997	0.9	3.5	1.2	2.9	0.9	0.8	0.6	0.9	0.5
	1999	1.0	3.5	1.2	1.9	1.0	0.8	0.7	0.9	0.5
	2002	1.1	4.0	1.4	2.7	1.2	0.9	0.6	1.0	0.8

Table 28.2 (concluded)

AVERAGE INCOMES OF THE URBAN FEMALE POPULATION EMPLOYED IN LOW-PRODUCTIVITY SECTORS OF THE LABOUR MARKET, 1990–2004 (In multiples of the respective per capita poverty line)										
Country	Year	Total	Microenterprises ^a				Unskilled self-employed workers ^b			Domestic employment
			Employers	Wage or salary earners			Total ^c	Manufacturing and construction	Commerce and services	
				Total	Professional and technical	Non-professional, non-technical				
Mexico ^g	1989	...	9.4	...	...	...	2.3	1.7	2.6	1.3
	1994	...	11.6	...	...	...	1.8	1.1	2.1	1.1
	1996	1.7	11.3	1.6	2.6	1.4	1.3	1.1	1.4	1.1
	1998	1.9	12.5	1.6	3.2	1.5	1.6	1.5	1.6	1.1
	2000	1.7	9.7	1.7	2.7	1.6	1.4	1.3	1.5	1.1
	2002	2.0	10.3	2.0	5.0	1.7	1.7	1.9	1.7	1.3
	2004	1.9	9.5	2.1	3.7	1.8	1.9	1.3	2.0	1.3
Nicaragua	1993	2.5	7.0	2.4	2.8	2.3	2.6	2.6	2.7	2.1
	1998	1.8	6.0	2.2	5.4	1.6	1.6	1.3	1.7	1.5
	2001	1.8	8.0	1.9	2.0	1.9	1.6	1.2	1.7	1.4
Panama	1991	2.0	8.4	3.1	6.7	2.6	1.6	1.1	1.8	1.3
	1994	1.9	10.1	2.9	6.0	2.5	2.3	1.9	2.5	1.2
	1997	2.4	9.3	3.2	5.5	2.7	2.3	1.8	2.5	1.4
	1999	2.5	8.5	3.5	7.1	2.9	2.0	1.5	2.1	2.2
	2002	2.5	8.8	4.4	5.9	4.2	1.6	1.5	1.6	2.5
Paraguay (Asunción)	1990	2.0	8.2	1.8	3.1	1.5	2.9	1.9	3.2	0.8
	1994	2.1	8.0	2.2	4.0	1.8	1.9	1.3	2.1	1.2
	1996	1.8	6.1	2.1	2.8	2.0	1.9	1.4	2.1	1.2
	1999	2.2	5.7	2.5	5.1	2.4	2.1	1.9	2.0	1.7
	2000	1.8	5.2	2.2	2.4	2.1	1.3	1.2	1.3	1.5
(Urban areas)	1994	2.0	7.9	2.0	3.9	1.7	1.8	1.1	2.0	1.2
	1996	1.7	6.1	2.0	2.8	2.0	1.7	1.3	1.9	1.1
	1999	1.9	5.4	2.3	4.0	2.0	1.6	1.6	1.7	1.6
	2000	1.5	5.6	2.0	2.5	1.9	1.2	1.0	1.3	1.4
Peru	1997	1.7	5.0	1.8	2.7	1.6	1.3	0.8	1.5	2.3
	1999	1.7	3.2	2.0	3.5	1.7	1.2	0.6	1.3	2.9
	2001	1.6	4.4	1.6	2.4	1.5	1.4	0.7	1.6	2.0
	2003	1.4	4.1	1.6	1.6	1.6	1.1	1.2	1.3	1.9
Uruguay	1990	1.9	6.3	2.0	3.1	1.9	1.8	1.2	1.9	1.5
	1994	2.2	9.4	2.5	2.5	2.5	2.2	1.5	2.5	1.7
	1997	2.4	7.4	2.6	2.9	2.6	2.3	1.6	2.6	1.8
	1999	2.5	10.4	2.9	4.1	2.8	2.5	1.9	2.7	2.1
	2002	2.2	7.9	2.3	3.4	2.2	1.8	1.4	2.0	1.9
Venezuela (Bolivarian Republic of) ^h	1990	2.5	9.8	2.5	3.1	2.4	2.7	2.6	2.8	1.7
	1994	2.6	6.7	2.4	5.6	2.0	2.6	2.4	2.6	1.5
	1997	2.6	8.3	1.2	3.0	1.6	3.1	2.5	3.2	1.2
	1999	2.4	6.7	2.1	3.7	1.9	2.3	2.1	2.4	1.3
	2002	2.2	7.7	1.7	2.2	1.6	2.2	2.0	2.3	1.2

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Refers to establishments employing up to 5 persons. In the cases of Bolivarian Republic of Venezuela, Chile (1996), Dominican Republic, El Salvador, Panama and Uruguay (1990), includes establishments employing up to 4 persons. Where no information was available on the size of the establishments, no figures are given for the population employed in low-productivity sectors.

^b Refers to own-account workers and unpaid family workers without professional or technical skills.

^c Includes persons employed in agriculture, forestry, hunting and fishing.

^d In 1990 wage earners without a contract of employment were included in the "microenterprises" category.

^e Information from national socio-economic surveys (CASEN).

^f In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted.

^g Information from national household income and expenditure surveys (ENIGH).

^h The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

EDUCATION

Table 29

SCHOOL ATTENDANCE IN URBAN AREAS, BOTH SEXES, BY PER CAPITA HOUSEHOLD INCOME QUINTILE AND AGE GROUP, 1989–2004										
<i>(Percentages of the population in each age group)</i>										
Country	Year	Aged 7 to 12			Aged 13 to 19			Aged 20 to 24		
		Total	Poorest 20%	Richest 20%	Total	Poorest 20%	Richest 20%	Total	Poorest 20%	Richest 20%
Argentina	1990 ^a	98.4	97.9	100.0	68.8	62.6	79.3	23.6	12.4	39.8
	2002 ^b	99.4	99.1	100.0	83.2	76.3	96.4	40.5	21.7	61.6
	2004	98.9	98.7	99.4	78.7	73.9	88.8	38.2	22.9	60.7
Bolivia	1989 ^c	97.3	95.9	96.3	85.0	84.4	87.5	44.3	45.6	52.7
	2002	96.9	95.6	98.3	84.6	84.2	88.2	43.3	32.9	74.3
Brazil	1990	91.4	83.6	98.5	64.6	56.1	86.7	19.8	11.6	39.8
	2001	97.6	95.8	99.6	77.5	72.6	90.6	27.5	18.7	52.9
	2003	98.2	96.8	99.7	78.4	74.5	90.5	28.1	19.5	55.3
Chile	1990	98.8	97.9	99.4	78.6	74.3	89.6	18.7	8.2	41.5
	1998	99.2	98.7	99.9	81.5	75.1	92.2	30.0	12.8	62.0
	2003	99.5	99.2	99.6	85.3	81.4	94.1	35.3	18.9	67.8
Colombia	1990 ^d	96.0	92.6	99.1	74.9	66.3	92.8	28.1	15.3	48.9
	2002	96.3	94.0	99.4	68.2	64.3	85.0	23.9	13.1	52.7
Costa Rica	1990	96.8	95.3	98.4	68.6	57.9	86.2	28.5	20.0	52.1
	2002	98.5	97.2	99.4	76.9	72.9	90.2	43.3	29.7	60.6
Dominican Republic	2000	97.6	95.3	99.5	82.6	84.6	87.6	43.2	38.6	56.3
	2002	97.7	95.9	99.2	83.7	83.3	89.3	44.3	34.4	60.5
Ecuador	1990	97.8	97.1	98.6	77.2	78.1	84.5	35.4	32.5	42.0
	2002	95.9	92.6	98.6	73.3	68.1	87.3	30.2	17.1	50.4
El Salvador	1995	92.2	85.8	99.6	70.5	64.2	87.0	27.2	13.1	49.6
	2001	92.6	85.9	100.0	73.4	66.0	87.0	25.5	11.3	49.5
Guatemala	2002	90.4	84.2	94.3	66.9	63.3	78.3	25.5	11.1	43.9
Honduras	1990	89.5	85.1	98.3	57.7	51.2	79.2	22.2	13.4	41.1
	2002	92.3	86.2	98.1	63.8	50.0	85.8	26.9	9.8	51.1
Mexico	1992	97.4	95.8	99.5	62.7	55.6	80.7	23.9	7.1	47.3
	2002	98.1	96.3	99.6	68.9	57.6	92.8	30.7	16.4	55.1
	2004	98.6	97.1	100.0	68.0	62.2	86.2	27.7	12.3	50.2
Nicaragua	1993	88.7	82.5	97.3	69.5	56.7	80.4	24.4	17.1	34.0
	2001	93.1	88.1	96.3	69.9	61.5	79.2	31.5	15.4	52.1
Panama	1991	97.6	95.9	99.5	72.6	61.7	89.8	30.7	16.8	54.2
	2002	98.9	98.4	99.3	81.4	78.0	89.1	35.6	22.6	55.0
Paraguay	1994	96.0	94.5	99.2	71.2	62.0	85.3	23.6	12.0	43.0
	2000	97.7	97.4	99.9	74.1	63.8	86.8	31.9	13.7	61.5
Peru	1997	97.6	96.2	99.5	72.4	73.1	84.1	29.8	20.7	44.6
	2001	98.6	97.7	98.9	72.9	72.2	74.8	27.7	18.9	40.6
	2003	98.2	97.6	100.0	73.0	74.3	77.0	33.5	24.4	61.0
Uruguay	1990	99.1	98.9	100.0	70.6	60.5	89.4	26.7	8.6	54.2
	2002	98.2	98.2	98.8	76.5	64.2	94.9	34.8	12.7	73.0
Venezuela (Bolivarian Rep. of)	1990	95.4	94.3	97.9	68.7	68.8	78.3	27.3	27.0	39.3
	2002 ^e	96.7	94.6	98.6	67.2	62.7	77.8	33.6	20.8	54.7

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a Metropolitan area.

^b Twenty-eight urban areas.

^c Cochabamba, El Alto, La Paz, Oruro, Potosí, Santa Cruz, Sucre, Tarija and Trinidad.

^d Barranquilla, Bogotá, Bucaramanga, Cali, Cartagena, Manizales, Medellín and Pasto.

^e Nationwide.

Table 30

POPULATION BETWEEN 15 AND 24 YEARS OF AGE, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004 (Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Argentina ^a (Greater Buenos Aires)	1980	7.6		77.3	15.0	...	...	...	...
	1990	3.3		78.6	18.2	...	...	...	...
	1994	3.9		77.2	18.9	...	...	...	...
	1999	2.5	40.6	41.5	15.5	...	...	...	...
	2002	2.9	35.2	44.5	17.4	...	...	...	...
	2004	2.8	34.0	47.5	15.6	...	...	...	...
Bolivia	1997	11.9	31.1	44.4	12.6	48.3	34.9	15.3	1.5
	2002	8.8	29.5	45.8	15.9	44.3	34.1	20.5	1.2
Brazil	1979	48.2	34.6	14.1	3.1	86.8	9.7	1.9	1.6
	1990	41.0	37.5	18.2	3.3	79.0	16.9	3.7	0.3
	1993	40.7	38.9	17.6	2.8	77.9	17.4	4.3	0.3
	1999	27.0	42.7	26.7	3.7	62.8	27.2	9.5	0.5
	2001	23.1	41.1	31.6	4.1	58.6	30.7	10.3	0.4
	2003	18.2	40.8	35.9	5.1	48.2	37.9	13.2	0.7
Chile	1990	5.7	33.2	45.4	15.8	16.6	57.1	22.4	3.9
	1994	4.2	31.3	46.4	18.1	14.3	54.8	26.2	4.8
	2000	2.6	29.9	51.1	16.5	8.4	49.8	37.1	4.6
	2003	1.6	28.3	51.8	18.4	5.4	45.4	44.2	5.1
Colombia ^b	1980	31.2	40.9	21.1	6.8	...	...	...	...
	1990	19.6	40.4	31.0	9.0	...	...	...	...
	1991	21.8	37.9	29.7	10.6	60.1	25.7	13.6	0.5
	1994	17.7	37.9	35.9	8.4	55.8	29.5	14.0	0.7
	1999	14.6	32.4	43.2	9.8	46.2	30.7	21.8	1.3
	2002	13.5	29.5	37.1	19.9	...	...	...	...
Costa Rica	1981	7.3	50.5	33.9	8.2	19.8	64.7	13.8	1.7
	1990	9.1	50.1	29.8	10.9	20.0	64.5	13.6	2.0
	1994	8.6	49.6	30.9	10.9	21.2	64.3	12.3	2.2
	1999	8.5	50.8	28.3	12.4	18.5	61.9	15.9	3.7
	2002	7.3	49.4	30.4	12.8	19.1	61.4	15.5	4.0
Dominican Republic	2000	13.1	35.5	37.1	14.3	37.4	38.7	20.4	3.5
	2003	10.7	35.9	38.1	15.3	26.4	38.0	28.9	6.7
Ecuador	1990	5.8	45.9	37.0	11.4	...	...	...	...
	1994	4.8	42.3	39.5	13.4	...	...	...	...
	1999	6.0	41.0	39.5	13.6	...	...	...	...
	2002	6.5	39.4	37.6	16.5	...	...	...	...
El Salvador	1995	20.6	41.4	28.8	9.2	60.4	31.2	7.3	1.1
	1999	15.6	38.7	33.5	12.2	49.7	38.5	10.0	1.9
	2001	13.8	39.5	33.7	13.0	43.9	41.8	12.3	2.0
	2003	14.2	40.5	32.8	12.6	42.9	42.7	12.7	1.7
Guatemala	1989	33.9	42.6	19.2	4.3	75.9	21.8	2.1	0.2
	1998	25.3	43.5	24.3	6.9	67.3	29.1	3.4	0.2
	2002	19.1	42.4	30.2	8.3	56.5	35.4	7.2	0.8
Honduras	1990	24.1	55.7	15.3	5.0	57.6	39.8	2.3	0.3
	1994	20.5	56.1	17.3	6.0	45.9	49.3	4.4	0.4
	1999	16.3	57.7	19.9	6.2	45.5	49.1	5.2	0.3
	2003	16.1	52.4	23.8	7.7	45.4	49.9	4.1	0.6
Mexico ^a	1989	8.3	60.5	22.1	9.1	31.4	59.2	7.7	1.7
	1994	7.5	57.5	24.4	10.6	25.8	65.1	8.0	1.1
	1998	6.0	55.2	24.3	12.3	21.6	62.3	12.7	3.0
	2002	6.3	42.2	37.2	14.3	15.2	59.7	20.2	4.9
	2004	4.5	46.6	32.2	16.7	14.1	56.8	23.1	6.0

Table 30 (concluded)

POPULATION BETWEEN 15 AND 24 YEARS OF AGE, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004 (Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Nicaragua	1993	24.6	53.8	19.5	2.1	68.9	26.5	4.3	0.3
	1998	21.7	50.5	22.2	5.5	61.2	32.6	5.3	0.9
	2001	19.8	46.4	26.1	7.7	60.5	33.2	5.5	0.7
Panama	1979	6.3	49.1	35.5	9.1	20.5	61.3	16.2	1.9
	1991	6.3	42.7	39.5	11.5	15.6	57.3	23.6	3.5
	1994	5.0	45.9	36.4	12.6	16.4	56.3	23.3	4.0
	1999	3.9	40.8	39.1	16.2	12.9	55.4	26.3	5.4
	2002	3.5	38.6	41.8	16.1	20.2	53.6	21.2	5.1
Paraguay (Asunción)	1986	10.6	50.9	31.1	7.5	...	...	...	...
	1990	7.3	46.7	36.8	9.3	...	...	...	...
	1994	7.9	49.0	34.8	8.3	...	...	...	...
	1997	6.2	48.1	37.1	8.6	33.2	54.2	11.4	1.3
	2001	7.3	39.0	40.7	12.9	32.0	48.8	17.2	1.9
Peru	1999	3.4	32.9	49.6	14.1	25.1	49.0	22.7	3.2
	2001	5.6	31.6	44.0	18.8	22.1	48.7	23.5	5.7
	2003	3.9	25.8	47.8	22.5	19.9	47.5	26.5	6.1
Uruguay	1981	7.4	55.5	31.8	5.3	...	...	...	...
	1990	3.7	52.6	35.4	8.3	...	...	...	...
	1994	3.5	51.1	37.6	7.8	...	...	...	...
	1999	2.8	48.6	39.4	9.2	...	...	...	...
	2002	3.3	47.4	35.5	13.8	...	...	...	...
Venezuela (Bolivarian Republic of) ^c	1981	13.5	58.5	20.4	7.7	46.1	46.4	6.8	0.7
	1990	10.3	56.5	23.6	9.6	39.0	51.3	8.5	1.2
	1994	10.2	48.2	28.8	12.8	38.2	48.4	10.9	2.5
	1999	10.7	48.2	27.3	13.8	...	...	...	...
	2003	9.5	45.1	29.9	15.5	...	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a Information from which the number of years of schooling may be calculated became available for Mexico in 1996 and for Argentina in 1997. The figures for previous years are estimates based on the categories of incomplete primary education, complete primary education, incomplete secondary education, complete secondary education and higher education.
- ^b In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted. Therefore, the figures for 1980 and 1990 refer to eight major cities only.
- ^c The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 30.1

MALE POPULATION BETWEEN 15 AND 24 YEARS OF AGE, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004									
(Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Argentina ^a (Greater Buenos Aires)	1980	7.6		78.9	13.5	...	...	...	...
	1990	3.1		81.6	15.3	...	...	...	...
	1994	4.8		80.1	15.0	...	...	...	...
	1999	2.5	46.0	39.9	11.7	...	...	...	...
	2002	3.7	39.2	41.6	15.4	...	...	...	...
	2004	3.6	35.8	47.8	12.7	...	...	...	...
Bolivia	1997	9.2	31.3	46.6	12.9	40.0	39.1	19.8	1.1
	2002	6.8	29.1	48.6	15.5	37.5	36.1	24.9	1.5
Brazil	1979	49.2	34.6	13.1	3.1	87.0	9.5	1.6	2.0
	1990	44.4	37.0	15.8	2.9	81.7	15.6	2.6	0.2
	1993	44.8	37.4	15.5	2.2	81.0	15.6	3.2	0.2
	1999	30.7	42.9	23.4	3.0	68.1	23.7	7.8	0.4
	2001	26.2	42.3	28.3	3.2	63.0	28.1	8.5	0.3
	2003	21.1	42.0	32.7	4.1	53.2	35.3	11.1	0.5
Chile	1990	6.1	33.7	45.4	14.8	18.7	57.6	20.5	3.1
	1994	4.6	32.3	45.5	17.7	16.2	55.5	24.2	4.2
	2000	2.7	30.8	49.6	16.8	9.5	52.7	34.3	3.5
	2003	2.0	29.3	50.9	17.9	6.2	46.5	43.3	3.9
Colombia ^b	1980	29.5	42.7	21.3	6.6	...	...	...	...
	1990	18.2	42.5	30.7	8.6	...	...	...	...
	1991	22.1	39.8	28.4	9.7	64.3	23.5	11.6	0.5
	1994	18.1	39.0	35.1	7.8	60.3	28.3	10.9	0.5
	1999	15.0	34.0	42.2	8.9	50.2	29.7	19.1	1.0
	2002	14.3	30.8	36.1	18.8	...	...	...	...
Costa Rica	1981	7.8	52.4	31.6	8.2	19.6	65.8	12.7	1.9
	1990	10.5	50.1	28.6	10.8	22.3	63.7	12.2	1.8
	1994	9.4	47.9	31.5	11.2	22.4	64.7	11.0	1.9
	1999	9.5	52.0	26.8	11.6	19.3	63.3	13.6	3.7
	2002	8.0	50.5	29.8	11.7	20.9	61.9	13.4	3.7
Dominican Republic	2000	15.6	39.4	33.9	11.0	41.9	38.1	17.3	2.8
	2003	13.0	39.0	36.3	11.7	30.9	40.0	25.1	4.0
Ecuador	1990	6.7	48.9	33.9	10.6	...	...	...	...
	1994	4.9	42.9	39.9	12.3	...	...	...	...
	1999	6.0	43.7	39.2	11.0	...	...	...	...
	2002	7.1	40.5	37.2	15.2	...	...	...	...
El Salvador	1995	20.7	43.5	26.7	9.1	61.1	31.5	6.7	0.7
	1999	16.0	38.7	32.8	12.4	48.6	40.6	9.0	1.8
	2001	13.0	41.6	33.4	11.9	42.4	43.6	12.0	2.0
	2003	13.5	43.3	30.8	12.4	41.9	44.4	12.4	1.4
Guatemala	1989	27.6	47.5	18.6	6.2	70.8	26.5	2.5	0.2
	1998	24.3	45.8	21.8	8.1	61.1	34.8	3.9	0.1
	2002	14.4	45.9	30.1	9.6	51.8	40.6	6.0	1.6
Honduras	1990	23.8	57.3	14.6	4.3	60.2	38.2	1.6	0.1
	1994	21.4	56.2	15.9	6.5	48.2	47.9	3.5	0.4
	1999	17.7	58.8	18.5	5.0	46.7	49.0	4.2	0.1
	2003	18.1	53.4	21.5	7.0	48.6	47.4	3.6	0.5
Mexico ^a	1989	7.6	58.1	23.8	10.5	31.4	58.6	8.4	1.5
	1994	7.1	56.1	25.2	11.5	27.4	63.5	7.9	1.2
	1998	6.2	55.5	25.3	12.4	19.9	62.6	13.6	3.4
	2002	5.3	44.3	35.9	14.5	14.9	61.2	19.7	4.3
	2004	4.9	47.5	32.1	15.5	14.4	58.3	21.1	6.2

Table 30.1 (concluded)

MALE POPULATION BETWEEN 15 AND 24 YEARS OF AGE, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004 (Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Nicaragua	1993	26.0	54.2	17.7	2.1	72.1	23.3	4.4	0.2
	1998	24.0	50.7	20.6	4.7	65.7	30.1	3.5	0.8
	2001	23.5	49.0	21.3	6.2	64.2	30.7	4.7	0.4
Panama	1979	6.5	52.6	32.3	8.6	20.3	63.5	14.6	1.6
	1991	7.2	47.1	36.0	9.7	17.8	58.2	21.2	2.8
	1994	5.6	49.5	34.8	10.1	18.2	59.1	19.9	2.8
	1999	4.3	43.9	37.9	13.8	14.8	59.4	21.9	3.9
	2002	4.1	42.3	40.0	13.6	19.0	58.1	19.5	3.4
Paraguay (Asunción)	1986	7.7	52.3	31.2	8.8	...	...	...	...
	1990	5.6	46.6	38.8	9.1	...	...	...	...
	1994	7.4	47.5	37.2	7.8	...	...	...	...
	1997	5.3	45.8	40.1	8.7	36.5	53.2	10.0	0.3
	2001	6.5	41.9	40.3	11.3	35.0	46.1	17.7	1.2
Peru	1999	3.1	33.3	50.0	13.7	20.3	50.6	27.5	1.6
	2001	4.4	31.5	46.5	17.6	16.9	51.9	26.2	5.0
	2003	3.5	26.7	49.1	20.8	14.4	48.7	31.4	5.5
Uruguay	1981	8.8	57.4	28.7	5.1	...	...	...	...
	1990	4.0	57.3	31.8	6.9	...	...	...	...
	1994	4.1	56.5	33.2	6.2	...	...	...	...
	1999	3.3	55.4	34.2	7.2	...	...	...	...
	2002	4.0	52.4	32.8	10.7	...	...	...	...
Venezuela (Bolivarian Republic of) ^c	1981	15.3	59.0	18.6	7.1	49.0	44.5	6.0	0.5
	1990	11.9	58.4	21.1	8.6	44.4	48.8	6.0	0.8
	1994	12.2	51.0	26.0	10.8	43.5	45.2	9.7	1.6
	1999	13.5	51.4	24.7	10.4	...	...	...	...
	2003	12.1	49.2	26.7	12.0	...	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a Information from which the number of years of schooling may be calculated became available for Mexico in 1996 and for Argentina in 1997. The figures for previous years are estimates based on the categories of incomplete primary education, complete primary education, incomplete secondary education, complete secondary education and higher education.
- ^b In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted. Therefore, the figures for 1980 and 1990 refer to eight major cities only.
- ^c The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 30.2

FEMALE POPULATION BETWEEN 15 AND 24 YEARS OF AGE, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004									
(Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Argentina ^a (Greater Buenos Aires)	1980	7.7		75.9	16.5	...	...	...	...
	1990	3.4		75.2	21.3	...	...	...	...
	1994	3.0		74.1	22.9	...	...	...	...
	1999	2.4	35.4	43.0	19.1	...	...	...	...
	2002	2.1	31.4	47.3	19.2	...	...	...	...
	2004	2.1	32.2	47.3	18.5	...	...	...	...
Bolivia	1997	14.5	30.9	42.3	12.4	56.9	30.5	10.8	1.8
	2002	10.5	29.9	43.4	16.3	52.0	31.7	15.4	0.8
Brazil	1979	47.3	34.5	15.0	3.2	86.6	9.9	2.2	1.3
	1990	37.9	38.0	20.4	3.7	76.1	18.5	5.0	0.4
	1993	36.8	40.3	19.5	3.4	74.3	19.5	5.7	0.4
	1999	23.4	42.4	29.9	4.3	56.7	31.1	11.5	0.7
	2001	20.2	40.0	34.7	5.0	53.5	33.8	12.2	0.4
	2003	15.4	39.6	39.0	6.0	42.4	40.9	15.7	0.9
Chile	1990	5.3	32.7	45.3	16.7	14.3	56.5	24.5	4.8
	1994	3.9	30.4	47.2	18.5	12.4	54.1	28.2	5.4
	2000	2.4	28.9	52.6	16.1	7.3	46.8	40.2	5.7
	2003	1.1	27.2	52.7	19.0	4.5	44.0	45.2	6.3
Colombia ^b	1980	32.5	39.5	21.0	7.0	...	...	...	...
	1990	20.8	38.7	31.2	9.3	...	...	...	...
	1991	21.5	36.3	30.8	11.4	55.9	28.0	15.6	0.5
	1994	17.4	37.1	36.6	8.9	50.9	30.8	17.4	0.8
	1999	14.3	31.1	44.0	10.6	41.8	31.8	24.8	1.7
	2002	12.9	28.3	38.0	20.8	...	...	...	...
Costa Rica	1981	6.9	48.7	36.2	8.2	19.9	63.7	14.8	1.6
	1990	7.7	50.1	31.1	11.1	17.4	65.4	15.0	2.2
	1994	7.7	51.4	30.3	10.6	19.8	63.9	13.8	2.5
	1999	7.5	49.7	29.7	13.1	17.8	60.5	18.1	3.6
	2002	6.6	48.2	31.1	14.0	17.2	60.8	17.8	4.2
Dominican Republic	2000	10.6	31.8	40.2	17.4	32.5	39.4	23.9	4.2
	2003	8.4	32.8	39.9	18.8	21.1	35.8	33.2	9.9
Ecuador	1990	5.0	43.1	39.8	12.1	...	...	...	...
	1994	4.8	41.8	39.2	14.3	...	...	...	...
	1999	5.9	38.3	39.8	16.0	...	...	...	...
	2002	5.9	38.3	38.0	17.8	...	...	...	...
El Salvador	1995	20.5	39.6	30.6	9.3	59.7	30.9	7.8	1.5
	1999	15.3	38.7	34.1	12.0	50.8	36.4	11.0	1.9
	2001	14.6	37.6	33.9	13.9	45.5	40.0	12.6	1.9
	2003	14.8	37.9	34.5	12.8	43.9	41.1	13.0	2.0
Guatemala	1989	38.9	38.7	19.6	2.8	80.8	17.4	1.7	0.2
	1998	26.2	41.5	26.6	5.8	73.2	23.7	2.8	0.3
	2002	23.4	39.2	30.3	7.1	60.8	30.7	8.3	0.1
Honduras	1990	24.2	54.4	15.9	5.5	55.0	41.5	3.1	0.4
	1994	19.8	56.0	18.5	5.6	43.4	50.8	5.3	0.4
	1999	15.2	56.7	21.1	7.1	44.2	49.2	6.3	0.4
	2003	14.3	51.6	25.7	8.3	42.0	52.6	4.8	0.6
Mexico ^a	1989	8.9	62.7	20.5	7.8	31.4	59.8	6.9	1.9
	1994	7.8	58.8	23.6	9.8	24.3	66.7	8.1	0.9
	1998	5.8	54.9	23.4	12.3	23.2	62.0	11.7	2.6
	2002	7.3	40.0	38.5	14.2	15.5	58.3	20.6	5.6
	2004	4.1	45.7	32.3	17.9	13.9	55.4	24.9	5.8

Table 30.2 (concluded)

FEMALE POPULATION BETWEEN 15 AND 24 YEARS OF AGE, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004 (Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Nicaragua	1993	23.4	53.4	21.1	2.1	65.7	29.8	4.3	0.3
	1998	19.7	50.3	23.7	6.3	56.4	35.4	7.2	1.0
	2001	16.4	44.0	30.5	9.1	56.4	36.0	6.5	1.0
Panama	1979	6.1	46.1	38.2	9.6	20.8	58.6	18.2	2.3
	1991	5.4	38.4	42.9	13.3	12.9	56.2	26.5	4.4
	1994	4.5	42.3	38.0	15.2	14.4	53.0	27.2	5.4
	1999	3.5	37.7	40.3	18.5	10.8	51.1	31.2	7.0
	2002	3.0	34.6	43.6	18.8	21.5	48.5	23.0	7.0
Paraguay (Asunción)	1986	12.4	49.9	31.0	6.7	...	...	...	...
	1990	8.7	46.7	35.1	9.4	...	...	...	...
	1994	8.3	50.2	32.8	8.7	...	...	...	...
	1997	6.9	50.1	34.5	8.5	29.6	55.2	12.9	2.2
	2001	8.0	36.6	41.1	14.3	28.2	52.4	16.6	2.8
Peru	1999	3.6	32.6	49.3	14.5	30.3	47.2	17.4	5.1
	2001	6.8	31.7	41.5	20.0	27.8	45.3	20.5	6.5
	2003	4.2	25.0	46.5	24.3	26.1	46.2	20.9	6.8
Uruguay	1981	6.1	53.9	34.6	5.5	...	...	...	...
	1990	3.3	48.0	38.9	9.7	...	...	...	...
	1994	2.8	45.8	42.0	9.4	...	...	...	...
	1999	2.3	41.6	44.8	11.3	...	...	...	...
	2002	2.7	42.3	38.2	16.9	...	...	...	...
Venezuela (Bolivarian Republic of) ^c	1981	11.8	58.0	22.0	8.2	42.2	48.8	7.9	1.0
	1990	8.7	54.5	26.2	10.6	32.5	54.3	11.5	1.7
	1994	8.3	45.3	31.6	14.8	32.0	52.1	12.4	3.5
	1999	7.7	44.9	30.0	17.4	...	...	...	...
	2003	6.8	40.9	33.1	19.2	...	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a Information from which the number of years of schooling may be calculated became available for Mexico in 1996 and for Argentina in 1997. The figures for previous years are estimates based on the categories of incomplete primary education, complete primary education, incomplete secondary education, complete secondary education and higher education.
- ^b In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted. Therefore, the figures for 1980 and 1990 refer to eight major cities only.
- ^c The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 31

POPULATION BETWEEN 25 AND 59 YEARS OF AGE, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004 (Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Argentina ^a (Greater Buenos Aires)	1980	21.6		67.4	11.1	...	...	...	...
	1990	12.4		69.6	18.0	...	...	...	...
	1994	10.3		70.7	19.0	...	...	...	...
	1999	8.5	38.2	30.6	22.7	...	...	...	...
	2002	7.6	37.0	29.7	25.7	...	...	...	...
	2004	6.6	36.9	29.9	26.6	...	...	...	...
Bolivia	1997	34.1	17.3	28.4	20.3	78.3	12.2	5.8	3.8
	2002	31.0	18.6	25.7	24.6	74.6	16.5	6.4	2.5
Brazil	1979	70.0	12.6	10.0	7.3	96.0	1.9	1.0	1.0
	1990	55.5	17.1	16.8	10.7	89.2	6.3	3.7	0.8
	1993	53.4	19.0	17.7	10.0	88.3	6.8	3.9	1.0
	1999	45.3	21.6	21.8	11.3	82.6	10.2	5.8	1.4
	2001	43.1	21.9	23.4	11.5	83.7	9.9	5.3	1.1
	2003	39.8	21.7	25.9	12.5	79.9	11.8	7.1	1.2
Chile	1990	15.8	29.4	34.5	20.3	43.8	37.3	13.2	5.7
	1994	14.1	24.2	38.9	22.8	39.5	38.7	15.8	6.0
	2000	9.6	22.8	40.6	27.1	34.9	43.4	17.0	4.7
	2003	8.6	21.5	42.0	27.9	29.6	45.4	19.5	5.5
Colombia ^b	1980	52.4	22.3	13.7	11.6	...	...	...	...
	1990	37.4	23.4	23.1	16.1	...	...	...	...
	1991	39.9	23.0	21.3	15.8	78.2	12.4	7.3	2.1
	1994	35.9	22.9	25.3	15.9	76.2	12.0	9.5	2.4
	1999	33.3	21.5	27.6	17.6	72.8	12.5	10.9	3.9
	2002	33.2	19.0	26.8	21.0	...	...	...	...
Costa Rica	1981	27.2	41.5	17.8	13.5	58.1	33.5	5.8	2.6
	1990	16.7	40.5	22.1	20.7	40.0	44.8	10.6	4.5
	1994	14.1	39.5	24.9	21.5	34.8	49.2	10.7	5.3
	1999	12.7	41.1	22.5	23.7	28.8	52.0	11.7	7.5
	2002	11.0	42.4	21.7	24.9	28.8	53.0	10.3	7.9
Dominican Republic	2000	26.4	29.0	23.5	21.1	58.6	26.6	10.4	4.3
	2003	25.1	27.7	24.5	22.7	48.3	29.8	14.2	7.7
Ecuador	1990	16.1	43.0	21.9	19.0	...	...	...	...
	1994	11.7	39.8	24.6	24.0	...	...	...	...
	1999	11.5	37.2	27.1	24.2	...	...	...	...
	2002	11.4	36.5	25.5	26.5	...	...	...	...
El Salvador	1995	35.8	30.2	19.7	14.3	80.2	16.3	2.6	0.9
	1999	30.6	29.8	22.0	17.7	75.2	19.6	3.7	1.5
	2001	29.7	29.9	22.9	17.5	72.2	21.0	5.1	1.8
	2003	26.9	30.4	24.3	18.3	69.4	22.8	5.9	1.8
Guatemala	1989	51.5	26.6	13.8	8.1	90.7	7.3	1.5	0.5
	1998	42.4	29.9	17.5	10.2	87.1	10.2	2.3	0.5
	2002	34.5	30.4	21.3	13.8	80.1	16.0	2.6	1.3
Honduras	1990	42.7	31.0	18.2	8.1	81.4	15.9	2.5	0.2
	1994	35.1	34.4	22.0	8.5	69.9	25.1	4.5	0.5
	1999	31.4	36.6	21.0	11.0	69.3	24.8	5.0	0.9
	2003	29.7	37.8	20.0	12.5	68.5	27.4	3.2	0.9
Mexico ^a	1989	29.5	47.2	9.6	13.7	70.0	25.1	2.3	2.6
	1994	23.0	48.4	11.8	16.8	63.3	31.4	3.4	1.9
	1998	19.7	49.0	13.1	16.8	51.9	38.0	4.6	2.9
	2002	17.2	43.3	21.3	18.1	50.3	36.9	7.6	5.2
	2004	15.7	43.8	18.9	21.6	41.0	43.3	9.1	6.5

Table 31 (concluded)

POPULATION BETWEEN 25 AND 59 YEARS OF AGE, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004 (Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Nicaragua	1993	41.4	34.1	15.9	8.7	81.7	15.0	2.1	1.1
	1998	36.5	35.2	14.0	14.4	75.9	16.6	4.1	3.4
	2001	37.6	33.8	17.3	11.4	76.8	18.0	3.6	1.5
Panama	1979	18.2	47.8	20.5	13.5	57.4	36.6	4.4	1.7
	1991	13.8	39.6	25.1	21.6	37.6	43.9	12.3	6.1
	1994	11.2	39.9	26.6	22.3	35.0	44.8	13.2	6.9
	1999	8.0	38.7	27.8	25.4	27.2	48.4	16.1	8.3
	2002	6.6	36.3	29.1	28.0	32.5	47.7	13.3	6.6
Paraguay (Asunción)	1986	21.6	37.5	23.3	17.6	...	...	...	...
	1990	16.9	40.5	28.1	14.6	...	...	...	...
	1994	17.9	42.1	22.9	17.1	...	...	...	...
	1997	17.0	39.0	25.5	18.5	59.5	34.1	4.8	1.7
	2001	17.5	34.6	26.7	21.3	53.8	38.1	4.3	3.8
Peru	1999	21.3	13.8	35.3	29.6	69.3	15.7	10.9	4.2
	2001	22.3	15.5	31.5	30.6	63.4	18.8	12.3	5.5
	2003	20.4	13.9	31.8	33.9	61.2	19.4	13.7	5.8
Uruguay	1981	26.6	46.4	18.2	8.8	...	...	...	...
	1990	17.2	46.3	23.6	12.8	...	...	...	...
	1994	14.5	46.3	25.3	13.8	...	...	...	...
	1999	9.2	47.8	27.4	15.6	...	...	...	...
	2002	8.0	43.7	27.2	21.1	...	...	...	...
Venezuela (Bolivarian Republic of) ^c	1981	29.9	49.4	11.9	8.7	73.5	22.8	2.8	0.9
	1990	19.4	48.3	17.8	14.5	61.0	32.4	5.2	1.4
	1994	18.5	45.8	20.2	15.5	54.0	36.3	7.0	2.8
	1999	18.6	45.2	20.0	16.3	...	...	...	...
	2003	18.0	42.7	20.6	18.7	...	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a Information from which the number of years of schooling may be calculated became available for Mexico in 1996 and for Argentina in 1997. The figures for previous years are estimates based on the categories of incomplete primary education, complete primary education, incomplete secondary education, complete secondary education and higher education.
- ^b In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted. Therefore, the figures for 1980 and 1990 refer to eight major cities only.
- ^c The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 31.1

MALE POPULATION BETWEEN 25 AND 59 YEARS OF AGE, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004 (Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Argentina ^a (Greater Buenos Aires)	1980	20.9		66.1	13.1	...	...	...	...
	1990	11.2		70.1	18.7	...	...	...	...
	1994	9.1		71.9	19.1	...	...	...	...
	1999	8.1	39.8	31.4	20.7	...	...	...	...
	2002	8.5	39.0	28.9	23.6	...	...	...	...
	2004	6.6	38.5	30.5	24.4	...	...	...	...
Bolivia	1997	25.1	18.4	32.3	24.2	71.3	15.6	7.9	5.2
	2002	22.9	19.5	30.2	27.3	64.5	22.3	9.8	3.3
Brazil	1979	67.9	13.7	9.7	8.6	95.9	2.0	1.0	1.1
	1990	54.6	17.8	16.6	11.0	89.0	6.6	3.4	0.9
	1993	52.8	19.7	17.4	10.1	88.4	6.9	3.7	1.0
	1999	45.7	22.6	20.6	11.1	83.5	10.3	5.0	1.3
	2001	43.7	22.6	22.7	11.0	85.4	9.5	4.3	0.9
	2003	40.4	22.7	25.3	11.6	81.5	11.8	5.8	0.9
Chile	1990	13.9	28.6	35.2	22.3	42.8	38.7	12.9	5.6
	1994	13.0	23.6	39.4	23.9	38.3	40.4	15.0	6.3
	2000	9.0	21.8	40.5	28.7	35.1	44.2	16.2	4.5
	2003	7.9	21.0	41.9	29.2	28.7	47.0	19.0	5.3
Colombia ^b	1980	48.8	21.0	13.8	16.4	...	...	...	...
	1990	34.6	22.8	23.3	19.2	...	...	...	...
	1991	36.9	23.0	21.6	18.5	78.0	12.4	7.3	2.2
	1994	33.8	22.8	25.4	18.0	76.9	11.4	9.2	2.6
	1999	31.8	21.2	27.4	19.6	73.9	12.1	10.3	3.7
	2002	32.5	18.9	26.7	22.0	...	...	...	...
Costa Rica	1981	25.4	40.3	18.4	15.8	55.5	35.9	5.9	2.7
	1990	15.0	40.1	22.1	22.9	38.1	46.6	10.7	4.7
	1994	13.4	38.3	24.5	23.7	34.3	49.9	10.3	5.5
	1999	11.7	41.8	22.0	24.5	28.2	53.2	11.3	7.3
	2002	10.3	43.2	20.9	25.7	28.0	54.4	9.4	8.2
Dominican Republic	2000	25.9	30.1	23.2	20.8	56.9	28.2	9.9	5.0
	2003	24.1	30.2	24.0	21.8	48.2	31.3	13.6	6.9
Ecuador	1990	14.0	43.4	20.6	22.1	...	...	...	...
	1994	10.1	39.7	23.7	26.5	...	...	...	...
	1999	10.1	37.8	25.8	26.3	...	...	...	...
	2002	10.1	37.4	24.5	28.0	...	...	...	...
El Salvador	1995	29.4	32.8	20.4	17.3	75.0	20.6	3.4	1.0
	1999	25.4	31.8	22.5	20.3	70.2	24.0	4.3	1.5
	2001	24.2	32.3	23.9	19.6	67.0	24.8	6.5	1.7
	2003	21.6	33.2	24.5	20.8	64.6	26.6	7.0	1.8
Guatemala	1989	45.3	29.9	13.9	10.9	87.9	9.9	1.6	0.6
	1998	34.2	34.6	17.9	13.3	82.2	14.1	3.1	0.6
	2002	27.0	34.3	20.9	17.9	73.2	22.4	2.5	2.0
Honduras	1990	39.7	32.9	17.2	10.2	81.0	16.5	2.2	0.3
	1994	32.3	34.3	21.9	11.5	69.0	26.8	3.6	0.6
	1999	29.3	38.2	18.7	13.8	71.2	23.1	4.7	1.0
	2003	29.7	38.5	18.0	13.8	69.5	26.8	2.7	1.0
Mexico ^a	1989	25.3	43.9	10.7	20.1	66.8	25.7	3.6	3.9
	1994	19.8	45.5	12.3	22.4	59.7	33.0	4.4	2.9
	1998	17.2	44.3	15.7	20.9	47.5	38.2	5.4	3.6
	2002	15.5	42.2	19.9	22.4	47.4	38.9	7.4	6.2
	2004	13.5	43.7	18.6	24.2	37.6	45.6	9.9	6.9

Table 31.1 (concluded)

MALE POPULATION BETWEEN 25 AND 59 YEARS OF AGE, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004 (Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Nicaragua	1993	36.6	37.4	15.3	10.6	80.3	15.9	2.1	1.6
	1998	32.3	38.0	13.9	15.8	75.8	17.5	3.4	3.3
	2001	35.9	35.7	15.0	13.3	76.3	17.9	3.7	2.2
Panama	1979	17.6	46.8	20.4	15.1	56.5	37.3	4.5	1.7
	1991	13.9	40.3	24.5	21.3	37.3	45.0	12.1	5.5
	1994	11.4	40.4	26.4	21.7	35.4	46.5	11.7	6.4
	1999	7.8	40.3	27.7	24.3	27.4	50.8	14.6	7.1
	2002	6.5	38.8	29.4	25.4	31.4	51.4	12.5	4.7
Paraguay (Asunción)	1986	17.4	37.6	23.7	21.3	...	...	...	...
	1990	15.1	40.6	28.3	16.0	...	...	...	...
	1994	15.7	42.2	23.3	18.8	...	...	...	...
	1997	13.3	39.4	28.5	18.9	57.7	35.4	5.0	1.9
	2001	14.3	34.9	28.2	22.6	51.0	40.8	4.8	3.4
Peru	1999	14.6	14.2	37.7	33.5	59.3	19.9	16.0	4.8
	2001	16.4	15.8	33.8	34.0	53.6	21.9	17.3	7.2
	2003	14.7	13.3	34.8	37.2	52.1	22.7	18.2	6.9
Uruguay	1981	26.6	47.4	18.3	7.7	...	...	...	...
	1990	17.5	47.4	23.4	11.7	...	...	...	...
	1994	14.7	47.7	25.7	11.9	...	...	...	...
	1999	9.8	50.2	26.6	13.4	...	...	...	...
	2002	8.5	46.1	26.7	18.7	...	...	...	...
Venezuela (Bolivarian Republic of) ^c	1981	26.0	50.9	12.1	11.1	70.9	25.0	2.9	1.2
	1990	17.5	49.6	17.4	15.5	58.9	34.5	5.1	1.6
	1994	17.3	46.5	19.7	16.4	53.6	37.4	6.2	2.8
	1999	18.4	47.1	19.7	14.8	...	...	...	...
	2003	18.7	44.3	20.4	16.5	...	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a Information from which the number of years of schooling may be calculated became available for Mexico in 1996 and for Argentina in 1997. The figures for previous years are estimates based on the categories of incomplete primary education, complete primary education, incomplete secondary education, complete secondary education and higher education.
- ^b In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted. Therefore, the figures for 1980 and 1990 refer to eight major cities only.
- ^c The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 31.2

FEMALE POPULATION BETWEEN 25 AND 59 YEARS OF AGE, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004 (Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Argentina ^a (Greater Buenos Aires)	1980	22.3		68.3	9.4	...	...	...	...
	1990	13.5		69.1	17.4	...	...	...	...
	1994	11.4		69.7	19.0	...	...	...	...
	1999	8.8	36.8	29.9	24.6	...	...	...	...
	2002	6.8	35.1	30.4	27.7	...	...	...	...
	2004	6.6	35.4	29.3	28.7	...	...	...	...
Bolivia	1997	42.0	16.3	24.9	16.8	85.3	8.8	3.6	2.3
	2002	38.3	17.8	21.7	22.2	85.0	10.5	2.9	1.6
Brazil	1979	72.0	11.6	10.3	6.1	96.2	1.8	1.1	0.9
	1990	56.2	16.4	17.0	10.3	89.4	5.9	3.9	0.8
	1993	53.9	18.4	17.9	9.8	88.1	6.7	4.2	1.0
	1999	45.0	20.6	22.9	11.5	81.7	10.2	6.6	1.6
	2001	42.7	21.3	24.1	11.9	81.8	10.3	6.5	1.3
	2003	39.3	20.9	26.5	13.3	78.2	11.7	8.5	1.6
Chile	1990	17.5	30.1	33.9	18.5	45.0	35.7	13.5	5.8
	1994	15.0	24.7	38.5	21.8	40.7	37.0	16.6	5.6
	2000	10.0	23.7	40.6	25.7	34.7	42.5	17.8	5.0
	2003	9.3	21.9	42.0	26.7	30.5	43.7	20.0	5.8
Colombia ^b	1980	55.5	23.5	13.7	7.4	...	...	...	...
	1990	39.9	23.9	22.9	13.3	...	...	...	...
	1991	42.3	23.0	21.1	13.6	78.4	12.4	7.3	2.0
	1994	37.6	23.0	25.3	14.2	75.5	12.6	9.7	2.2
	1999	34.6	21.8	27.7	16.0	71.5	12.9	11.5	4.1
	2002	33.8	19.1	26.9	20.1	69.7	13.5	11.7	5.1
Costa Rica	1981	28.7	42.6	17.3	11.4	60.9	31.1	5.6	2.5
	1990	18.2	40.9	22.1	18.9	42.0	43.0	10.6	4.4
	1994	14.8	40.4	25.3	19.5	35.3	48.5	11.1	5.1
	1999	13.6	40.4	22.9	23.0	29.5	50.8	12.1	7.7
	2002	11.6	41.7	22.5	24.3	29.5	51.7	11.3	7.5
Dominican Republic	2000	26.8	28.2	23.7	21.4	60.4	25.0	10.9	3.6
	2003	26.0	25.5	24.9	23.6	48.4	28.2	14.9	8.6
Ecuador	1990	18.0	42.7	23.1	16.2	...	...	...	...
	1994	13.1	39.8	25.4	21.7	...	...	...	...
	1999	12.8	36.6	28.3	22.3	...	...	...	...
	2002	12.7	35.6	26.5	25.1	...	...	...	...
El Salvador	1995	40.7	28.2	19.1	12.0	84.7	12.6	1.9	0.7
	1999	34.7	28.2	21.5	15.6	79.5	15.9	3.1	1.5
	2001	33.9	28.0	22.2	15.9	76.6	17.8	3.8	1.8
	2003	31.2	28.3	24.1	16.4	73.5	19.6	5.1	1.8
Guatemala	1989	56.7	23.9	13.7	5.8	93.4	4.9	1.3	0.3
	1998	49.0	26.2	17.1	7.6	91.3	6.8	1.5	0.4
	2002	41.2	27.0	21.6	10.1	86.6	9.9	2.7	0.8
Honduras	1990	45.1	29.6	18.9	6.4	81.8	15.4	2.7	...
	1994	37.4	34.5	22.1	6.0	70.8	23.5	5.3	0.5
	1999	33.1	35.4	22.8	8.7	67.6	26.3	5.3	0.9
	2003	29.7	37.2	21.6	11.5	67.6	28.0	3.7	0.7
Mexico ^a	1989	33.3	50.1	8.6	8.1	72.9	24.6	1.1	1.4
	1994	25.9	51.0	11.3	11.9	66.6	29.9	2.5	1.1
	1998	22.0	53.1	10.7	13.1	55.9	37.8	3.9	2.2
	2002	18.7	44.2	22.6	14.5	52.8	35.2	7.6	4.4
	2004	17.6	43.8	19.2	19.3	44.0	41.3	8.4	6.2

Table 31.2 (concluded)

FEMALE POPULATION BETWEEN 25 AND 59 YEARS OF AGE, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004 (Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Nicaragua	1993	45.5	31.1	16.3	7.0	83.1	14.1	2.1	0.6
	1998	39.9	32.9	14.0	13.3	76.0	15.7	4.8	3.5
	2001	38.9	32.2	19.2	9.7	77.4	18.2	3.6	0.8
Panama	1979	18.6	48.6	20.6	12.1	58.3	35.9	4.2	1.6
	1991	13.7	39.0	25.6	21.8	37.9	42.7	12.6	6.7
	1994	10.9	39.5	26.8	22.8	34.6	43.1	14.7	7.5
	1999	8.3	37.3	27.9	26.5	26.9	45.9	17.6	9.5
	2002	6.7	34.0	28.9	30.4	33.7	43.6	14.1	8.6
Paraguay (Asunción)	1986	25.4	37.5	22.9	14.3	...	...	...	...
	1990	18.4	40.3	27.9	13.3	...	...	...	...
	1994	19.8	42.0	22.6	15.6	...	...	...	...
	1997	20.3	38.7	22.9	18.1	61.4	32.6	4.5	1.5
	2001	20.1	34.3	25.5	20.1	56.9	35.1	3.8	4.1
Peru	1999	27.2	13.6	33.1	26.2	78.5	11.8	6.1	3.6
	2001	27.5	15.3	29.6	27.7	72.8	15.8	7.5	3.9
	2003	25.6	14.5	29.1	30.8	70.1	16.1	9.2	4.7
Uruguay	1981	26.6	45.6	18.1	9.7	...	...	...	...
	1990	17.0	45.4	23.9	13.7	...	...	...	...
	1994	14.4	45.2	25.0	15.4	...	...	...	...
	1999	8.7	45.6	28.2	17.6	...	...	...	...
	2002	7.6	41.4	27.7	23.3	...	...	...	...
Venezuela (Bolivarian Republic of) ^c	1981	33.6	48.1	11.7	6.6	76.5	20.1	2.7	0.6
	1990	21.3	46.9	18.1	13.6	63.5	30.0	5.4	1.1
	1994	19.6	45.1	20.7	14.6	54.4	35.0	7.9	2.8
	1999	18.7	43.3	20.2	17.7	...	...	...	...
	2003	17.2	41.1	20.8	20.9	...	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a Information from which the number of years of schooling may be calculated became available for Mexico in 1996 and for Argentina in 1997. The figures for previous years are estimates based on the categories of incomplete primary education, complete primary education, incomplete secondary education, complete secondary education and higher education.
- ^b In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted. Therefore, the figures for 1980 and 1990 refer to eight major cities only.
- ^c The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 32

ECONOMICALLY ACTIVE POPULATION AGED 15 OR OVER, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004 (Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Argentina ^a (Greater Buenos Aires)	1980	17.8		67.2	15.0	...	...	...	...
	1990	13.1		69.0	17.9	...	...	...	...
	1994	8.1		70.2	21.7	...	...	...	...
	1999	7.3	35.9	32.7	24.2	...	...	...	...
	2002	7.2	34.1	31.9	26.8	...	...	...	...
	2004	6.3	34.2	32.8	26.7	...	...	...	...
Bolivia	1997	31.7	19.7	30.8	17.8	74.5	15.9	6.7	2.8
	2002	27.3	21.2	29.3	22.2	69.1	19.5	9.4	2.0
Brazil	1979	60.9	19.2	12.4	7.6	93.2	4.0	1.3	1.4
	1990	47.5	24.3	18.4	9.8	85.0	10.3	3.9	0.8
	1993	53.6	23.0	16.2	7.2	86.5	9.2	3.6	0.7
	1999	39.5	25.4	24.5	10.6	79.3	13.1	6.5	1.1
	2001	36.7	24.8	27.4	11.1	79.1	13.7	6.4	0.9
	2003	33.2	24.3	30.3	12.1	74.1	16.5	8.2	1.1
Chile	1990	13.0	26.9	36.4	23.7	36.8	40.9	15.2	7.0
	1994	11.7	22.8	40.1	25.3	34.2	40.9	17.7	7.2
	2000	8.4	21.4	42.3	27.9	32.1	42.3	20.1	5.5
	2003	7.5	19.9	44.0	28.5	26.6	42.7	24.7	6.0
Colombia ^b	1980	47.1	25.3	16.1	11.5	...	...	...	...
	1990	28.4	28.2	26.9	16.5	...	...	...	...
	1991	35.3	24.4	24.2	16.0	75.9	13.5	8.8	1.8
	1994	32.0	23.1	28.7	16.2	73.1	13.3	11.2	2.4
	1999	29.3	21.5	31.7	17.5	68.4	14.0	13.8	3.7
	2002	29.6	19.1	29.9	21.4	66.1	14.2	14.6	5.2
Costa Rica	1981	20.4	43.4	23.0	13.3	42.0	47.3	8.2	2.5
	1990	14.1	41.1	24.1	20.7	32.9	50.7	11.7	4.6
	1994	12.7	39.7	25.8	21.7	31.1	52.6	11.2	5.0
	1999	11.6	41.9	23.2	23.3	26.3	54.0	12.2	7.5
	2002	10.1	42.0	22.7	25.2	26.2	54.2	11.2	8.4
Dominican Republic	2000	22.7	29.0	26.2	22.1	54.6	27.7	12.6	5.0
	2003	21.5	27.6	27.3	23.6	45.5	29.2	16.9	8.4
Ecuador	1990	14.5	43.1	24.1	18.2	...	...	...	...
	1994	11.1	39.5	27.0	22.4	...	...	...	...
	1999	11.3	38.0	28.4	22.3	...	...	...	...
	2002	12.0	37.4	25.9	24.7	...	...	...	...
El Salvador	1995	33.7	31.5	21.3	13.5	74.2	20.9	4.0	1.0
	1999	28.9	30.3	24.2	16.5	68.0	25.0	5.4	1.6
	2001	27.6	30.6	25.5	16.3	64.2	26.9	7.1	1.8
	2003	25.4	31.7	25.8	17.1	61.8	28.3	8.1	1.8
Guatemala	1989	45.5	29.9	16.2	8.4	84.1	13.5	1.9	0.5
	1998	39.5	31.8	19.0	9.7	80.2	16.8	2.6	0.4
	2002	30.1	34.2	23.2	12.5	71.0	23.6	4.1	1.3
Honduras	1990	38.2	36.7	18.2	7.0	74.8	22.2	2.8	0.2
	1994	32.0	38.9	20.5	8.7	62.3	32.2	4.9	0.6
	1999	29.3	41.0	20.3	9.4	63.1	30.9	5.2	0.9
	2003	28.6	39.7	20.3	11.3	63.6	32.1	3.3	1.0
Mexico ^a	1989	21.7	50.4	13.2	14.6	59.8	34.1	3.5	2.6
	1994	19.0	50.0	14.0	16.9	54.6	39.4	4.0	2.0
	1998	17.3	49.7	15.2	17.8	47.1	43.7	6.3	3.0
	2002	14.7	42.9	23.5	18.9	45.2	40.1	9.7	5.0
	2004	14.3	42.8	20.8	22.1	37.1	45.4	10.6	6.9

Table 32 (concluded)

ECONOMICALLY ACTIVE POPULATION AGED 15 OR OVER, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004 (Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Nicaragua	1993	33.5	41.0	18.1	7.4	74.1	21.4	3.5	1.1
	1998	33.8	38.0	15.3	12.9	70.9	21.8	4.4	2.9
	2001	33.6	36.7	18.8	10.9	71.8	22.6	4.4	1.2
Panama	1979	14.0	46.3	25.3	14.4	47.8	42.3	7.8	2.1
	1991	11.7	37.6	29.1	21.6	34.0	45.2	14.9	5.8
	1994	9.3	38.7	29.2	22.8	32.4	45.8	15.2	6.6
	1999	7.2	36.7	29.8	26.3	26.9	48.0	16.8	8.3
	2002	7.6	34.4	30.7	27.3	34.8	45.7	13.2	6.3
Paraguay (Asunción)	1986	18.7	40.8	24.8	15.7	...	...	...	...
	1990	14.7	41.6	29.3	14.4	...	...	...	...
	1994	15.7	42.1	25.8	16.4	...	...	...	...
	1997	15.0	39.8	27.9	17.3	53.8	37.9	6.4	1.9
	2001	15.3	34.4	29.1	21.2	51.0	38.5	7.2	3.2
Peru	1999	19.7	17.3	36.8	26.2	62.9	21.7	12.3	3.0
	2001	20.9	18.2	33.6	27.4	57.8	23.8	13.8	4.5
	2003	19.0	15.7	34.5	30.8	56.2	24.0	15.1	4.6
Uruguay	1981	21.3	47.4	21.8	9.5	...	...	...	...
	1990	14.2	46.3	26.2	13.3	...	...	...	...
	1994	12.2	46.9	27.6	13.4	...	...	...	...
	1999	8.4	47.5	28.7	15.3	...	...	...	...
	2002	7.1	43.2	28.5	21.2	...	...	...	...
Venezuela (Bolivarian Republic of) ^c	1981	24.3	52.3	14.7	8.7	67.0	28.8	3.5	0.8
	1990	16.6	49.6	19.7	14.1	56.7	36.1	5.8	1.4
	1994	16.3	45.9	22.1	15.7	51.4	37.8	7.9	2.9
	1999	17.3	44.6	21.5	16.6	...	...	...	...
	2003	17.1	42.2	22.3	18.4	...	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a Information from which the number of years of schooling may be calculated became available for Mexico in 1996 and for Argentina in 1997. The figures for previous years are estimates based on the categories of incomplete primary education, complete primary education, incomplete secondary education, complete secondary education and higher education.
- ^b In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted. Therefore, the figures for 1980 and 1990 refer to eight major cities only.
- ^c The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 32.1

ECONOMICALLY ACTIVE MALE POPULATION AGED 15 OR OVER, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004 (Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Argentina ^a (Greater Buenos Aires)	1980	18.6	68.1	13.3	...	...	...	...
	1990	12.5	71.1	16.3	...	...	...	...
	1994	8.3	73.7	18.0	...	...	...	...
	1999	7.4	40.7	32.7	19.2	...	...	...
	2002	7.7	38.8	30.7	22.7	...	...	...
	2004	6.8	37.5	33.8	21.9	...	...	...
Bolivia	1997	25.7	21.0	34.3	18.9	68.2	19.1	9.0	3.6
	2002	22.0	22.0	33.0	23.0	61.6	23.5	12.6	2.4
Brazil	1979	63.5	19.2	10.4	7.0	93.7	3.9	1.0	1.4
	1990	51.4	23.8	16.2	8.6	87.3	9.2	2.9	0.6
	1993	53.7	23.4	15.5	7.4	87.5	8.8	3.1	0.7
	1999	43.0	26.5	21.4	9.1	81.0	12.8	5.3	0.9
	2001	40.1	26.0	24.5	9.3	80.8	13.4	5.1	0.6
	2003	36.4	25.8	27.7	10.0	75.6	16.9	6.8	0.7
Chile	1990	13.4	28.8	37.1	20.7	39.1	42.2	13.8	4.9
	1994	12.3	24.2	40.6	22.8	36.4	42.0	16.0	5.6
	2000	9.1	22.7	42.3	25.9	34.9	43.2	17.8	4.1
	2003	7.8	21.6	44.3	26.3	28.9	44.4	22.1	4.6
Colombia ^b	1980	46.8	25.3	15.3	12.7	...	...	...	...
	1990	29.8	28.6	25.4	16.1	...	...	...	...
	1991	36.8	25.5	22.5	15.2	78.4	13.0	7.2	1.4
	1994	33.8	24.1	27.0	15.1	77.0	12.8	8.4	1.8
	1999	31.1	22.0	30.1	16.7	73.3	13.2	10.9	2.6
	2002	31.8	19.7	28.7	19.7	70.8	13.3	12.2	3.7
Costa Rica	1981	21.7	45.6	20.5	12.2	44.9	46.3	6.9	2.0
	1990	15.7	43.1	22.4	18.8	35.7	50.9	10.0	3.4
	1994	13.9	41.7	24.7	19.7	33.9	52.7	9.5	3.9
	1999	12.2	44.9	22.1	20.7	29.1	54.7	10.6	5.7
	2002	11.0	44.9	21.6	22.4	28.9	55.2	9.4	6.4
Dominican Republic	2000	25.6	31.6	24.4	18.4	58.1	27.5	10.1	4.4
	2003	23.9	30.8	26.2	19.1	50.3	29.2	14.6	5.9
Ecuador	1990	14.2	46.9	21.9	17.1	...	...	...	...
	1994	10.8	41.9	26.2	21.2	...	...	...	...
	1999	11.2	40.8	27.2	20.8	...	...	...	...
	2002	11.6	39.6	25.2	23.6	...	...	...	...
El Salvador	1995	31.7	34.4	20.6	13.3	74.6	21.1	3.6	0.7
	1999	27.0	32.9	23.7	16.4	68.2	25.9	4.7	1.2
	2001	25.3	33.5	25.3	15.9	64.3	27.6	6.9	1.3
	2003	23.1	34.4	25.6	17.0	61.9	29.0	7.7	1.3
Guatemala	1989	45.0	32.1	14.1	8.8	84.2	14.0	1.4	0.4
	1998	36.6	35.2	17.7	10.6	78.0	19.1	2.6	0.4
	2002	26.6	37.4	21.9	14.0	68.4	26.7	3.4	1.6
Honduras	1990	39.1	38.7	15.1	7.1	76.0	22.1	1.7	0.2
	1994	32.7	39.3	19.0	9.1	64.9	31.7	2.9	0.5
	1999	30.0	42.8	17.5	9.8	65.8	29.7	3.9	0.7
	2003	30.5	41.4	17.4	10.7	66.0	30.8	2.4	0.7
Mexico ^a	1989	23.3	48.5	12.3	15.9	59.8	34.1	3.5	2.5
	1994	19.1	49.6	13.4	17.8	54.5	39.9	3.7	1.9
	1998	17.0	49.0	16.2	17.8	46.5	44.1	6.4	3.0
	2002	15.0	44.8	21.2	18.9	44.1	42.4	8.8	4.6
	2004	14.4	44.8	19.8	20.9	38.2	45.8	10.5	5.5

Table 32.1 (concluded)

ECONOMICALLY ACTIVE MALE POPULATION AGED 15 OR OVER, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004 (Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Nicaragua	1993	33.3	42.2	16.6	7.8	78.0	18.2	2.7	1.1
	1998	33.9	40.6	14.0	11.5	74.3	20.5	3.0	2.1
	2001	35.9	38.6	15.3	10.2	74.7	20.6	3.5	1.2
Panama	1979	16.2	48.3	22.8	12.8	50.6	42.3	5.8	1.3
	1991	14.2	42.0	26.4	17.5	38.3	46.0	11.9	3.8
	1994	11.5	42.2	27.5	18.7	36.5	47.2	11.8	4.4
	1999	8.8	40.9	28.8	21.5	30.6	50.2	13.6	5.5
	2002	7.9	39.3	30.3	22.5	35.7	49.2	11.5	3.6
Paraguay (Asunción)	1986	17.5	40.8	24.3	17.4	...	...	...	...
	1990	14.6	41.5	30.0	13.8	...	...	...	...
	1994	14.9	43.3	26.2	15.6	...	...	...	...
	1997	13.1	39.6	30.8	16.5	55.9	37.4	5.4	1.3
	2001	13.9	36.4	29.8	20.0	50.6	39.2	7.6	2.6
Peru	1999	15.7	17.3	40.1	26.9	54.4	25.9	16.5	3.1
	2001	17.2	18.6	36.3	27.9	50.6	27.1	17.2	5.2
	2003	15.8	16.1	36.8	31.3	48.9	26.9	19.1	5.2
Uruguay	1981	22.9	49.6	20.4	7.2	...	...	...	...
	1990	16.0	49.4	24.3	10.3	...	...	...	...
	1994	13.8	50.5	25.7	10.0	...	...	...	...
	1999	9.8	51.8	26.6	11.8	...	...	...	...
	2002	8.4	47.8	26.9	16.8	...	...	...	...
Venezuela (Bolivarian Republic of) ^c	1981	25.6	53.8	12.5	8.1	68.7	28.0	2.6	0.6
	1990	17.8	52.5	17.4	12.3	58.7	35.8	4.6	1.0
	1994	18.1	48.8	19.8	13.4	55.2	36.8	6.1	1.9
	1999	19.7	48.0	19.7	12.7	...	...	...	...
	2003	19.8	45.1	20.8	14.3	...	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a Information from which the number of years of schooling may be calculated became available for Mexico in 1996 and for Argentina in 1997. The figures for previous years are estimates based on the categories of incomplete primary education, complete primary education, incomplete secondary education, complete secondary education and higher education.
- ^b In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted. Therefore, the figures for 1980 and 1990 refer to eight major cities only.
- ^c The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 32.2

ECONOMICALLY ACTIVE FEMALE POPULATION AGED 15 OR OVER, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004 (Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Argentina ^a (Greater Buenos Aires)	1980	16.2		65.6	18.2	...	...	...	...
	1990	14.0		65.7	20.3	...	...	...	...
	1994	7.7		64.5	27.7	...	...	...	...
	1999	7.1	29.1	32.6	31.2	...	...	...	...
	2002	6.5	27.5	33.7	32.4	...	...	...	...
	2004	5.7	29.9	31.5	33.0	...	...	...	...
Bolivia	1997	39.6	17.9	26.3	16.2	82.4	12.0	3.8	1.9
	2002	33.7	20.2	24.8	21.3	79.7	14.0	4.9	1.4
Brazil	1979	55.7	19.1	16.3	9.0	91.8	4.5	2.0	1.6
	1990	41.6	25.0	21.7	11.7	80.0	12.7	6.3	1.1
	1993	53.4	22.7	16.7	7.1	85.4	9.7	4.2	0.7
	1999	34.9	23.8	28.6	12.7	76.7	13.5	8.3	1.4
	2001	32.0	23.2	31.2	13.6	76.2	14.2	8.4	1.2
	2003	29.0	22.4	33.7	14.8	71.9	16.0	10.5	1.6
Chile	1990	12.3	23.4	35.0	29.2	25.1	34.8	22.4	17.8
	1994	10.7	20.4	39.3	29.7	25.1	36.0	25.0	13.9
	2000	7.2	19.4	42.3	31.0	22.0	39.2	28.4	10.5
	2003	6.9	17.5	43.7	31.9	19.3	37.4	32.9	10.4
Colombia ^b	1980	47.6	25.4	17.4	9.6	...	...	...	...
	1990	26.5	27.6	29.0	16.9	...	...	...	...
	1991	33.2	22.8	26.8	17.2	69.9	14.8	12.5	2.8
	1994	29.4	21.7	31.1	17.8	63.4	14.7	18.2	3.7
	1999	27.1	20.8	33.6	18.5	57.5	15.9	20.5	6.2
	2002	27.0	18.4	31.2	23.4	56.6	16.0	19.3	8.0
Costa Rica	1981	17.5	38.8	28.0	15.7	31.1	51.3	13.3	4.3
	1990	11.4	37.5	27.1	24.0	23.5	50.2	17.6	8.7
	1994	10.6	36.4	27.7	25.3	22.5	52.5	16.6	8.4
	1999	10.6	37.3	24.9	27.2	18.8	52.3	16.6	12.2
	2002	8.7	37.7	24.2	29.4	19.0	51.8	15.8	13.5
Dominican Republic	2000	18.7	25.3	28.7	27.3	45.3	28.4	19.5	6.8
	2003	18.1	23.1	28.9	29.9	34.4	29.3	22.1	14.2
Ecuador	1990	15.1	36.6	28.0	20.2	...	...	...	...
	1994	11.6	35.8	28.3	24.3	...	...	...	...
	1999	11.5	34.0	30.0	24.5	...	...	...	...
	2002	12.7	34.1	26.8	26.3	...	...	...	...
El Salvador	1995	36.2	28.0	22.0	13.8	73.0	20.3	5.0	1.7
	1999	31.3	27.3	24.8	16.7	67.7	22.7	7.0	2.7
	2001	30.4	27.2	25.6	16.8	63.9	25.3	7.7	3.1
	2003	28.1	28.5	26.2	17.2	61.5	26.7	8.9	2.9
Guatemala	1989	46.3	26.3	19.8	7.6	83.8	11.2	4.0	1.0
	1998	43.3	27.6	20.6	8.5	85.0	11.6	2.8	0.6
	2002	34.7	30.0	24.7	10.6	76.4	17.3	5.5	0.8
Honduras	1990	36.8	33.7	22.7	6.8	69.6	22.7	7.3	0.4
	1994	31.0	38.2	22.8	8.0	53.6	33.9	11.4	1.1
	1999	28.4	38.8	23.8	9.0	56.3	33.8	8.6	1.4
	2003	26.2	37.4	24.1	12.2	56.1	36.1	6.1	1.6
Mexico ^a	1989	18.5	54.4	15.0	12.0	60.0	33.8	3.2	2.9
	1994	18.9	50.6	15.1	15.3	54.9	38.4	4.5	2.2
	1998	17.7	50.9	13.6	17.8	48.2	42.9	5.9	3.0
	2002	14.1	39.8	27.2	18.9	47.1	35.6	11.5	5.7
	2004	14.2	39.7	22.3	23.8	34.7	44.8	10.8	9.7

Table 32.2 (concluded)

ECONOMICALLY ACTIVE FEMALE POPULATION AGED 15 OR OVER, BY YEARS OF SCHOOLING, URBAN AND RURAL AREAS, 1980–2004 (Percentages)									
Country	Year	Urban areas				Rural areas			
		Years of schooling				Years of schooling			
		0–5	6–9	10–12	13 or more	0–5	6–9	10–12	13 or more
Nicaragua	1993	33.6	39.5	20.0	6.9	62.3	30.8	5.7	1.2
	1998	33.6	34.6	17.0	14.8	60.5	25.6	8.5	5.3
	2001	30.4	34.1	23.5	11.9	63.9	27.8	6.9	1.4
Panama	1979	10.6	43.3	29.1	16.9	32.1	42.2	19.2	6.5
	1991	7.9	30.7	33.4	28.0	17.5	42.2	26.5	13.8
	1994	5.7	33.0	31.9	29.4	18.2	40.8	26.8	14.2
	1999	4.7	30.4	31.3	33.6	15.1	40.8	27.1	17.0
	2002	7.2	27.7	31.2	33.9	32.0	35.8	18.0	14.1
Paraguay (Asunción)	1986	20.2	40.9	25.4	13.5	...	...	...	...
	1990	14.7	41.8	28.3	15.2	...	...	...	...
	1994	16.8	40.4	25.3	17.5	...	...	...	...
	1997	17.3	40.1	24.5	18.1	48.4	39.2	8.9	3.4
	2001	17.0	32.1	28.4	22.5	51.9	37.0	6.6	4.5
Peru	1999	24.6	17.3	32.9	25.2	74.6	16.1	6.6	2.8
	2001	25.5	17.6	30.2	26.7	67.6	19.5	9.3	3.7
	2003	23.0	15.2	31.6	30.2	65.6	20.5	10.0	3.9
Uruguay	1981	18.6	43.7	24.2	13.4	...	...	...	...
	1990	11.6	42.0	29.0	17.4	...	...	...	...
	1994	10.0	42.2	30.0	17.8	...	...	...	...
	1999	6.6	42.1	31.5	19.8	...	...	...	...
	2002	5.4	37.6	30.6	26.5	...	...	...	...
Venezuela (Bolivarian Republic of) ^c	1981	21.2	48.9	19.9	9.9	56.9	33.5	8.2	1.5
	1990	14.0	43.9	24.3	17.8	46.7	38.0	12.1	3.2
	1994	12.8	40.2	26.6	20.4	37.1	41.6	14.7	6.6
	1999	13.1	38.9	24.7	23.3	...	...	...	...
	2003	13.2	37.9	24.5	24.4	...	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a Information from which the number of years of schooling may be calculated became available for Mexico in 1996 and for Argentina in 1997. The figures for previous years are estimates based on the categories of incomplete primary education, complete primary education, incomplete secondary education, complete secondary education and higher education.
- ^b In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted. Therefore, the figures for 1980 and 1990 refer to eight major cities only.
- ^c The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 33

YEARS OF SCHOOLING COMPLETED BY THE POPULATION BETWEEN 15 AND 24 YEARS OF AGE, BY SEX, URBAN AND RURAL AREAS, 1980–2004 (Averages)							
Country	Year	Urban areas			Rural areas		
		Years of schooling			Years of schooling		
		Both sexes	Males	Females	Both sexes	Males	Females
Argentina ^a (Greater Buenos Aires)	1980	7.8	7.8	7.7	...	...	...
	1990	9.0	8.9	9.2	...	...	...
	1994	9.1	8.8	9.4	...	...	...
	1999	10.1	9.8	10.5	...	...	...
	2002	10.4	10.2	10.6	...	...	...
	2004	10.5	10.3	10.7	...	...	...
Bolivia	1989	10.2	10.6	9.9	...	...	...
	1994	10.0	10.3	9.7	...	...	...
	2002	10.1	10.2	9.9	6.6	7.2	6.0
Brazil	1979	6.4	6.4	6.4	4.2	4.4	4.1
	1990	6.6	6.3	6.8	3.6	3.3	4.0
	1993	6.5	6.2	6.8	3.7	3.4	4.2
	1999	7.5	7.2	7.9	4.9	4.4	5.4
	2001	7.9	7.6	8.2	5.1	4.7	5.5
	2003	8.4	8.0	8.7	5.8	5.4	6.2
Chile	1987	9.9	9.9	10.0	7.4	7.1	7.6
	1990	10.1	10.0	10.2	7.9	7.6	8.1
	1994	10.4	10.3	10.5	8.2	8.0	8.4
	2000	10.6	10.6	10.7	9.0	8.7	9.2
	2003	10.9	10.8	11.0	9.4	9.3	9.6
Colombia ^b	1980	7.5	7.6	7.5	...	...	...
	1990	8.5	8.5	8.5	...	...	...
	1991	8.5	8.4	8.7	5.5	5.2	5.8
	1994	8.7	8.6	8.8	5.8	5.5	6.2
	1999	9.2	9.0	9.3	6.5	6.2	6.8
	2002	9.8	9.6	10.0	...	...	...
Costa Rica	1981	8.8	8.7	8.9	6.7	6.6	6.8
	1990	9.1	8.9	9.3	6.9	6.7	7.2
	1994	8.8	8.8	8.8	6.6	6.5	6.7
	1999	8.8	8.6	9.0	7.0	6.8	7.1
	2002	9.0	8.8	9.1	7.1	6.9	7.3
Dominican Republic	2000	9.4	8.8	9.9	6.7	6.3	7.2
	2003	9.6	9.1	10.0	7.8	7.3	8.4
Ecuador	1990	9.4	9.1	9.6	...	...	...
	1994	9.7	9.6	9.8	...	...	...
	1999	9.6	9.4	9.8	...	...	...
	2002	9.7	9.5	9.8	...	...	...
El Salvador	1997	8.8	8.7	8.9	5.2	5.2	5.1
	1999	9.0	8.9	9.0	5.5	5.5	5.5
	2001	9.2	9.2	9.2	6.0	6.0	5.9
	2003	9.2	9.1	9.2	6.0	6.0	6.0
Guatemala	1989	6.7	7.3	6.2	2.9	3.4	2.4
	1998	7.5	7.6	7.5	3.6	4.1	3.1
	2002	8.2	8.5	7.9	4.5	4.9	4.2
Honduras	1990	7.0	6.9	7.0	4.1	3.9	4.3
	1994	7.3	7.2	7.4	4.8	4.7	5.0
	1999	7.6	7.3	7.8	4.9	4.7	5.1
	2003	7.9	7.6	8.1	4.9	4.7	5.1

Table 33 (concluded)

YEARS OF SCHOOLING COMPLETED BY THE POPULATION BETWEEN 15 AND 24 YEARS OF AGE, BY SEX, URBAN AND RURAL AREAS, 1980–2004 (Averages)							
Country	Year	Urban areas			Rural areas		
		Years of schooling			Years of schooling		
		Both sexes	Males	Females	Both sexes	Males	Females
Mexico ^a	1984	9.7	9.9	9.5	8.3	8.5	8.1
	1989	8.7	8.9	8.6	6.8	6.8	6.7
	1994	8.9	9.0	8.8	7.0	6.9	7.1
	2002	9.8	9.9	9.8	7.9	7.9	7.9
	2004	10.0	9.8	10.1	8.2	8.2	8.2
Nicaragua	1993	7.0	6.8	7.2	3.6	3.3	4.0
	1998	7.5	7.2	7.8	4.2	3.8	4.6
	2001	7.9	7.4	8.3	4.3	4.0	4.6
Panama	1979	9.2	9.0	9.3	6.9	6.8	7.0
	1991	9.6	9.2	9.9	7.6	7.3	8.0
	1994	9.6	9.3	9.9	7.6	7.3	8.1
	1999	10.0	9.8	10.3	8.0	7.6	8.4
	2002	10.2	9.9	10.5	7.4	7.3	7.5
Paraguay (Asunción)	1986	8.7	9.0	8.5	...	...	...
	1990	9.3	9.5	9.1	...	...	...
	1994	9.1	9.1	9.0	...	...	...
	2001	9.6	9.6	9.6	6.6	6.5	6.7
Peru	1997	9.0	9.0	9.0	6.1	6.4	5.7
	2001	10.1	10.2	10.1	7.6	7.9	7.2
	2003	10.6	10.5	10.6	7.8	8.2	7.2
Uruguay	1981	8.6	8.4	8.7	...	...	...
	1990	9.2	8.9	9.4	...	...	...
	1994	9.2	8.9	9.5	...	...	...
	1999	9.5	9.1	9.8	...	...	...
	2002	9.6	9.2	10.0	...	...	...
Venezuela (Bolivarian Republic of) ^c	1981	8.0	7.7	8.2	5.1	4.9	5.4
	1990	8.4	8.2	8.7	5.7	5.2	6.2
	1994	8.7	8.4	9.1	6.0	5.7	6.4
	1999	8.8	8.2	9.3	...	...	...
	2003	9.0	8.5	9.6	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a Information from which the number of years of schooling may be calculated became available for Mexico in 1996 and for Argentina in 1997. The figures for previous years are estimates based on the categories of incomplete primary education, complete primary education, incomplete secondary education, complete secondary education and higher education.
- ^b In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted. Therefore, the figures for 1980 and 1990 refer to eight major cities only.
- ^c The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 34

YEARS OF SCHOOLING COMPLETED BY THE POPULATION BETWEEN 25 AND 59 YEARS OF AGE, BY SEX, URBAN AND RURAL AREAS, 1980–2004 (Averages)							
Country	Year	Urban areas			Rural areas		
		Years of schooling			Years of schooling		
		Both sexes	Males	Females	Both sexes	Males	Females
Argentina ^a (Greater Buenos Aires)	1980	7.4	7.0	7.7	...	...	...
	1990	8.8	8.9	8.8	...	...	...
	1994	9.0	9.0	9.0	...	...	...
	1999	10.2	10.1	10.3	...	...	...
	2002	10.5	10.2	10.7	...	...	...
	2004	10.5	10.4	10.7	...	...	...
Bolivia	1989	8.8	9.9	7.8	...	...	...
	1994	9.3	10.3	8.3	...	...	...
	2002	9.2	10.1	8.3	4.0	5.1	3.0
Brazil	1979	5.1	5.3	4.9	2.4	2.5	2.3
	1990	6.2	6.3	6.1	2.6	2.6	2.6
	1993	6.3	6.4	6.2	2.7	2.7	2.8
	1999	7.0	6.9	7.1	3.3	3.2	3.4
	2001	7.2	7.1	7.2	3.2	3.0	3.4
	2003	7.5	7.4	7.6	3.6	3.3	3.8
Chile	1987	9.3	9.7	9.0	5.5	5.6	5.5
	1990	9.73	10.07	9.44	6.2	6.2	6.1
	1994	10.2	10.4	10.0	6.6	6.7	6.5
	2000	10.9	11.1	10.7	6.8	6.8	6.9
	2003	11.1	11.3	10.9	7.3	7.3	7.3
Colombia ^b	1980	6.8	7.4	6.2	...	...	...
	1990	8.2	8.6	7.8	...	...	...
	1991	8.1	8.5	7.8	4.1	4.1	4.1
	1994	8.3	8.6	8.1	4.4	4.3	4.4
	1999	8.6	8.9	8.4	4.8	4.7	4.9
	2002	9.3	9.4	9.2	5.1	5.0	5.2
Costa Rica	1981	7.5	7.9	7.3	4.6	4.7	4.5
	1990	9.6	10.0	9.3	6.3	6.6	6.0
	1994	9.1	9.3	8.9	6.0	6.0	6.0
	1999	9.3	9.4	9.1	6.5	6.5	6.5
	2002	9.4	9.5	9.3	6.5	6.5	6.5
Dominican Republic	2000	8.9	8.9	8.9	5.1	5.2	5.0
	2003	9.1	9.1	9.1	6.1	6.0	6.2
Ecuador	1990	8.9	9.2	8.6	...	...	...
	1994	9.7	10.0	9.5	...	...	...
	1999	9.9	10.1	9.7	...	...	...
	2002	10.1	10.3	9.9	...	...	...
El Salvador	1997	7.9	8.7	7.4	2.9	3.3	2.6
	1999	8.2	8.8	7.7	3.2	3.6	2.9
	2001	8.3	8.9	7.9	3.5	3.9	3.2
	2003	8.6	9.2	8.2	3.8	4.1	3.5
Guatemala	1989	5.6	6.4	4.9	1.5	1.9	1.1
	1998	6.5	7.2	5.8	1.9	2.4	1.4
	2002	7.4	8.3	6.6	2.5	3.0	2.0
Honduras	1990	6.4	6.8	6.1	2.5	2.6	2.4
	1994	7.0	7.5	6.6	3.4	3.4	3.4
	1999	7.3	7.6	7.1	3.5	3.5	3.6
	2003	7.5	7.5	7.4	3.5	3.4	3.6

Table 34 (concluded)

YEARS OF SCHOOLING COMPLETED BY THE POPULATION BETWEEN 25 AND 59 YEARS OF AGE, BY SEX, URBAN AND RURAL AREAS, 1980–2004 (Averages)							
Country	Year	Urban areas			Rural areas		
		Years of schooling			Years of schooling		
		Both sexes	Males	Females	Both sexes	Males	Females
Mexico ^a	1984	8.4	8.8	8.1	6.9	7.1	6.7
	1989	7.5	8.1	7.0	4.7	5.0	4.5
	1994	8.0	8.5	7.6	5.0	5.3	4.8
	2002	9.1	9.6	8.7	5.3	5.5	5.1
	2004	9.4	9.8	9.0	6.2	6.5	5.9
Nicaragua	1993	6.4	6.8	6.0	2.4	2.4	2.3
	1998	7.0	7.4	6.6	3.2	3.2	3.2
	2001	6.9	7.1	6.7	3.1	3.2	3.0
Panama	1979	8.5	8.6	8.3	4.4	4.4	4.3
	1991	9.6	9.6	9.7	6.1	6.1	6.2
	1994	9.9	9.9	10.0	6.4	6.3	6.6
	1999	10.4	10.4	10.5	7.1	6.9	7.2
	2002	10.8	10.6	11.0	6.4	6.3	6.5
Paraguay (Asunción)	1986	8.8	9.4	8.3	...	...	...
	1990	9.0	9.3	8.8	...	...	...
	1994	8.9	9.2	8.6	...	...	...
	2001	9.6	9.9	9.3	5.1	5.3	4.9
Peru	1999	10.1	10.9	9.5	4.6	5.7	3.6
	2001	10.2	10.9	9.6	5.1	6.3	3.9
	2003	10.6	11.3	10.0	5.3	6.4	4.3
Uruguay	1981	7.3	7.3	7.3	...	...	...
	1990	8.3	8.3	8.4	...	...	...
	1994	8.6	8.6	8.7	...	...	...
	1999	9.2	9.0	9.3	...	...	...
	2002	9.7	9.5	9.9	...	...	...
Venezuela (Bolivarian Republic of) ^c	1981	6.8	7.3	6.4	3.1	3.3	2.7
	1990	8.2	8.4	8.0	4.0	4.2	3.8
	1994	8.3	8.4	8.1	4.7	4.7	4.6
	1999	8.3	8.2	8.5	...	...	...
	2003	8.6	8.4	8.9	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a Information from which the number of years of schooling may be calculated became available for Mexico in 1996 and for Argentina in 1997. The figures for previous years are estimates based on the categories of incomplete primary education, complete primary education, incomplete secondary education, complete secondary education and higher education.
- ^b In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted. Therefore, the figures for 1980 and 1990 refer to eight major cities only.
- ^c The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 35

YEARS OF SCHOOLING COMPLETED BY THE ECONOMICALLY ACTIVE POPULATION OVER 15 YEARS OF AGE, BY SEX, URBAN AND RURAL AREAS, 1980–2004 (Averages)							
Country	Year	Urban areas			Rural areas		
		Years of schooling			Years of schooling		
		Both sexes	Males	Females	Both sexes	Males	Females
Argentina ^a (Greater Buenos Aires)	1980	7.4	7.0	8.2	...	...	...
	1990	8.7	8.6	8.9	...	...	...
	1994	9.3	9.0	9.7	...	...	...
	1999	10.4	10.0	11.1	...	...	...
	2002	10.7	10.2	11.2	...	...	...
	2004	10.7	10.3	11.1	...	...	...
Bolivia	1989	9.0	9.7	8.2	...	...	...
	1994	9.3	10.0	8.5	...	...	...
	2002	9.2	9.8	8.6	4.5	5.3	3.3
Brazil	1979	5.9	5.6	6.4	3.1	3.0	3.4
	1990	6.7	6.3	7.2	3.0	2.7	3.5
	1993	6.0	6.0	6.0	2.8	2.7	2.9
	1999	7.3	6.9	7.9	3.5	3.3	3.8
	2001	7.6	7.2	8.1	3.5	3.3	3.8
	2003	8.0	7.5	8.5	3.9	3.7	4.3
Chile	1987	9.9	9.7	10.3	6.2	5.9	7.6
	1990	10.2	10.0	10.6	6.7	6.4	8.5
	1994	10.6	10.4	10.9	7.1	6.8	8.4
	2000	11.1	10.9	11.4	7.2	6.8	8.4
	2003	11.3	11.2	11.6	7.7	7.4	8.8
Colombia ^b	1980	7.1	7.2	6.9	...	...	...
	1990	8.7	8.6	8.8	...	...	...
	1991	8.4	8.2	8.6	4.3	4.1	4.9
	1994	8.6	8.4	8.9	4.7	4.3	5.6
	1999	8.9	8.7	9.1	5.1	4.7	6.1
	2002	9.5	9.2	9.8	5.5	5.1	6.4
Costa Rica	1981	8.1	7.8	8.6	5.4	5.2	6.3
	1990	10.1	9.7	10.6	6.7	6.4	7.8
	1994	9.2	9.0	9.7	6.2	5.9	7.1
	1999	9.3	9.1	9.7	6.6	6.3	7.5
	2002	9.5	9.2	10.0	6.7	6.3	7.7
Dominican Republic	2000	9.3	8.8	10.0	5.5	5.1	6.5
	2003	9.5	9.0	10.2	6.4	5.8	7.7
Ecuador	1990	9.0	8.8	9.3	...	...	...
	1994	9.7	9.6	10.0	...	...	...
	1999	9.8	9.6	10.0	...	...	...
	2002	9.9	9.8	10.0	...	...	...
El Salvador	1997	8.1	8.2	7.9	3.5	3.5	3.6
	1999	8.3	8.5	8.2	3.9	3.8	4.0
	2001	8.5	8.6	8.3	4.2	4.1	4.4
	2003	8.7	8.8	8.5	4.4	4.3	4.6
Guatemala	1989	6.1	6.2	6.0	2.2	2.2	2.2
	1998	6.7	6.9	6.4	2.5	2.7	2.1
	2002	7.6	8.0	7.2	3.3	3.5	2.9
Honduras	1990	6.5	6.4	6.8	2.9	2.8	3.4
	1994	7.1	7.1	7.2	3.8	3.6	4.7
	1999	7.2	7.1	7.4	3.8	3.6	4.4
	2003	7.4	7.2	7.8	3.8	3.5	4.4

Table 35 (concluded)

YEARS OF SCHOOLING COMPLETED BY THE ECONOMICALLY ACTIVE POPULATION OVER 15 YEARS OF AGE, BY SEX, URBAN AND RURAL AREAS, 1980–2004 (Averages)							
Country	Year	Urban areas			Rural areas		
		Years of schooling			Years of schooling		
		Both sexes	Males	Females	Both sexes	Males	Females
Mexico ^a	1984	8.9	8.8	9.0	7.2	7.2	7.3
	1989	8.0	8.0	8.1	5.2	5.2	5.2
	1994	8.3	8.3	8.3	5.5	5.5	5.5
	2002	9.4	9.4	9.6	5.6	5.6	5.6
	2004	9.6	9.5	9.75	6.44	6.3	6.73
Nicaragua	1993	6.8	6.8	6.9	3.0	2.7	4.1
	1998	7.1	7.0	7.3	3.5	3.2	4.6
	2001	7.1	6.8	7.5	3.4	3.2	4.1
Panama	1979	8.9	8.6	9.5	5.0	4.7	6.8
	1991	9.9	9.2	10.8	6.4	5.8	8.6
	1994	10.2	9.6	11.0	6.6	6.0	8.6
	1999	10.6	10.1	11.5	7.1	6.5	9.0
	2002	10.7	10.3	11.3	6.3	5.9	7.3
Paraguay (Asunción)	1986	8.9	9.1	8.6	...	...	...
	1990	9.2	9.2	9.1	...	...	...
	1994	9.1	9.1	9.1	...	...	...
	2001	9.7	9.8	9.7	5.4	5.4	5.3
Peru	1999	10.0	10.4	9.4	4.8	5.6	3.7
	2001	10.0	10.4	9.6	5.3	6.1	4.1
	2003	10.4	10.8	10.0	5.4	6.3	4.3
Uruguay	1981	7.8	7.5	8.2	...	...	...
	1990	8.6	8.2	9.2	...	...	...
	1994	8.8	8.4	9.3	...	...	...
	1999	9.3	8.9	9.8	...	...	...
	2002	9.8	9.3	10.4	...	...	...
Venezuela (Bolivarian Republic of) ^c	1981	7.2	7.0	7.7	3.5	3.4	4.3
	1990	8.4	8.1	9.2	4.3	4.1	5.3
	1994	8.5	8.1	9.3	4.9	4.6	6.3
	1999	8.5	7.9	9.5	...	...	...
	2003	8.7	8.1	9.5	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a Information from which the number of years of schooling may be calculated became available for Mexico in 1996 and for Argentina in 1997. The figures for previous years are estimates based on the categories of incomplete primary education, complete primary education, incomplete secondary education, complete secondary education and higher education.
- ^b In 1993 the survey's geographical coverage was extended to include nearly the entire urban population of the country. Up to 1992 the survey covered approximately half the urban population, except in 1991, when a nationwide survey was conducted. Therefore, the figures for 1980 and 1990 refer to eight major cities only.
- ^c The sample design used in the surveys conducted since 1997 does not distinguish between urban and rural areas, and the figures therefore refer to the nationwide total.

Table 36

CLASSIFICATION OF YOUNG PEOPLE AGED 15 TO 19 BY EDUCATIONAL STATUS, ^a NATIONAL TOTAL, CIRCA 2003 (Percentages)														
Country	Year	Sex	Educational status										Total	
			Dropouts					Students and graduates						
			Did not enter educational system	Early dropouts (during primary cycle)	Dropouts at end of primary cycle	Dropouts at beginning of secondary cycle	Dropouts at end of secondary cycle	Dropout subtotal	Students who are badly behind	Students who are slightly behind	Up-to-date students	Graduates		Subtotal students and graduates
Bolivia	2002	Both sexes	0.8	21.3	7.0	6.9	10.1	45.3	9.1	9.7	22.4	12.6	53.8	100.0
		Males	0.6	21.1	6.4	6.4	9.6	43.5	8.6	11.6	23.1	12.5	55.8	100.0
		Females	1.1	21.6	7.5	7.4	10.6	47.1	9.6	8.0	21.6	12.7	51.9	100.0
Brazil ^b	2002	Both sexes	1.9	14.6	3.8		2.3	20.7	22.2	11.8	31.3	12.0	77.3	100.0
		Males	2.6	15.4	3.7		2.3	21.4	25.5	12.3	28.1	10.1	76.0	100.0
		Females	1.2	13.8	3.9		2.4	20.1	18.9	11.3	34.5	13.8	78.5	100.0
Chile	2003	Both sexes	0.3	2.8	3.4	2.3	3.0	11.5	5.9	13.7	51.0	17.6	88.2	100.0
		Males	0.4	3.3	3.5	2.2	2.7	11.7	6.8	15.4	48.8	16.8	87.8	100.0
		Females	0.2	2.4	3.2	2.3	3.4	11.3	5.0	11.9	53.2	18.4	88.5	100.0
Colombia	2002	Both sexes	2.0	6.7	9.6	10.0	4.3	30.6	14.4	9.9	20.1	23.0	67.4	100.0
		Males	2.6	7.9	10.3	9.9	3.8	31.9	16.0	10.4	19.1	19.9	65.4	100.0
		Females	1.5	5.5	8.8	10.0	4.7	29.0	12.9	9.4	21.2	26.0	69.5	100.0
Costa Rica	2002	Both sexes	1.3	7.7	18.9	4.8	2.2	33.6	20.6	11.5	19.7	13.2	65.0	100.0
		Males	1.2	8.9	19.5	5.6	2.3	36.3	22.0	11.4	17.2	11.9	62.5	100.0
		Females	1.4	6.4	18.3	4.1	2.1	30.9	19.2	11.5	22.4	14.5	67.6	100.0
Dominican Republic	2003	Both sexes	2.7	10.6	2.8	1.2	1.4	16.0	16.8	12.2	38.7	13.7	81.4	100.0
		Males	3.3	12.2	2.5	0.6	1.2	16.5	21.4	13.8	34.8	10.3	80.3	100.0
		Females	2.1	8.8	3.1	1.9	1.6	15.4	11.9	10.5	42.8	17.3	82.5	100.0
El Salvador ^b	2003	Both sexes	4.7	28.2	6.3		2.1	36.6	10.3	7.5	32.2	8.8	58.8	100.0
		Males	4.9	26.8	5.9		1.9	34.6	12.5	8.7	31.6	7.7	60.5	100.0
		Females	4.4	29.7	6.7		2.2	38.6	8.1	6.4	32.8	9.9	57.2	100.0
Guatemala	2002	Both sexes	13.7	20.8	14.0	7.1	0.9	42.8	11.2	5.9	22.7	3.7	43.5	100.0
		Males	9.1	20.2	16.1	7.3	0.7	44.3	13.5	7.1	22.3	3.8	46.7	100.0
		Females	17.8	21.3	12.2	6.8	1.0	41.3	9.1	4.9	23.2	3.7	40.9	100.0
Honduras	2003	Both sexes	6.1	17.1	26.7	3.4	2.5	49.7	13.3	6.9	17.0	7.1	44.3	100.0
		Males	7.0	19.8	27.7	3.2	1.8	52.5	13.1	6.6	15.1	5.7	40.5	100.0
		Females	5.3	14.4	25.7	3.5	3.2	46.8	13.5	7.2	18.8	8.6	48.1	100.0
Mexico	2004	Both sexes	2.0	4.1	9.9	22.8	3.0	39.8	5.4	5.8	33.3	13.7	58.2	100.0
		Males	1.9	4.6	9.1	23.3	2.9	39.9	6.5	6.9	32.8	12.1	58.3	100.0
		Females	2.1	3.6	10.7	22.4	3.1	39.8	4.3	4.7	33.9	15.3	58.2	100.0

Table 36 (concluded)

CLASSIFICATION OF YOUNG PEOPLE AGED 15 TO 19 BY EDUCATIONAL STATUS, ^a NATIONAL TOTAL, CIRCA 2003 (Percentages)														
Country	Year	Sex	Educational status										Total	
			Dropouts					Students and graduates						
			Did not enter educational system	Early dropouts (during primary cycle)	Dropouts at end of primary cycle	Dropouts at beginning of secondary cycle	Dropouts at end of secondary cycle	Dropout subtotal	Students who are badly behind	Students who are slightly behind	Up-to-date students	Graduates		Subtotal students and graduates
Nicaragua	2001	Both sexes	10.6	17.6	10.2	6.8	2.1	36.7	14.9	8.8	18.6	10.2	52.5	100.0
		Males	12.9	20.8	10.5	6.8	2.2	40.3	15.7	9.5	14.7	7.1	47.0	100.0
		Females	8.2	14.3	10.0	6.9	2.1	33.3	14.2	8.1	22.7	13.5	58.5	100.0
Panama	2002	Both sexes	1.6	5.0	12.7	9.5	2.5	29.7	9.4	8.2	36.3	14.6	68.5	100.0
		Males	1.0	5.6	13.8	10.2	2.1	31.7	11.7	9.5	33.4	12.8	67.4	100.0
		Females	2.3	4.4	11.5	8.7	3.1	27.7	6.9	6.9	39.5	16.7	70.0	100.0
Paraguay	2001	Both sexes	1.8	15.1	14.5	7.4	1.5	38.5	6.3	6.7	37.8	9.0	59.8	100.0
		Males	1.6	17.7	13.0	8.0	1.4	40.1	7.5	6.3	36.9	7.5	58.2	100.0
		Females	2.0	12.1	16.2	6.7	1.5	36.5	4.8	7.1	38.9	10.7	61.5	100.0
Peru	2003	Both sexes	0.9	6.1	7.5	6.1	11.4	31.1	8.9	6.2	20.6	32.2	67.9	100.0
		Males	0.6	4.9	6.4	6.4	11.3	29.0	10.0	7.2	21.1	32.0	70.3	100.0
		Females	1.1	7.5	8.6	5.8	11.5	33.4	7.7	5.1	20.2	32.5	65.5	100.0
Venezuela (Bolivarian Republic of) ^c	2003	Both sexes	1.7	23.9	3.0	1.0	27.9	13.8	8.9	22.7	25.0	70.4	100.0	
		Males	2.1	28.6	2.5	0.8	31.9	15.8	9.6	20.6	19.9	65.9	100.0	
		Females	1.3	19.0	3.4	1.2	23.6	11.8	8.1	25.0	30.3	75.2	100.0	

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a The methodology for constructing this classification is described in ECLAC, *Social Panorama of Latin America 2001–2002* (LC/G.2183–P), boxes III.1 and III.5.
- ^b Since these countries' secondary cycle is only three years long, the category "Dropouts at beginning of secondary cycle" is included in the category "Dropouts at end of secondary cycle".
- ^c Since this country's secondary cycle is only two years long, the category "Dropouts at end of secondary cycle" is limited to those who do not complete the final year of secondary school.

Table 37

CLASSIFICATION OF YOUNG PEOPLE AGED 15 TO 19 BY EDUCATIONAL STATUS, ^a URBAN AREAS, CIRCA 2003 (Percentages)														
Country	Year	Sex	Educational status										Total	
			Dropouts					Students and graduates						
			Did not enter educational system	Early dropouts (during primary cycle)	Dropouts at end of primary cycle	Dropouts at beginning of secondary cycle	Dropouts at end of secondary cycle	Dropout subtotal	Students who are badly behind	Students who are slightly behind	Up-to-date students	Graduates		Subtotal students and graduates
Argentina ^b	2004	Both sexes	0.3	1.3	6.0	9.8	3.8	20.9	7.0	8.1	40.4	23.2	78.7	100.0
		Males	0.1	1.5	8.1	8.6	3.8	22.0	8.3	10.1	39.2	20.3	77.9	100.0
		Females	0.4	1.2	3.9	11.0	3.9	20.0	5.7	6.1	41.6	26.1	79.5	100.0
Argentina	2004	Both sexes	0.3	2.1	6.9	8.1	3.3	20.4	7.3	8.6	39.7	23.6	79.2	100.0
		Males	0.3	2.6	8.6	8.1	3.4	22.7	8.7	10.4	37.4	20.6	77.1	100.0
		Females	0.4	1.6	5.3	8.2	3.2	18.3	6.1	6.9	41.8	26.5	81.3	100.0
Bolivia	2002	Both sexes	0.3	10.3	6.1	7.4	11.2	35.0	8.4	10.5	28.0	17.7	64.6	100.0
		Males	0.2	9.0	6.1	7.3	9.8	32.2	7.7	12.6	29.1	18.1	67.5	100.0
		Females	0.4	11.4	6.1	7.5	12.3	37.3	9.1	8.7	27.1	17.3	62.2	100.0
Brazil ^c	2003	Both sexes	1.5	12.8	3.6	2.5	18.9	19.7	12.1	34.2	13.6	79.6	100.0	
		Males	2.0	13.6	3.5	2.4	19.5	22.6	12.9	31.3	11.7	78.5	100.0	
		Females	1.0	12.0	3.7	2.6	18.3	16.7	11.3	37.1	15.5	80.6	100.0	
Chile	2003	Both sexes	0.3	2.0	2.7	2.1	2.9	9.7	5.6	13.6	52.2	18.6	90.0	100.0
		Males	0.4	2.4	2.8	2.1	2.5	9.8	6.4	15.4	50.2	17.8	89.8	100.0
		Females	0.1	1.6	2.6	2.1	3.3	9.6	4.8	11.7	54.3	19.4	90.2	100.0
Colombia	2002	Both sexes	1.2	3.5	5.8	9.7	4.4	23.4	13.1	10.4	23.4	28.5	75.4	100.0
		Males	1.5	3.6	6.2	9.6	4.1	23.5	15.1	11.5	22.7	25.6	74.9	100.0
		Females	0.9	3.4	5.5	9.7	4.6	23.2	11.3	9.5	23.9	31.2	75.9	100.0
Costa Rica	2002	Both sexes	1.0	4.6	11.8	5.3	2.4	24.1	22.2	13.1	22.6	17.1	75.0	100.0
		Males	0.4	5.0	12.2	6.0	2.6	25.8	23.4	13.8	20.1	16.5	73.8	100.0
		Females	1.5	4.2	11.4	4.6	2.2	22.4	20.9	12.3	25.1	17.8	76.1	100.0
Dominican Republic	2003	Both sexes	1.7	7.5	2.7	1.4	1.3	12.9	14.2	13.5	40.8	16.9	85.4	100.0
		Males	2.2	9.1	2.6	0.7	1.2	13.6	16.8	16.1	37.5	13.8	84.2	100.0
		Females	1.2	5.9	2.8	2.2	1.5	12.4	11.6	10.8	44.0	19.9	86.3	100.0
Ecuador	2002	Both sexes	1.4	3.2	13.1	8.3	2.6	27.2	8.3	7.8	36.7	18.6	71.4	100.0
		Males	1.7	3.5	14.0	7.9	2.5	27.9	7.6	8.7	37.0	17.1	70.4	100.0
		Females	1.1	2.8	12.1	8.8	2.6	26.3	9.0	6.9	36.4	20.1	72.4	100.0
El Salvador ^c	2003	Both sexes	2.1	17.9	6.0	2.7	26.6	9.0	7.9	41.3	13.1	71.3	100.0	
		Males	1.6	17.6	5.3	2.6	25.5	10.5	9.7	41.0	11.7	72.9	100.0	
		Females	2.6	18.2	6.6	2.9	27.7	7.4	6.1	41.6	14.5	69.6	100.0	
Guatemala	2002	Both sexes	6.0	11.1	11.2	10.4	1.7	34.4	8.7	6.8	37.1	6.9	59.5	100.0
		Males	2.8	10.7	13.3	11.4	1.2	36.6	8.9	8.4	37.0	6.2	60.5	100.0
		Females	8.9	11.5	9.3	9.4	2.2	32.4	8.5	5.4	37.3	7.5	58.7	100.0

Table 37 (concluded)

CLASSIFICATION OF YOUNG PEOPLE AGED 15 TO 19 BY EDUCATIONAL STATUS, ^a URBAN AREAS, CIRCA 2003 (Percentages)														
Country	Year	Sex	Educational status										Total	
			Dropouts					Students and graduates						
			Did not enter educational system	Early dropouts (during primary cycle)	Dropouts at end of primary cycle	Dropouts at beginning of secondary cycle	Dropouts at end of secondary cycle	Dropout subtotal	Students who are badly behind	Students who are slightly behind	Up-to-date students	Graduates		Subtotal students and graduates
Honduras	2003	Both sexes	2.8	8.5	19.3	4.6	3.2	35.6	13.2	8.6	26.9	12.8	61.5	100.0
		Males	3.1	10.1	20.3	4.5	2.9	37.8	12.8	8.6	26.9	10.7	59.0	100.0
		Females	2.5	7.2	18.5	4.6	3.6	33.9	13.6	8.6	26.9	14.6	63.7	100.0
Mexico	2004	Both sexes	0.8	2.8	7.1	21.4	3.5	34.8	5.4	6.4	36.4	16.2	64.4	100.0
		Males	0.8	3.1	6.5	22.1	3.5	35.2	6.6	7.7	35.4	14.3	64.0	100.0
		Females	0.7	2.5	7.7	20.7	3.6	34.5	4.2	5.2	37.3	18.0	64.7	100.0
Nicaragua	2001	Both sexes	4.9	9.5	8.8	8.2	2.5	29.0	13.7	11.3	25.5	15.6	66.1	100.0
		Males	6.2	11.9	10.0	9.1	3.0	34.0	15.0	13.5	20.6	10.9	60.0	100.0
		Females	3.7	7.3	7.6	7.3	2.1	24.3	12.5	9.2	30.2	20.1	72.0	100.0
Panama	2002	Both sexes	0.7	1.8	6.0	9.1	2.9	19.8	9.0	9.2	42.9	18.4	79.5	100.0
		Males	0.7	2.2	6.3	9.4	2.4	20.3	11.2	10.5	40.9	16.6	79.2	100.0
		Females	0.6	1.4	5.7	8.9	3.5	19.5	6.6	7.8	45.2	20.3	79.9	100.0
Paraguay ^d	2001	Both sexes	0.4	5.4	8.4	8.2	3.3	25.3	5.9	5.4	47.1	15.8	74.2	100.0
		Males	0.5	5.0	6.5	9.9	3.4	24.8	5.7	4.9	48.6	15.5	74.7	100.0
		Females	0.4	5.8	10.2	6.6	3.3	25.9	6.1	5.8	45.7	16.1	73.7	100.0
Paraguay	2001	Both sexes	0.8	6.5	9.9	8.4	2.4	27.2	7.0	6.1	45.1	13.9	72.1	100.0
		Males	0.7	6.4	8.9	9.1	2.3	26.7	8.5	6.4	44.9	12.7	72.5	100.0
		Females	0.9	6.6	10.9	7.7	2.4	27.6	5.5	5.8	45.3	15.0	71.6	100.0
Peru	2003	Both sexes	0.5	2.6	3.2	4.8	11.3	21.9	6.8	5.5	23.9	41.3	77.5	100.0
		Males	0.5	2.5	3.2	4.7	11.0	21.4	6.8	6.5	24.3	40.5	78.1	100.0
		Females	0.5	2.6	3.3	4.8	11.7	22.4	6.8	4.5	23.6	42.2	77.1	100.0
Uruguay	2002	Both sexes	0.2	2.6	9.7	13.3	3.9	29.5	9.9	11.9	39.0	9.4	70.2	100.0
		Males	0.1	3.5	12.5	13.9	3.8	33.7	10.6	12.7	35.7	7.2	66.2	100.0
		Females	0.2	1.7	6.7	12.7	4.0	25.1	9.3	11.0	42.6	11.8	74.7	100.0
Venezuela (Bolivarian Republic of) ^e	2003	Both sexes	1.7	23.9	3.0	1.0	27.9	13.8	8.9	22.7	25.0	70.4	100.0	
		Males	2.1	28.6	2.5	0.8	31.9	15.8	9.6	20.6	19.9	65.9	100.0	
		Females	1.3	19.0	3.4	1.2	23.6	11.8	8.1	25.0	30.3	75.2	100.0	

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a The methodology for constructing this classification is described in ECLAC, *Social Panorama of Latin America 2001–2002* (LC/G.2183–P), boxes III.1 and III.5.

^b Greater Buenos Aires.

^c Since these countries' secondary cycle is only three years long, the category "Dropouts at beginning of secondary cycle" is included in the category "Dropouts at end of secondary cycle".

^d Asunción and the Central Department.

^e Nationwide total. Since Venezuela's secondary cycle is only two years long, the category "Dropouts at end of secondary cycle" is limited to those who do not complete the final year of secondary school.

Table 38

CLASSIFICATION OF YOUNG PEOPLE AGED 15 TO 19 BY EDUCATIONAL STATUS, ^a RURAL AREAS, CIRCA 2003 (Percentages)														
Country	Year	Sex	Educational status										Total	
			Dropouts					Students and graduates						
			Did not enter educational system	Early dropouts (during primary cycle)	Dropouts at end of primary cycle	Dropouts at beginning of secondary cycle	Dropouts at end of secondary cycle	Dropout subtotal	Students who are badly behind	Students who are slightly behind	Up-to-date students	Graduates		Subtotal students and graduates
Bolivia	2002	Both sexes	1.7	40.7	8.6	6.0	8.3	63.6	10.2	8.4	12.4	3.7	34.7	100.0
		Males	1.1	38.7	7.0	5.1	9.3	60.1	9.8	10.0	14.4	4.4	38.6	100.0
		Females	2.4	43.2	10.5	7.2	7.0	67.9	10.7	6.3	9.8	2.8	29.6	100.0
Brazil ^b	2001	Both sexes	4.0	23.8	4.6	1.6	30.0	35.0	10.5	16.7	3.8	66.0	100.0	
		Males	5.4	23.8	4.3	1.7	29.8	38.9	9.8	13.1	2.9	64.7	100.0	
		Females	2.4	23.8	4.9	1.4	30.1	30.5	11.3	20.8	4.8	67.4	100.0	
Chile	2003	Both sexes	0.5	8.4	7.9	3.2	4.0	23.5	7.9	14.4	42.7	11.1	76.1	100.0
		Males	0.4	9.4	8.4	2.8	3.9	24.5	9.4	15.5	39.8	10.4	75.1	100.0
		Females	0.5	7.3	7.3	3.6	4.1	22.3	6.3	13.1	45.9	11.9	77.2	100.0
Colombia	2002	Both sexes	3.8	13.7	17.7	10.6	4.0	46.0	17.2	8.8	13.1	11.1	50.2	100.0
		Males	4.8	16.6	18.6	10.6	3.1	48.9	17.7	8.4	11.7	8.6	46.4	100.0
		Females	2.7	10.6	16.8	10.7	5.0	43.1	16.7	9.2	14.6	13.8	54.3	100.0
Costa Rica	2002	Both sexes	1.9	12.2	29.4	4.1	1.9	47.6	18.4	9.2	15.6	7.4	50.6	100.0
		Males	2.4	14.6	30.1	4.9	1.7	51.3	20.0	8.1	12.9	5.4	46.4	100.0
		Females	1.3	9.6	28.7	3.3	2.0	43.6	16.7	10.3	18.4	9.6	55.0	100.0
Dominican Republic	2003	Both sexes	4.7	16.5	2.9	0.8	1.5	21.7	21.9	9.7	34.6	7.4	73.6	100.0
		Males	5.2	17.5	2.3	0.4	1.2	21.4	29.3	9.7	30.1	4.0	73.1	100.0
		Females	4.1	15.3	3.6	1.2	1.9	22.0	12.7	9.6	40.0	11.6	73.9	100.0
El Salvador ^b	2003	Both sexes	7.9	41.6	6.7	1.2	49.5	11.9	7.1	20.4	3.1	42.5	100.0	
		Males	9.1	38.7	6.6	1.2	46.5	15.0	7.5	19.4	2.4	44.3	100.0	
		Females	6.7	44.5	6.8	1.3	52.6	8.9	6.7	21.3	3.9	40.8	100.0	
Guatemala	2002	Both sexes	18.8	27.2	15.9	4.9	0.3	48.3	12.8	5.3	13.2	1.6	32.9	100.0
		Males	13.3	26.6	17.9	4.6	0.3	49.4	16.6	6.3	12.3	2.1	37.3	100.0
		Females	23.5	27.7	14.1	5.1	0.3	47.2	9.5	4.5	13.9	1.3	29.2	100.0
Honduras	2003	Both sexes	9.1	24.8	33.4	2.2	1.8	62.2	13.4	5.4	7.9	1.9	28.6	100.0
		Males	10.0	27.5	33.6	2.2	0.9	64.2	13.4	5.1	5.7	1.6	25.8	100.0
		Females	8.1	21.9	33.3	2.2	2.8	60.2	13.4	5.7	10.3	2.2	31.6	100.0
Mexico	2004	Both sexes	4.0	6.3	14.6	25.3	2.1	48.3	5.3	4.6	28.2	9.6	47.7	100.0
		Males	3.7	7.3	13.7	25.3	1.8	48.1	6.3	5.4	28.3	8.3	48.3	100.0
		Females	4.3	5.3	15.6	25.2	2.4	48.5	4.3	3.9	28.1	10.8	47.1	100.0

Table 38 (concluded)

CLASSIFICATION OF YOUNG PEOPLE AGED 15 TO 19 BY EDUCATIONAL STATUS, ^a RURAL AREAS, CIRCA 2003 (Percentages)														
Country	Year	Sex	Educational status										Total	
			Dropouts					Students and graduates						
			Did not enter educational system	Early dropouts (during primary cycle)	Dropouts at end of primary cycle	Dropouts at beginning of secondary cycle	Dropouts at end of secondary cycle	Dropout subtotal	Students who are badly behind	Students who are slightly behind	Up-to-date students	Graduates		Subtotal students and graduates
Nicaragua	2001	Both sexes	19.0	29.4	12.4	4.8	1.6	48.2	16.7	5.2	8.5	2.4	32.8	100.0
		Males	21.8	32.4	11.1	3.8	1.2	48.5	16.6	4.2	6.9	2.1	29.8	100.0
		Females	15.7	25.8	14.0	6.2	2.1	48.1	16.9	6.3	10.4	2.7	36.3	100.0
Panama	2002	Both sexes	3.3	10.8	24.6	10.1	1.8	47.3	10.2	6.6	24.5	8.0	49.3	100.0
		Males	1.6	11.4	26.3	11.5	1.5	50.7	12.5	7.8	21.0	6.5	47.8	100.0
		Females	5.4	10.1	22.6	8.4	2.1	43.2	7.5	5.2	28.9	9.9	51.5	100.0
Paraguay	2001	Both sexes	3.0	26.2	20.4	6.1	0.3	53.0	5.3	7.4	28.5	2.7	43.9	100.0
		Males	2.6	30.1	17.5	6.8	0.4	54.8	6.5	6.3	28.1	1.8	42.7	100.0
		Females	3.6	20.7	24.4	5.3	0.2	50.6	3.7	9.1	29.0	4.0	45.8	100.0
Peru	2003	Both sexes	1.5	12.9	15.6	8.7	11.6	48.8	12.7	7.5	14.4	15.1	49.7	100.0
		Males	0.8	9.1	11.9	9.4	12.0	42.4	15.5	8.5	15.6	17.2	56.8	100.0
		Females	2.4	17.5	19.8	7.8	11.1	56.2	9.4	6.4	13.0	12.5	41.3	100.0

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

- ^a The methodology for constructing this classification is described in ECLAC, *Social Panorama of Latin America 2001–2002* (LC/G.2183–P), boxes III.1 and III.5.
- ^b Since these countries' secondary cycle is only three years long, the category "Dropouts at beginning of secondary cycle" is included in the category "Dropouts at end of secondary cycle".

Table 39

OVERALL DROPOUT RATE ^a AMONG YOUNG PEOPLE AGED 15 TO 19, 1990–2004 (Percentages)										
Country	Year	Nationwide			Urban areas			Rural areas		
		Both sexes	Males	Females	Both sexes	Males	Females	Both sexes	Males	Females
Argentina ^b	1990	...	...	...	36	38	33	...	...	...
	2004	...	...	...	21	22	20	...	...	...
Argentina	1999	...	...	...	23	25	21	...	...	...
	2004	...	...	...	20	23	18	...	...	...
Bolivia	1999	51	49	54	45	42	47	67	64	70
	2002	46	44	48	35	32	37	65	61	70
Brazil	1990	46	49	43	40	43	37	65	67	62
	2003	21	22	20	19	20	18	31	32	31
Chile	1990	27	27	27	21	20	21	57	58	56
	2003	12	12	11	10	10	10	24	25	22
Colombia	1991	43	45	40	30	30	30	59	63	55
	2002	...	...	...	24	24	23	...	...	...
Costa Rica	1990	53	53	53	33	32	34	69	69	68
	2002	34	37	31	24	26	23	49	53	44
Dominican Republic	1997	23	25	21	19	23	17	28	28	28
	2003	16	17	16	13	14	13	23	23	23
Ecuador	1990	...	...	...	24	28	21	...	...	...
	2002	...	...	...	28	28	27	...	...	...
El Salvador	1995	45	44	46	32	31	34	63	61	65
	2003	38	36	40	27	26	28	54	51	56
Guatemala	1998	59	59	60	40	40	41	76	73	78
	2002	49	49	50	37	38	35	59	57	62
Honduras	1990	66	69	63	49	52	46	81	84	79
	2003	53	57	49	37	39	35	69	71	66
Mexico	2000	45	45	45	35	35	36	60	59	60
	2004	41	41	41	35	35	35	50	50	51
Nicaragua	1993	44	43	45	32	31	33	65	63	67
	2001	41	46	36	31	36	25	60	62	57
Panama	1991	35	39	32	28	31	26	53	58	48
	2002	30	32	28	20	20	20	49	52	46
Paraguay ^c	1994	...	...	...	34	26	41	...	...	...
	2001	...	...	...	25	25	26	...	...	...
Paraguay	1994	...	...	...	40	36	43	...	...	...
	2001	39	41	37	27	27	28	55	56	53
Peru	1999	26	26	27	16	17	16	45	42	49
	2003	31	29	34	22	22	23	50	43	58
Uruguay	1990	...	...	...	37	41	32	...	...	...
	2002	...	...	...	30	34	25	...	...	...
Venezuela (Bolivarian Republic of)	1990	44	46	41	40	42	38	65	69	61
	2003	28	33	24	...	...	...	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a The methodology for calculating dropout rates is described in ECLAC, *Social Panorama of Latin America 2001–2002* (LC/G.2183-P), boxes III.1 and III.5.

^b Greater Buenos Aires.

^c Asunción and the Central Department.

Table 40

EARLY DROPOUT RATE ^a AMONG YOUNG PEOPLE AGED 15 TO 19, 1990–2004 (Percentages)										
Country	Year	Nationwide			Urban areas			Rural areas		
		Both sexes	Males	Females	Both sexes	Males	Females	Both sexes	Males	Females
Argentina ^b	1990	...	...	...	2	2	2	...	...	...
	2004	...	...	...	1	2	1	...	...	...
Argentina	1999	...	...	...	2	2	2	...	...	...
	2004	...	...	...	2	3	2	...	...	...
Bolivia	1999	21	19	24	10	8	12	48	43	54
	2002	22	21	22	10	9	11	41	39	44
Brazil	1990	40	44	38	34	36	31	61	64	58
	2003	15	16	14	13	14	12	25	25	24
Chile	1990	11	12	10	7	7	6	30	32	28
	2003	3	3	2	2	2	2	8	9	7
Colombia	1991	16	18	13	7	8	7	26	30	22
	2002	...	...	...	4	4	3	...	...	...
Costa Rica	1990	12	13	11	5	5	4	18	19	16
	2002	8	9	6	5	5	4	12	15	10
Dominican Republic	1997	17	19	16	12	14	11	25	25	24
	2003	11	13	9	8	9	6	17	19	16
Ecuador	1990	...	...	...	4	4	3	...	...	...
	2002	...	...	...	3	4	3	...	...	...
El Salvador	1995	37	36	38	23	22	24	56	54	58
	2003	30	28	31	18	18	19	45	43	48
Guatemala	1998	32	30	34	16	15	17	46	42	50
	2002	24	22	26	12	11	13	33	31	36
Honduras	1990	27	30	25	15	16	15	38	42	35
	2003	18	21	15	9	10	7	27	31	24
Mexico	2000	7	8	6	4	4	3	12	12	12
	2004	4	5	4	3	3	3	7	8	6
Nicaragua	1993	24	25	22	12	14	10	44	45	42
	2001	20	24	16	10	13	8	36	41	31
Panama	1991	6	7	5	4	5	3	11	13	9
	2002	5	6	4	2	2	1	11	12	11
Paraguay ^c	1994	...	...	...	7	6	7	...	...	...
	2001	...	...	...	5	5	6	...	...	...
Paraguay	1994	...	...	...	12	13	12	...	...	...
	2001	15	18	12	7	6	7	27	31	22
Peru	1999	8	5	10	2	1	2	18	12	25
	2003	6	5	8	3	3	3	13	9	18
Uruguay	1990	...	...	...	2	3	2	...	...	...
	2002	...	...	...	3	3	2	...	...	...
Venezuela (Bolivarian Republic of)	1990	36	40	31	32	35	28	61	66	55
	2003	24	29	19	...	...	...	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a The methodology for calculating dropout rates is described in ECLAC, *Social Panorama of Latin America 2001–2002* (LC/G.2183–P), boxes III.1 and III.5.

^b Greater Buenos Aires.

^c Asunción and the Central Department.

Table 41

DROPOUT RATE AT THE END OF THE PRIMARY CYCLE ^a AMONG YOUNG PEOPLE AGED 15 TO 19, 1990–2004 (Percentages)										
Country	Year	Nationwide			Urban areas			Rural areas		
		Both sexes	Males	Females	Both sexes	Males	Females	Both sexes	Males	Females
Argentina ^b	1990	...	...	...	20	20	20	...	...	...
	2004	...	...	...	6	8	4	...	...	...
Argentina	1999	...	...	...	12	14	11	...	...	...
	2004	...	...	...	7	9	5	...	...	...
Bolivia	1999	7	7	7	6	6	6	12	12	11
	2002	9	8	10	7	7	7	15	12	19
Brazil	1990	7	7	6	7	7	6	7	8	7
	2003	5	4	5	4	4	4	6	6	7
Chile	1990	7	7	8	5	4	5	25	24	25
	2003	3	4	3	3	3	3	9	9	8
Colombia	1991	18	19	17	10	9	10	32	34	29
	2002	10	12	9	6	7	6	21	24	19
Costa Rica	1990	36	35	36	19	17	20	51	52	50
	2002	21	22	20	13	13	12	34	36	32
Dominican Republic	1997	3	4	3	4	5	4	2	2	3
	2003	3	3	3	3	3	3	4	3	4
Ecuador	1990	...	...	...	12	14	10	...	...	...
	2002	...	...	...	14	15	13	...	...	...
El Salvador	1995	11	11	11	10	10	9	14	14	14
	2003	9	9	10	7	7	8	13	13	14
Guatemala	1998	29	31	27	16	16	17	46	48	43
	2002	21	23	20	14	15	12	29	30	29
Honduras	1990	46	49	44	31	35	28	65	67	64
	2003	35	38	32	22	23	20	51	54	48
Mexico	2000	16	15	16	10	10	11	24	24	25
	2004	11	10	11	7	7	8	16	15	17
Nicaragua	1993	16	17	15	12	14	11	25	25	26
	2001	14	16	13	10	12	9	24	24	24
Panama	1991	19	22	15	12	15	10	36	41	30
	2002	14	15	12	6	6	6	29	30	27
Paraguay ^c	1994	...	...	...	15	7	20	...	...	...
	2001	...	...	...	9	7	11	...	...	...
Paraguay	1994	...	...	...	17	12	20	...	...	...
	2001	17	16	19	11	10	12	29	26	32
Peru	1999	9	9	9	4	3	4	21	20	22
	2003	8	7	9	3	3	3	18	13	25
Uruguay	1990	...	...	...	13	14	12	...	...	...
	2002	...	...	...	10	13	7	...	...	...
Venezuela (Bolivarian Republic of)	1990	5	4	5	5	4	5	5	4	5
	2003	4	4	4	...	...	...	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a The methodology for calculating dropout rates is described in ECLAC, *Social Panorama of Latin America 2001–2002* (LC/G.2183-P), boxes III.1 and III.5.

^b Greater Buenos Aires.

^c Asunción and the Central Department.

Table 42

DROPOUT RATE DURING THE SECONDARY CYCLE ^a AMONG YOUNG PEOPLE AGED 15 TO 19, 1990–2004 (Percentages)										
Country	Year	Nationwide			Urban areas			Rural areas		
		Both sexes	Males	Females	Both sexes	Males	Females	Both sexes	Males	Females
Argentina ^b	1990	...	...	...	17	20	15	...	...	...
	2004	...	...	...	15	14	16	...	...	...
Argentina	1999	...	...	...	10	10	10	...	...	...
	2004	...	...	...	13	13	12	...	...	...
Bolivia	1999	34	32	35	35	33	37	27	27	27
	2002	24	22	26	22	20	24	29	27	32
Brazil	1990	3	2	3	3	3	3	1	2	1
	2003	3	3	3	3	3	3	2	3	2
Chile	1990	11	11	12	11	10	11	19	19	19
	2003	6	5	6	5	5	6	9	8	9
Colombia	1991	17	17	17	16	16	16	19	20	19
	2002	...	...	...	16	16	16	...	...	...
Costa Rica	1990	17	16	18	14	14	13	22	21	24
	2002	10	11	8	9	11	8	11	13	9
Dominican Republic	1997	3	4	3	4	6	3	2	2	3
	2003	3	2	4	3	2	4	3	2	4
Ecuador	1990	...	...	...	11	13	9	...	...	...
	2002	...	...	...	13	13	14	...	...	...
El Salvador	1995	3	2	3	3	2	4	2	1	3
	2003	3	3	4	4	3	4	3	3	3
Guatemala	1998	16	15	17	15	16	15	17	13	23
	2002	15	15	16	17	17	16	14	12	16
Honduras	1990	13	14	12	12	12	12	14	17	12
	2003	12	11	12	11	11	11	12	11	14
Mexico	2000	30	29	30	25	24	26	39	39	40
	2004	31	31	31	28	29	27	36	36	37
Nicaragua	1993	13	8	18	12	7	16	17	10	23
	2001	15	16	13	14	17	12	16	14	19
Panama	1991	16	16	15	15	15	15	19	20	18
	2002	15	15	14	13	13	13	19	21	17
Paraguay ^c	1994	...	...	...	18	15	20	...	...	...
	2001	...	...	...	13	15	12	...	...	...
Paraguay	1994	...	...	...	18	16	19	...	...	...
	2001	13	14	12	13	14	12	13	14	11
Peru	1999	12	14	11	11	13	10	15	17	13
	2003	21	20	21	17	17	18	29	27	31
Uruguay	1990	...	...	...	25	30	21	...	...	...
	2002	...	...	...	20	21	18	...	...	...
Venezuela (Bolivarian Republic of)	1990	8	6	9	8	6	9	7	5	9
	2003	1	1	2	...	...	...	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

^a The methodology for calculating dropout rates is described in ECLAC, *Social Panorama of Latin America 2001–2002* (LC/G.2183–P), boxes III.1 and III.5.

^b Greater Buenos Aires.

^c Asunción and the Central Department.

SOCIAL SPENDING

Table 43

PUBLIC SOCIAL SPENDING INDICATORS,^a 1990/1991–2002/2003								
Country and coverage ^d	Period	Public social spending ^b			Period	Percentage variations in public social spending ^c		
		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending
Argentina^e (Consolidated NFPS)	1990/1991	1180	19.3	62.2	1990/1991–1994/1995	31.5	1.8	3.5
	1994/1995	1552	21.1	65.7	1994/1995–1998/1999	8.1	-0.2	-1.5
	1998/1999	1677	20.9	64.2	1998/1999–2002/2003	-23.5	-1.5	1.9
	2002/2003	1283	19.4	66.1	1990/1991–2002/2003	8.7	0.1	3.9
Bolivia (GG)	1990/1991	47	5.2	34.4	1990/1991–1994/1995	45.2	2.0	-6.9
	1994/1995	68	7.2	27.5	1994/1995–1998/1999	59.3	3.5	6.7
	1998/1999	108	10.7	34.2	1998/1999–2002/2003	26.0	2.9	-1.2
	2002/2003	136	13.6	33.0	1990/1991–2002/2003	191.4	8.3	-1.4
Brazil^f (Consolidated NFPS)	1990/1991	565	18.1	48.9	1990/1991–1994/1995	13.5	1.2	9.3
	1994/1995	641	19.2	58.2	1994/1995–1998/1999	3.4	0.1	0.3
	1998/1999	663	19.3	58.5	1998/1999–2002/2003	2.0	-0.2	0.9
	2002/2003	676	19.1	59.4	1990/1991–2002/2003	19.8	1.0	10.6
Chile (CG)	1990/1991	404	12.7	61.2	1990/1991–1994/1995	26.7	-0.3	3.0
	1994/1995	512	12.4	64.2	1994/1995–1998/1999	34.9	1.9	1.8
	1998/1999	691	14.3	66.0	1998/1999–2002/2003	10.4	0.5	1.6
	2002/2003	763	14.8	67.6	1990/1991–2002/2003	88.7	2.1	6.4
Colombia (NFPS)	1990/1991	122	6.6	28.8	1990/1991–1994/1995	92.6	4.8	11.1
	1994/1995	235	11.5	39.9	1994/1995–1998/1999	18.1	2.2	-7.1
	1998/1999	278	13.7	32.7	1998/1999–2002/2003	...	...	...
	2002/2003	...	...	...	1990/1991–2002/2003	...	...	...
Costa Rica (Consolidated NFPS)	1990/1991	488	15.6	...	1990/1991–1994/1995	16.1	0.3	...
	1994/1995	566	15.8	...	1994/1995–1998/1999	14.9	0.6	...
	1998/1999	651	16.4	63.6	1998/1999–2002/2003	18.9	2.3	0.9
	2002/2003	774	18.6	64.5	1990/1991–2002/2003	58.7	3.1	...
Cuba	1990/1991	731	25.3	31.5	1990/1991–1994/1995	-34.7	-2.0	2.8
	1994/1995	477	23.2	34.4	1994/1995–1998/1999	19.0	1.1	10.4
	1998/1999	568	24.3	44.8	1998/1999–2002/2003	37.7	4.9	6.7
	2002/2003	782	29.2	51.4	1990/1991–2002/2003	6.9	4.0	19.9
Dominican Republic (CG)	1990/1991	68	4.3	38.4	1990/1991–1994/1995	55.6	1.7	2.4
	1994/1995	105	6.1	40.8	1994/1995–1998/1999	32.9	0.4	-1.4
	1998/1999	140	6.5	39.3	1998/1999–2002/2003	28.7	0.9	0.4
	2002/2003	180	7.4	39.7	1990/1991–2002/2003	165.9	3.1	1.3
Ecuador^g (CG)	1990/1991	95	7.5	42.8	1990/1991–1994/1995	-15.3	-1.4	-9.1
	1994/1995	81	6.1	33.7	1994/1995–1998/1999	-21.1	-1.2	-12.0
	1998/1999	64	4.9	21.7	1998/1999–2002/2003	19.7	0.9	3.5
	2002/2003	76	5.7	25.2	1990/1991–2002/2003	-20.0	-1.8	-17.6
El Salvador (CG)	1990/1991	...	...	...	1990/1991–1994/1995	...	...	...
	1994/1995	...	...	...	1994/1995–1998/1999	...	...	...
	1998/1999	...	...	...	1998/1999–2002/2003	...	...	...
	2002/2003	149	7.1	35.9	1990/1991–2002/2003	...	...	...
Guatemala (CG)	1990/1991	50	3.3	29.9	1990/1991–1994/1995	29.3	0.7	11.5
	1994/1995	64	4.1	41.3	1994/1995–1998/1999	54.7	1.9	3.7
	1998/1999	99	5.9	45.1	1998/1999–2002/2003	9.6	0.5	5.3
	2002/2003	109	6.5	50.4	1990/1991–2002/2003	119.2	3.1	20.5
Honduras^h (CG)	1990/1991	71	7.9	36.5	1990/1991–1994/1995	0.0	-0.1	-4.2
	1994/1995	71	7.8	32.3	1994/1995–1998/1999	-3.5	-0.4	-0.9
	1998/1999	69	7.4	31.4	1998/1999–2002/2003	83.9	5.7	20.6
	2002/2003	126	13.1	52.0	1990/1991–2002/2003	77.5	5.2	15.5

Table 43 (concluded)

PUBLIC SOCIAL SPENDING INDICATORS, ^a 1990/1991–2002/2003								
Country and coverage ^d	Period	Public social spending ^b			Period	Percentage variations in public social spending ^c		
		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending
Jamaica (CG)	1990/1991	271	8.4	26.8	1990/1991–1994/1995	0.6	-0.1	-6.3
	1994/1995	273	8.2	20.6	1994/1995–1998/1999	...	...	...
	1998/1999	...	...	...	1998/1999–2002/2003	...	...	...
	2002/2003	300	9.6	17.3	1990/1991–2002/2003	10.5	1.2	-9.5
Mexico (Budgetary CG)	1990/1991	327	6.5	41.3	1990/1991–1994/1995	38.2	2.4	11.8
	1994/1995	452	8.9	53.1	1994/1995–1998/1999	13.2	0.4	6.3
	1998/1999	512	9.2	59.4	1998/1999–2002/2003	17.3	1.2	-0.1
	2002/2003	600	10.5	59.3	1990/1991–2002/2003	83.5	3.9	18.0
Nicaragua (Budgetary CG)	1990/1991	49	6.6	34.0	1990/1991–1994/1995	1.0	0.5	5.9
	1994/1995	49	7.2	39.9	1994/1995–1998/1999	17.3	0.5	-2.9
	1998/1999	58	7.6	37.1	1998/1999–2002/2003	17.4	1.2	2.9
	2002/2003 ⁱ	68	8.8	40.0	1990/1991–2002/2003	39.2	2.2	6.0
Panama (NFPS)	1990/1991	496	16.2	40.0	1990/1991–1994/1995	21.1	1.0	1.5
	1994/1995	601	17.3	41.5	1994/1995–1998/1999	6.0	-0.9	3.2
	1998/1999	637	16.4	44.7	1998/1999–2002/2003	7.3	0.9	0.4
	2002/2003	683	17.3	45.1	1990/1991–2002/2003	37.7	1.1	5.1
Paraguay (Budgetary CG)	1990/1991	45	3.2	39.9	1990/1991–1994/1995	154.4	4.6	3.4
	1994/1995	115	7.8	43.3	1994/1995–1998/1999	10.5	1.3	1.2
	1998/1999	127	9.1	44.5	1998/1999–2002/2003	-10.3	-0.1	-3.0
	2002/2003 ⁱ	114	9.0	41.6	1990/1991–2002/2003	152.2	5.8	1.7
Peru (Budgetary CG)	1990/1991	64	3.9	33.0	1990/1991–1994/1995	95.3	2.6	6.4
	1994/1995	125	6.5	39.4	1994/1995–1998/1999	20.4	0.9	2.5
	1998/1999	151	7.4	41.9	1998/1999–2002/2003	12.6	0.6	...
	2002/2003	170	8.0	...	1990/1991–2002/2003	164.8	4.1	...
Trinidad and Tobago	1990/1991	334	6.9	40.6	1990/1991–1994/1995	-2.8	-0.2	2.2
	1994/1995	324	6.6	42.8	1994/1995–1998/1999	...	...	...
	1998/1999	...	...	...	1998/1999–2002/2003	...	...	...
	2002/2003	395	5.5	40.3	1990/1991–2002/2003	18.4	-1.4	-0.3
Uruguay (CG)	1990/1991	820	16.8	62.3	1990/1991–1994/1995	40.3	3.4	8.4
	1994/1995	1150	20.2	70.8	1994/1995–1998/1999	19.8	1.8	-1.3
	1998/1999	1378	22.0	69.5	1998/1999–2002/2003	-22.3	-1.1	-8.8
	2002/2003	1071	20.9	60.6	1990/1991–2002/2003	30.7	4.0	-1.7
Venezuela (Bolivarian Republic of) ⁱ (Budgetary CG)	1990/1991	446	8.8	32.8	1990/1991–1994/1995	-10.3	-1.0	2.5
	1994/1995	400	7.8	35.3	1994/1995–1998/1999	9.4	1.0	1.3
	1998/1999	438	8.8	36.6	1998/1999–2002/2003	11.5	2.8	2.0
	2002/2003	488	11.7	38.6	1990/1991–2002/2003	9.4	2.9	5.8

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information from the Commission's social expenditure database.

- ^a Includes public spending on education, health and nutrition, social security, employment and social assistance, and housing water and sewerage systems.
- ^b The figures are simple averages for the relevant bienniums.
- ^c The last two columns show the differences between the percentages in the first and second periods.
- ^d NFPS: non-financial public sector; GG: general government; CG: central government.
- ^e Includes expenditure of the national government, the provincial governments and the central government of Buenos Aires, and also the municipal governments.
- ^f Estimate of consolidated social spending, including federal, State and municipal expenditure.
- ^g Includes the spending of the Ecuadorian Social Security Institute, which is not part of the central government's budget.
- ^h The 2002/2003 figures relate to the budget for 2004.
- ⁱ Relates to the budget law. In the case of the Bolivarian Republic of Venezuela, the modifications made yearly on 31 December are included.

Table 44

INDICATORS OF PUBLIC SOCIAL SPENDING ON EDUCATION, ^a 1990/1991–2002/2003								
Country and coverage ^d	Period	Public social spending ^b			Period	Percentage change in public social spending ^c		
		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending
Argentina^e (Consolidated NFPS)	1990/1991	220	3.6	11.6	1990/1991–1994/1995	41.6	0.6	1.6
	1994/1995	312	4.2	13.2	1994/1995–1998/1999	20.1	0.4	1.1
	1998/1999	374	4.7	14.3	1998/1999–2002/2003	-25.4	-0.4	0.1
	2002/2003	279	4.2	14.4	1990/1991–2002/2003	26.8	0.6	2.8
Bolivia (CG)	1990/1991	29	3.3	21.7	1990/1991–1994/1995	58.6	1.6	-2.9
	1994/1995	46	4.9	18.7	1994/1995–1998/1999	12.0	0.2	-2.4
	1998/1999	52	5.1	16.4	1998/1999–2002/2003	28.2	1.6	-0.2
	2002/2003	66	6.7	16.2	1990/1991–2002/2003	127.6	3.4	-5.5
Brazil^f (Consolidated NFPS)	1990/1991	116	3.7	9.9	1990/1991–1994/1995	29.7	0.8	3.8
	1994/1995	151	4.5	13.7	1994/1995–1998/1999	-5.3	-0.4	-1.0
	1998/1999	143	4.2	12.6	1998/1999–2002/2003	-10.5	-0.6	-1.4
	2002/2003	128	3.6	11.2	1990/1991–2002/2003	9.9	-0.1	1.3
Chile (CG)	1990/1991	77	2.4	11.6	1990/1991–1994/1995	41.2	0.2	1.9
	1994/1995	108	2.6	13.5	1994/1995–1998/1999	63.9	1.1	3.4
	1998/1999	177	3.7	16.9	1998/1999–2002/2003	17.8	0.4	1.6
	2002/2003	209	4.0	18.5	1990/1991–2002/2003	172.5	1.6	6.8
Colombia (NFPS)	1990/1991	49	2.6	11.4	1990/1991–1994/1995	40.2	0.7	0.2
	1994/1995	68	3.3	11.6	1994/1995–1998/1999	38.2	1.3	-0.5
	1998/1999	94	4.6	11.1	1998/1999–2002/2003	...	...	...
	2002/2003	...	...	...	1990/1991–2002/2003	...	...	...
Costa Rica (Consolidated NFPS)	1990/1991	124	3.9	...	1990/1991–1994/1995	21.9	0.3	...
	1994/1995	151	4.2	...	1994/1995–1998/1999	16.9	0.2	...
	1998/1999	176	4.4	19.8	1998/1999–2002/2003	33.2	1.2	0.1
	2002/2003	235	5.7	19.9	1990/1991–2002/2003	89.9	1.7	...
Cuba	1990/1991	322	11.1	13.9	1990/1991–1994/1995	-47.8	-2.9	-1.8
	1994/1995	168	8.2	12.1	1994/1995–1998/1999	16.7	0.2	3.4
	1998/1999	196	8.4	15.5	1998/1999–2002/2003	67.3	3.9	6.1
	2002/2003	328	12.3	21.6	1990/1991–2002/2003	1.9	1.1	7.7
Dominican Republic (CG)	1990/1991	18	1.2	10.5	1990/1991–1994/1995	100.0	0.9	3.5
	1994/1995	36	2.1	14.0	1994/1995–1998/1999	63.9	0.7	2.6
	1998/1999	59	2.7	16.6	1998/1999–2002/2003	22.0	0.2	-0.7
	2002/2003	72	3.0	15.9	1990/1991–2002/2003	300.0	1.8	5.4
Ecuador^g (CG)	1990/1991	36	2.8	16.0	1990/1991–1994/1995	-1.4	-0.2	-1.4
	1994/1995	35	2.6	14.6	1994/1995–1998/1999	-8.6	-0.2	-3.6
	1998/1999	32	2.5	11.0	1998/1999–2002/2003	10.9	0.2	0.8
	2002/2003	36	2.7	11.8	1990/1991–2002/2003	0.0	-0.1	-4.3
El Salvador (CG)	1990/1991	...	...	...	1990/1991–1994/1995	...	...	...
	1994/1995	...	...	...	1994/1995–1998/1999	...	...	...
	1998/1999	...	...	...	1998/1999–2002/2003	...	...	...
	2002/2003	67	3.2	16.2	1990/1991–2002/2003	...	...	...
Guatemala (CG)	1990/1991	24	1.6	14.3	1990/1991–1994/1995	14.9	0.1	3.3
	1994/1995	27	1.7	17.6	1994/1995–1998/1999	40.7	0.5	-0.4
	1998/1999	38	2.3	17.2	1998/1999–2002/2003	14.5	0.3	2.8
	2002/2003	44	2.6	20.0	1990/1991–2002/2003	85.1	1.0	5.8
Honduras^h (CG)	1990/1991	39	4.3	19.8	1990/1991–1994/1995	-10.4	-0.5	-4.2
	1994/1995	35	3.8	15.6	1994/1995–1998/1999	10.1	0.4	2.0
	1998/1999	38	4.2	17.6	1998/1999–2002/2003	84.2	3.1	11.1
	2002/2003	70	7.2	28.7	1990/1991–2002/2003	81.8	2.9	8.9

Table 44 (concluded)

INDICATORS OF PUBLIC SOCIAL SPENDING ON EDUCATION, ^a 1990/1991–2002/2003								
Country and coverage ^d	Period	Public social spending ^b			Period	Percentage change in public social spending ^c		
		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending
Jamaica (CG)	1990/1991	133	4.1	13.1	1990/1991–1994/1995	1.1	0.0	-2.9
	1994/1995	134	4.1	10.1	1994/1995–1998/1999	...	...	...
	1998/1999	...	...	...	1998/1999–2002/2003	...	...	...
	2002/2003	162	5.2	9.4	1990/1991–2002/2003	22.3	1.1	-3.7
Mexico (Budgetary CG)	1990/1991	130	2.6	16.5	1990/1991–1994/1995	54.6	1.3	7.2
	1994/1995	201	3.9	23.6	1994/1995–1998/1999	6.0	-0.1	1.1
	1998/1999	213	3.8	24.7	1998/1999–2002/2003	9.2	0.2	-1.7
	2002/2003	233	4.1	23.0	1990/1991–2002/2003	78.8	1.5	6.6
Nicaragua (Budgetary CG)	1990/1991	19	2.6	13.0	1990/1991–1994/1995	5.4	0.3	2.9
	1994/1995	20	2.8	15.8	1994/1995–1998/1999	30.8	0.6	0.9
	1998/1999	26	3.4	16.7	1998/1999–2002/2003	23.5	0.7	1.8
	2002/2003 ⁱ	32	4.1	18.5	1990/1991–2002/2003	70.3	1.5	5.6
Panama (NFPS)	1990/1991	125	4.1	10.1	1990/1991–1994/1995	20.5	0.2	0.6
	1994/1995	150	4.3	10.8	1994/1995–1998/1999	27.7	0.6	2.7
	1998/1999	192	4.9	13.5	1998/1999–2002/2003	-3.7	-0.3	-1.3
	2002/2003	185	4.7	12.2	1990/1991–2002/2003	48.2	0.6	2.1
Paraguay (Budgetary CG)	1990/1991	18	1.3	15.7	1990/1991–1994/1995	194.4	2.3	4.2
	1994/1995	53	3.6	20.0	1994/1995–1998/1999	16.0	0.8	1.7
	1998/1999	62	4.4	21.6	1998/1999–2002/2003	-11.4	0.0	-1.6
	2002/2003 ⁱ	55	4.4	20.1	1990/1991–2002/2003	202.8	3.1	4.3
Peru (Budgetary CG)	1990/1991	27	1.6	13.8	1990/1991–1994/1995	92.5	1.0	2.3
	1994/1995	51	2.7	16.1	1994/1995–1998/1999	-2.0	-0.2	-2.2
	1998/1999	50	2.5	13.9	1998/1999–2002/2003	...	...	...
	2002/2003	...	...	...	1990/1991–2002/2003	...	...	...
Trinidad and Tobago	1990/1991	153	3.2	18.6	1990/1991–1994/1995	-3.6	-0.1	0.9
	1994/1995	148	3.0	19.5	1994/1995–1998/1999	...	...	...
	1998/1999	...	...	...	1998/1999–2002/2003	...	...	...
	2002/2003	223	3.1	22.7	1990/1991–2002/2003	45.8	-0.1	4.2
Uruguay (CG)	1990/1991	120	2.5	9.1	1990/1991–1994/1995	16.7	0.0	-0.5
	1994/1995	140	2.5	8.6	1994/1995–1998/1999	44.8	0.8	1.6
	1998/1999	202	3.2	10.2	1998/1999–2002/2003	-14.6	0.1	-0.4
	2002/2003	173	3.4	9.8	1990/1991–2002/2003	44.4	0.9	0.7
Venezuela (Bolivarian Republic of) ⁱ	1990/1991	179	3.5	13.2	1990/1991–1994/1995	8.4	0.3	3.9
	1994/1995	194	3.8	17.1	1994/1995–1998/1999	2.8	0.2	-0.4
	1998/1999	200	4.0	16.7	1998/1999–2002/2003	6.5	1.0	0.1
	2002/2003	213	5.1	16.8	1990/1991–2002/2003	18.7	1.5	3.6

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information from the Commission's social expenditure database.

^a Includes public spending on education, science, technology, culture, religion and recreation, depending on the availability of information from individual countries.

^b The figures are simple averages for the relevant bienniums.

^c The last two columns show the differences between the percentages in the first and final periods.

^d NFPS: non-financial public sector; GG: general government; CG: central government.

^e Includes expenditure of the national government, the provincial governments and the central government of Buenos Aires, and also the municipal governments.

^f Estimate of consolidated social spending, including federal, State and municipal expenditure.

^g Includes the spending of the Ecuadorian Social Security Institute, which is not part of the central government's budget

^h The 2002/2003 figures relate to the budget for 2004.

ⁱ Relates to the budgetary law. In the case of the Bolivarian Republic of Venezuela, the modifications made yearly on 31 December are included.

Table 45

INDICATORS OF PUBLIC SOCIAL SPENDING ON HEALTH, ^a 1990/1991–2002/2003								
Country and coverage ^d	Period	Public social spending ^b			Period	Percentage change in public social spending ^c		
		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending
Argentina^e (Consolidated NFPS)	1990/1991	265	4.3	13.9	1990/1991–1994/1995	36.8	0.6	1.4
	1994/1995	363	4.9	15.3	1994/1995–1998/1999	7.6	-0.1	-0.4
	1998/1999	390	4.9	14.9	1998/1999–2002/2003	-25.5	-0.5	0.0
	2002/2003	291	4.4	15.0	1990/1991–2002/2003	9.6	0.0	1.0
Bolivia (CG)	1990/1991	9	1.0	6.9	1990/1991–1994/1995	27.8	0.2	-2.0
	1994/1995	12	1.2	4.9	1994/1995–1998/1999	-17.4	-0.3	-1.8
	1998/1999	10	1.0	3.1	1998/1999–2002/2003	63.2	0.6	0.7
	2002/2003	16	1.6	3.8	1990/1991–2002/2003	72.2	0.6	-3.1
Brazil^f (Consolidated NFPS)	1990/1991	112	3.6	9.6	1990/1991–1994/1995	0.0	-0.2	0.5
	1994/1995	112	3.3	10.1	1994/1995–1998/1999	-11.7	-0.5	-1.4
	1998/1999	99	2.9	8.7	1998/1999–2002/2003	3.0	0.0	0.2
	2002/2003	102	2.9	8.9	1990/1991–2002/2003	-9.0	-0.7	-0.7
Chile (CG)	1990/1991	63	2.0	9.4	1990/1991–1994/1995	56.0	0.4	2.8
	1994/1995	98	2.4	12.2	1994/1995–1998/1999	33.8	0.3	0.3
	1998/1999	131	2.7	12.5	1998/1999–2002/2003	18.4	0.3	1.2
	2002/2003	155	3.0	13.7	1990/1991–2002/2003	147.2	1.0	4.3
Colombia (NFPS)	1990/1991	18	1.0	4.2	1990/1991–1994/1995	240.0	1.9	5.9
	1994/1995	60	2.9	10.1	1994/1995–1998/1999	24.4	0.7	-1.3
	1998/1999	74	3.7	8.7	1998/1999–2002/2003	...	...	...
	2002/2003	...	...	...	1990/1991–2002/2003	...	...	...
Costa Rica (Consolidated NFPS)	1990/1991	154	4.9	...	1990/1991–1994/1995	9.1	-0.2	...
	1994/1995	168	4.7	...	1994/1995–1998/1999	12.5	0.1	...
	1998/1999	189	4.8	19.2	1998/1999–2002/2003	24.9	0.9	0.1
	2002/2003	236	5.7	19.3	1990/1991–2002/2003	53.4	0.8	...
Cuba	1990/1991	150	5.2	6.4	1990/1991–1994/1995	-28.1	0.1	1.3
	1994/1995	108	5.2	7.8	1994/1995–1998/1999	26.0	0.6	2.9
	1998/1999	136	5.8	10.7	1998/1999–2002/2003	23.6	0.5	0.4
	2002/2003	168	6.3	11.0	1990/1991–2002/2003	12.0	1.1	4.6
Dominican Republic (CG)	1990/1991	16	1.0	8.6	1990/1991–1994/1995	41.9	0.3	-0.2
	1994/1995	22	1.2	8.4	1994/1995–1998/1999	43.2	0.2	0.5
	1998/1999	32	1.5	8.9	1998/1999–2002/2003	22.2	0.1	-0.4
	2002/2003	39	1.6	8.5	1990/1991–2002/2003	148.4	0.6	-0.1
Ecuador^g (CG)	1990/1991	18	1.4	8.1	1990/1991–1994/1995	-38.9	-0.6	-3.7
	1994/1995	11	0.8	4.5	1994/1995–1998/1999	-9.1	-0.1	-1.2
	1998/1999	10	0.7	3.3	1998/1999–2002/2003	45.0	0.4	1.6
	2002/2003	15	1.1	4.9	1990/1991–2002/2003	-19.4	-0.3	-3.3
El Salvador (CG)	1990/1991	...	...	...	1990/1991–1994/1995	...	...	...
	1994/1995	...	...	...	1994/1995–1998/1999	...	...	...
	1998/1999	...	...	...	1998/1999–2002/2003	...	...	...
	2002/2003	34	1.6	8.1	1990/1991–2002/2003	...	...	...
Guatemala (CG)	1990/1991	14	0.9	8.1	1990/1991–1994/1995	3.7	0.0	0.7
	1994/1995	14	0.9	8.8	1994/1995–1998/1999	28.6	0.2	-0.8
	1998/1999	18	1.1	8.1	1998/1999–2002/2003	-8.3	-0.1	-0.2
	2002/2003	17	1.0	7.8	1990/1991–2002/2003	22.2	0.1	-0.2
Honduras^h (CG)	1990/1991	23	2.6	12.0	1990/1991–1994/1995	4.3	0.0	-1.1
	1994/1995	24	2.6	10.9	1994/1995–1998/1999	-12.5	-0.3	-1.2
	1998/1999	21	2.3	9.7	1998/1999–2002/2003	61.9	1.2	4.4
	2002/2003	34	3.5	14.0	1990/1991–2002/2003	47.8	0.9	2.1

Table 45 (concluded)

INDICATORS OF PUBLIC SOCIAL SPENDING ON HEALTH, ^a 1990/1991–2002/2003								
Country and coverage ^d	Period	Public social spending ^b			Period	Percentage change in public social spending ^c		
		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending
Jamaica (CG)	1990/1991	71	2.2	7.0	1990/1991–1994/1995	1.4	0.0	-1.6
	1994/1995	72	2.2	5.4	1994/1995–1998/1999	...	...	...
	1998/1999	...	...	...	1998/1999–2002/2003	...	...	...
	2002/2003	78	2.5	4.5	1990/1991–2002/2003	10.6	0.3	-2.5
Mexico (Budgetary CG)	1990/1991	148	2.9	18.6	1990/1991–1994/1995	-19.7	-0.6	-4.7
	1994/1995	119	2.3	13.9	1994/1995–1998/1999	9.3	0.0	1.2
	1998/1999	130	2.3	15.1	1998/1999–2002/2003	4.6	0.0	-1.7
	2002/2003	136	2.4	13.4	1990/1991–2002/2003	-8.1	-0.6	-5.3
Nicaragua (Budgetary CG)	1990/1991	21	2.8	14.5	1990/1991–1994/1995	-7.1	0.0	1.1
	1994/1995	20	2.8	15.6	1994/1995–1998/1999	5.1	-0.1	-2.4
	1998/1999	21	2.7	13.2	1998/1999–2002/2003	14.6	0.3	0.5
	2002/2003 ⁱ	24	3.0	13.7	1990/1991–2002/2003	11.9	0.2	-0.8
Panama (NFPS)	1990/1991	164	5.4	13.3	1990/1991–1994/1995	23.2	0.4	1.2
	1994/1995	202	5.8	14.4	1994/1995–1998/1999	10.7	0.0	1.3
	1998/1999	223	5.8	15.7	1998/1999–2002/2003	5.6	0.2	-0.2
	2002/2003	236	6.0	15.5	1990/1991–2002/2003	44.0	0.6	2.3
Paraguay (Budgetary CG)	1990/1991	4	0.3	3.8	1990/1991–1994/1995	337.5	0.9	2.9
	1994/1995	18	1.2	6.7	1994/1995–1998/1999	11.4	0.2	0.1
	1998/1999	20	1.4	6.8	1998/1999–2002/2003	-17.9	-0.1	-1.0
	2002/2003 ⁱ	16	1.3	5.8	1990/1991–2002/2003	300.0	1.0	2.0
Peru (Budgetary CG)	1990/1991	15	0.9	7.4	1990/1991–1994/1995	69.0	0.4	0.2
	1994/1995	25	1.3	7.6	1994/1995–1998/1999	24.5	0.3	0.9
	1998/1999	31	1.5	8.5	1998/1999–2002/2003	...	...	...
	2002/2003	...	...	...	1990/1991–2002/2003	...	...	...
Trinidad and Tobago	1990/1991	127	2.6	15.4	1990/1991–1994/1995	-14.2	-0.4	-1.0
	1994/1995	109	2.2	14.4	1994/1995–1998/1999	...	...	...
	1998/1999	...	...	...	1998/1999–2002/2003	...	...	...
	2002/2003	93	1.3	9.5	1990/1991–2002/2003	-27.2	-1.3	-6.0
Uruguay (CG)	1990/1991	142	2.9	10.8	1990/1991–1994/1995	38.2	0.5	1.3
	1994/1995	196	3.4	12.0	1994/1995–1998/1999	-14.1	-0.8	-3.6
	1998/1999	168	2.7	8.5	1998/1999–2002/2003	-25.6	-0.3	-1.4
	2002/2003	125	2.4	7.1	1990/1991–2002/2003	-11.7	-0.5	-3.7
Venezuela (Bolivarian Republic of) ⁱ	1990/1991	79	1.6	5.9	1990/1991–1994/1995	-28.5	-0.5	-0.9
	1994/1995	57	1.1	5.0	1994/1995–1998/1999	23.9	0.3	0.9
	1998/1999	70	1.4	5.9	1998/1999–2002/2003	-4.3	0.2	-0.6
	2002/2003 (Budgetary CG)	67	1.6	5.3	1990/1991–2002/2003	-15.2	0.0	-0.6

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information from the Commission's social expenditure database.

^a Includes public spending on education, science, technology, culture, religion and recreation, depending on the availability of information from individual countries.

^b The figures are simple averages for the relevant bienniums.

^c The last two columns show the differences between the percentages in the first and final periods.

^d NFPS: non-financial public sector; GG: general government; CG: central government.

^e Includes expenditure of the national government, the provincial governments and the central government of Buenos Aires, and also the municipal governments.

^f Estimate of consolidated social spending, including federal, State and municipal expenditure.

^g Includes the spending of the Ecuadorian Social Security Institute, which is not part of the central government's budget.

^h The 2002/2003 figures relate to the budget for 2004.

ⁱ Relates to the budgetary law. In the case of the Bolivarian Republic of Venezuela, the modifications made yearly on 31 December are included.

Table 46

INDICATORS OF PUBLIC SPENDING ON SOCIAL SECURITY AND ASSISTANCE, ^a 1990/1991–2002/2003								
Country and coverage ^d	Period	Public social spending ^b			Period	Percentage change in public social spending ^c		
		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending
Argentina^e (Consolidated NFPS)	1990/1991	593	9.7	31.2	1990/1991–1994/1995	28.0	0.6	0.9
	1994/1995	759	10.3	32.1	1994/1995–1998/1999	4.4	-0.4	-1.8
	1998/1999	793	9.9	30.3	1998/1999–2002/2003	-19.0	-0.2	2.7
	2002/2003	642	9.7	33.0	1990/1991–2002/2003	8.3	0.0	1.8
Bolivia (CG)	1990/1991	7	0.7	4.5	1990/1991–1994/1995	30.8	0.2	-1.1
	1994/1995	9	0.9	3.4	1994/1995–1998/1999	429.4	3.5	10.9
	1998/1999	45	4.5	14.3	1998/1999–2002/2003	12.2	0.6	-1.9
	2002/2003	51	5.1	12.4	1990/1991–2002/2003	676.9	4.4	7.9
Brazil^f (Consolidated NFPS)	1990/1991	289	9.2	25.0	1990/1991–1994/1995	25.1	1.6	7.8
	1994/1995	361	10.8	32.8	1994/1995–1998/1999	14.7	1.2	3.8
	1998/1999	414	12.1	36.6	1998/1999–2002/2003	7.2	0.5	2.5
	2002/2003	444	12.6	39.1	1990/1991–2002/2003	53.9	3.3	14.1
Chile (CG)	1990/1991	259	8.1	39.3	1990/1991–1994/1995	15.4	-0.9	-1.8
	1994/1995	299	7.2	37.5	1994/1995–1998/1999	23.6	0.4	-2.1
	1998/1999	370	7.6	35.4	1998/1999–2002/2003	5.4	-0.1	-0.8
	2002/2003	390	7.6	34.6	1990/1991–2002/2003	50.4	-0.6	-4.7
Colombia (NFPS)	1990/1991	46	2.5	10.9	1990/1991–1994/1995	100.0	2.0	4.7
	1994/1995	92	4.5	15.6	1994/1995–1998/1999	-6.5	-0.2	-5.4
	1998/1999	86	4.3	10.2	1998/1999–2002/2003	...	...	...
	2002/2003	...	...	...	1990/1991–2002/2003	...	...	...
Costa Rica (Consolidated NFPS)	1990/1991	153	4.9	...	1990/1991–1994/1995	22.3	0.3	...
	1994/1995	187	5.2	...	1994/1995–1998/1999	20.9	0.5	...
	1998/1999	226	5.7	19.6	1998/1999–2002/2003	2.9	-0.1	2.5
	2002/2003	232	5.6	22.1	1990/1991–2002/2003	52.1	0.7	...
Cuba	1990/1991	207	7.2	8.9	1990/1991–1994/1995	-19.9	0.9	3.0
	1994/1995	166	8.1	11.9	1994/1995–1998/1999	6.9	-0.5	2.1
	1998/1999	177	7.6	14.0	1998/1999–2002/2003	17.8	0.2	-0.3
	2002/2003	209	7.8	13.7	1990/1991–2002/2003	1.0	0.6	4.8
Dominican Republic (CG)	1990/1991	6	0.4	3.4	1990/1991–1994/1995	25.0	0.0	-0.5
	1994/1995	8	0.4	2.8	1994/1995–1998/1999	120.0	0.4	1.9
	1998/1999	17	0.8	4.7	1998/1999–2002/2003	66.7	0.4	1.4
	2002/2003	28	1.1	6.1	1990/1991–2002/2003	358.3	0.8	2.8
Ecuador^g (CG)	1990/1991	41	3.2	18.5	1990/1991–1994/1995	-29.3	-1.1	-6.4
	1994/1995	29	2.2	12.1	1994/1995–1998/1999	-29.3	-0.6	-5.3
	1998/1999	21	1.5	6.9	1998/1999–2002/2003	12.2	0.2	0.8
	2002/2003	23	1.7	7.6	1990/1991–2002/2003	-43.9	-1.5	-10.9
El Salvador (CG)	1990/1991	...	...	...	1990/1991–1994/1995	...	...	...
	1994/1995	...	...	...	1994/1995–1998/1999	...	...	...
	1998/1999	...	...	...	1998/1999–2002/2003	...	...	...
	2002/2003	29	1.4	7.0	1990/1991–2002/2003	...	...	...
Guatemala (CG)	1990/1991	11	0.7	6.6	1990/1991–1994/1995	4.5	0.0	1.0
	1994/1995	12	0.7	7.6	1994/1995–1998/1999	26.1	0.1	-1.0
	1998/1999	15	0.9	6.6	1998/1999–2002/2003	37.9	0.3	2.5
	2002/2003	20	1.2	9.1	1990/1991–2002/2003	81.8	0.4	2.5
Honduras^h (CG)	1990/1991	1	0.1	0.5	1990/1991–1994/1995	50.0	0.1	0.3
	1994/1995	2	0.2	0.8	1994/1995–1998/1999	33.3	0.0	0.0
	1998/1999	2	0.2	0.8	1998/1999–2002/2003	150.0	0.3	1.2
	2002/2003	5	0.5	2.0	1990/1991–2002/2003	400.0	0.4	1.5

Table 46 (concluded)

INDICATORS OF PUBLIC SPENDING ON SOCIAL SECURITY AND ASSISTANCE, ^a 1990/1991–2002/2003								
Country and coverage ^d	Period	Public social spending ^b			Period	Percentage change in public social spending ^c		
		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending
Jamaica (CG)	1990/1991	19	0.6	1.9	1990/1991–1994/1995	-34.2	-0.2	-0.9
	1994/1995	13	0.4	1.0	1994/1995–1998/1999	...	...	...
	1998/1999	...	...	...	1998/1999–2002/2003	...	...	...
	2002/2003	15	0.5	0.8	1990/1991–2002/2003	-23.7	-0.1	-1.1
Mexico (Budgetary CG)	1990/1991	6	0.1	0.8	1990/1991–1994/1995	975.0	1.2	6.8
	1994/1995	65	1.3	7.6	1994/1995–1998/1999	63.6	0.6	4.6
	1998/1999	106	1.9	12.3	1998/1999–2002/2003	36.0	0.6	1.9
	2002/2003	144	2.5	14.2	1990/1991–2002/2003	2291.7	2.4	13.4
Nicaragua (Budgetary CG)	1990/1991	...	...	...	1990/1991–1994/1995	...	...	...
	1994/1995	...	...	...	1994/1995–1998/1999	...	...	...
	1998/1999	...	...	...	1998/1999–2002/2003	...	...	...
	2002/2003 ⁱ	...	...	...	1990/1991–2002/2003	...	...	...
Panama (NFPS)	1990/1991	155	5.1	12.6	1990/1991–1994/1995	27.1	0.6	-0.1
	1994/1995	197	5.7	12.5	1994/1995–1998/1999	-10.4	-1.1	-0.1
	1998/1999	177	4.6	12.4	1998/1999–2002/2003	23.2	0.9	2.0
	2002/2003	218	5.5	14.4	1990/1991–2002/2003	40.3	0.4	1.8
Paraguay (Budgetary CG)	1990/1991	17	1.2	14.6	1990/1991–1994/1995	105.9	1.2	-1.4
	1994/1995	35	2.4	13.3	1994/1995–1998/1999	21.4	0.7	1.7
	1998/1999	43	3.1	15.0	1998/1999–2002/2003	-11.8	-0.1	-1.2
	2002/2003 ⁱ	38	3.0	13.7	1990/1991–2002/2003	120.6	1.8	-0.9
Peru (Budgetary CG)	1990/1991	23	1.3	11.4	1990/1991–1994/1995	111.1	1.1	3.5
	1994/1995	48	2.5	14.9	1994/1995–1998/1999	35.8	0.7	3.1
	1998/1999	65	3.2	18.0	1998/1999–2002/2003	...	...	...
	2002/2003	...	...	...	1990/1991–2002/2003	...	...	...
Trinidad and Tobago	1990/1991	4	0.1	0.4	1990/1991–1994/1995	0.0	0.0	0.1
	1994/1995	4	0.1	0.5	1994/1995–1998/1999	...	...	...
	1998/1999	...	...	...	1998/1999–2002/2003	...	...	...
	2002/2003	5	0.1	0.5	1990/1991–2002/2003	42.9	0.0	0.1
Uruguay (CG)	1990/1991	544	11.2	41.3	1990/1991–1994/1995	44.8	2.7	7.1
	1994/1995	787	13.9	48.4	1994/1995–1998/1999	24.1	1.7	0.8
	1998/1999	977	15.6	49.2	1998/1999–2002/2003	-22.8	-0.9	-6.6
	2002/2003	754	14.7	42.6	1990/1991–2002/2003	38.6	3.5	1.3
Venezuela (Bolivarian Republic of) ⁱ	1990/1991	102	2.0	7.5	1990/1991–1994/1995	13.7	0.3	2.8
	1994/1995	116	2.3	10.3	1994/1995–1998/1999	7.3	0.3	0.2
	1998/1999	125	2.5	10.5	1998/1999–2002/2003	36.1	1.5	3.0
	2002/2003	170	4.1	13.4	1990/1991–2002/2003	66.2	2.1	5.9

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information from the Commission's social expenditure database.

^a Includes public spending on education, science, technology, culture, religion and recreation, depending on the availability of information from individual countries.

^b The figures are simple averages for the relevant bienniums.

^c The last two columns show the differences between the percentages in the first and final periods.

^d NFPS: non-financial public sector; GG: general government; CG: central government.

^e Includes expenditure of the national government, the provincial governments and the central government of Buenos Aires, and also the municipal governments.

^f Estimate of consolidated social spending, including federal, State and municipal expenditure.

^g Includes the spending of the Ecuadorian Social Security Institute, which is not part of the central government's budget.

^h The 2002/2003 figures relate to the budget for 2004.

ⁱ Relates to the budgetary law. In the case of the Bolivarian Republic of Venezuela, the modifications made yearly on 31 December are included.

Table 47

INDICATORS OF PUBLIC SOCIAL SPENDING ON HOUSING AND OTHERS, ^a 1990/1991–2002/2003								
Country and coverage ^d	Period	Public social spending ^b			Period	Percentage change in public social spending ^c		
		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending
Argentina^e (Consolidated NFPS)	1990/1991	102	1.7	5.4	1990/1991–1994/1995	15.7	-0.1	-0.4
	1994/1995	118	1.6	5.0	1994/1995–1998/1999	2.5	-0.1	-0.4
	1998/1999	121	1.5	4.6	1998/1999–2002/2003	-40.9	-0.4	-0.9
	2002/2003	72	1.1	3.7	1990/1991–2002/2003	-29.9	-0.6	-1.7
Bolivia (CG)	1990/1991	2	0.2	1.4	1990/1991–1994/1995	-25.0	-0.1	-0.9
	1994/1995	2	0.1	0.6	1994/1995–1998/1999	0.0	0.0	-0.1
	1998/1999	2	0.1	0.5	1998/1999–2002/2003	100.0	0.1	0.2
	2002/2003	3	0.3	0.7	1990/1991–2002/2003	50.0	0.1	-0.8
Brazil^f (Consolidated NFPS)	1990/1991	48	1.5	4.4	1990/1991–1994/1995	-62.5	-1.0	-2.8
	1994/1995	18	0.6	1.6	1994/1995–1998/1999	-61.1	-0.4	-1.1
	1998/1999	7	0.2	0.6	1998/1999–2002/2003	-64.3	-0.1	-0.4
	2002/2003	3	0.1	0.2	1990/1991–2002/2003	-94.8	-1.5	-4.2
Chile (CG)	1990/1991	6	0.2	0.9	1990/1991–1994/1995	36.4	0.0	0.1
	1994/1995	8	0.2	1.0	1994/1995–1998/1999	73.3	0.1	0.3
	1998/1999	13	0.3	1.3	1998/1999–2002/2003	-23.1	-0.1	-0.4
	2002/2003	10	0.2	0.9	1990/1991–2002/2003	81.8	0.0	0.0
Colombia (NFPS)	1990/1991	9	0.5	2.2	1990/1991–1994/1995	72.2	0.2	0.4
	1994/1995	16	0.8	2.6	1994/1995–1998/1999	48.4	0.4	0.1
	1998/1999	23	1.1	2.7	1998/1999–2002/2003	...	...	...
	2002/2003	...	...	...	1990/1991–2002/2003	...	...	...
Costa Rica (Consolidated NFPS)	1990/1991	58	2.0	...	1990/1991–1994/1995	5.2	-0.1	...
	1994/1995	61	1.9	...	1994/1995–1998/1999	-2.5	-0.2	...
	1998/1999	60	1.7	5.0	1998/1999–2002/2003	20.2	0.2	-1.9
	2002/2003	72	1.9	3.2	1990/1991–2002/2003	23.3	-0.2	...
Cuba	1990/1991	53	1.8	2.3	1990/1991–1994/1995	-32.1	-0.1	0.3
	1994/1995	36	1.7	2.6	1994/1995–1998/1999	62.5	0.8	2.0
	1998/1999	59	2.5	4.6	1998/1999–2002/2003	32.5	0.4	0.5
	2002/2003	78	2.9	5.1	1990/1991–2002/2003	46.2	1.1	2.8
Dominican Republic (CG)	1990/1991	28	1.8	15.9	1990/1991–1994/1995	44.6	0.5	-0.4
	1994/1995	41	2.3	15.6	1994/1995–1998/1999	-19.8	-0.8	-6.4
	1998/1999	33	1.5	9.2	1998/1999–2002/2003	29.2	0.2	0.1
	2002/2003	42	1.7	9.3	1990/1991–2002/2003	50.0	-0.1	-6.7
Ecuador^g (CG)	1990/1991	0	0.0	0.1	1990/1991–1994/1995	...	0.4	2.4
	1994/1995	6	0.4	2.5	1994/1995–1998/1999	-63.6	-0.3	-1.9
	1998/1999	2	0.1	0.6	1998/1999–2002/2003	50.0	0.1	0.3
	2002/2003	3	0.2	1.0	1990/1991–2002/2003	...	0.2	0.8
El Salvador (CG)	1990/1991	...	...	...	1990/1991–1994/1995	...	...	...
	1994/1995	...	...	...	1994/1995–1998/1999	...	...	...
	1998/1999	...	...	...	1998/1999–2002/2003	...	...	...
	2002/2003	19	0.9	4.6	1990/1991–2002/2003	...	...	...
Guatemala (CG)	1990/1991	2	0.1	0.9	1990/1991–1994/1995	666.7	0.6	6.5
	1994/1995	12	0.7	7.4	1994/1995–1998/1999	152.2	1.0	5.8
	1998/1999	29	1.7	13.2	1998/1999–2002/2003	0.0	0.0	0.2
	2002/2003	29	1.7	13.4	1990/1991–2002/2003	1833.3	1.6	12.5
Honduras^h (CG)	1990/1991	8	0.9	4.2	1990/1991–1994/1995	37.5	0.3	0.8
	1994/1995	11	1.2	5.0	1994/1995–1998/1999	-36.4	-0.4	-1.7
	1998/1999	7	0.8	3.3	1998/1999–2002/2003	142.9	1.1	4.0
	2002/2003	17	1.8	7.2	1990/1991–2002/2003	112.5	0.9	3.0

Table 47 (concluded)

INDICATORS OF PUBLIC SOCIAL SPENDING ON HOUSING AND OTHERS, ^a 1990/1991–2002/2003								
Country and coverage ^d	Period	Public social spending ^b			Period	Percentage change in public social spending ^c		
		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending		Per capita (2000 dollars)	As a percentage of GDP	As a percentage of total public spending
Jamaica (CG)	1990/1991	49	1.5	4.9	1990/1991–1994/1995	9.2	0.1	-0.8
	1994/1995	54	1.6	4.1	1994/1995–1998/1999	...	...	...
	1998/1999	...	...	...	1998/1999–2002/2003	...	...	...
	2002/2003	45	1.4	2.6	1990/1991–2002/2003	-9.2	-0.1	-2.3
Mexico (Budgetary CG)	1990/1991	43	0.9	5.4	1990/1991–1994/1995	60.0	0.5	2.5
	1994/1995	68	1.3	8.0	1994/1995–1998/1999	-7.4	-0.2	-0.6
	1998/1999	63	1.1	7.3	1998/1999–2002/2003	40.5	0.4	1.4
	2002/2003	89	1.5	8.7	1990/1991–2002/2003	108.2	0.7	3.3
Nicaragua (Budgetary CG)	1990/1991	9	1.2	6.6	1990/1991–1994/1995	16.7	0.3	2.0
	1994/1995	11	1.5	8.5	1994/1995–1998/1999	9.5	0.0	-1.4
	1998/1999	12	1.5	7.2	1998/1999–2002/2003	13.0	0.2	0.6
	2002/2003 ⁱ	13	1.7	7.8	1990/1991–2002/2003	44.4	0.5	1.2
Panama (NFPS)	1990/1991	53	1.7	4.0	1990/1991–1994/1995	-1.0	-0.2	-0.3
	1994/1995	52	1.5	3.8	1994/1995–1998/1999	-12.5	-0.3	-0.6
	1998/1999	46	1.2	3.1	1998/1999–2002/2003	0.0	0.0	-0.1
	2002/2003	46	1.2	3.0	1990/1991–2002/2003	-13.3	-0.5	-1.0
Paraguay (Budgetary CG)	1990/1991	6	0.5	5.8	1990/1991–1994/1995	50.0	0.2	-2.4
	1994/1995	9	0.6	3.4	1994/1995–1998/1999	-66.7	-0.4	-2.2
	1998/1999	3	0.2	1.2	1998/1999–2002/2003	83.3	0.2	0.8
	2002/2003 ⁱ	6	0.4	2.0	1990/1991–2002/2003	-8.3	0.0	-3.8
Peru (Budgetary CG)	1990/1991	1	0.1	0.4	1990/1991–1994/1995	200.0	0.1	0.5
	1994/1995	3	0.1	0.9	1994/1995–1998/1999	66.7	0.1	0.6
	1998/1999	5	0.3	1.5	1998/1999–2002/2003	...	...	...
	2002/2003	...	...	...	1990/1991–2002/2003	...	...	...
Trinidad and Tobago	1990/1991	51	1.0	6.1	1990/1991–1994/1995	27.7	0.3	2.4
	1994/1995	65	1.3	8.5	1994/1995–1998/1999	...	...	...
	1998/1999	...	...	...	1998/1999–2002/2003	...	...	...
	2002/2003	75	1.0	7.6	1990/1991–2002/2003	47.5	0.0	1.5
Uruguay (CG)	1990/1991	15	0.3	1.1	1990/1991–1994/1995	86.7	0.2	0.6
	1994/1995	28	0.5	1.7	1994/1995–1998/1999	10.7	0.0	-0.1
	1998/1999	31	0.5	1.6	1998/1999–2002/2003	-35.5	-0.1	-0.5
	2002/2003	20	0.4	1.1	1990/1991–2002/2003	33.3	0.1	0.0
Venezuela (Bolivarian Republic of) ⁱ	1990/1991	86	1.7	6.2	1990/1991–1994/1995	-61.6	-1.0	-3.3
	1994/1995	33	0.6	2.9	1994/1995–1998/1999	31.8	0.2	0.7
	1998/1999	44	0.9	3.6	1998/1999–2002/2003	-10.3	0.1	-0.5
	2002/2003	39	0.9	3.1	1990/1991–2002/2003	-54.7	-0.7	-3.1

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information from the Commission's social expenditure database.

^a Includes public spending on education, science, technology, culture, religion and recreation, depending on the availability of information from individual countries.

^b The figures are simple averages for the relevant bienniums.

^c The last two columns show the differences between the percentages in the first and final periods.

^d NFPS: non-financial public sector; GG: general government; CG: central government.

^e Includes expenditure of the national government, the provincial governments and the central government of Buenos Aires, and also the municipal governments.

^f Estimate of consolidated social spending, including federal, State and municipal expenditure.

^g Includes the spending of the Ecuadorian Social Security Institute, which is not part of the central government's budget.

^h The 2002/2003 figures relate to the budget for 2004.

ⁱ Relates to the budgetary law. In the case of the Bolivarian Republic of Venezuela, the modifications made yearly on 31 December are included.

MILLENNIUM DEVELOPMENT GOALS

Table 48

PROGRESS TOWARDS THE MILLENNIUM DEVELOPMENT GOALS ^a									
Country or territory	Goal 1 Eradicate extreme poverty and hunger								
	Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day					Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger			
	Indicator 1 Population living in extreme poverty, measured by national poverty lines ^c		Indicator 2 Poverty gap ratio		Indicator 3 Share of poorest quintile in national consumption	Indicator 4 Prevalence of underweight children under five years of age		Indicator 5 Proportion of population below minimum level of dietary energy consumption	
	1990	2005	1990	2002	2002	1981/1993	1995/2002	1990/1992	2000/2002
Latin America and the Caribbean	22.5	16.8	9.8	7.9	3.0	10.3	7.5	13	10
Latin America	22.5	16.8	9.8	7.9	3.0	10.4	7.5	13	10
Argentina ^b	8.2	10.0	1.6	4.2	3.6	1.9	5.4	2	2
Bolivia	39.5	36.5	9.7	19.5	1.5	13.2	7.6	28	21
Brazil	23.4	12.9	9.7	5.9	2.2	7.0	5.7	12	9
Chile	12.9	3.9	4.4	1.7	3.7	0.9	0.8	8	4
Colombia	26.1	24.3	9.8	10.0	2.9	10.1	6.7	17	13
Costa Rica	9.8	7.4	4.8	3.9	3.6	2.8	5.1	6	4
Cuba	...	...	...	...	...	...	4.1	8	3
Dominican Republic	...	20.7	...	9.3	2.9	10.4	5.3	27	25
Ecuador ^b	26.2	17.4	9.2	6.9	4.0	16.5	14.8	8	4
El Salvador	27.7	23.0	9.1	9.5	2.9	16.1	10.3	12	11
Guatemala	41.8	32.5	18.5	10.7	3.7	33.2	24.2	16	24
Haiti	...	60.4	...	...	...	26.8	17.3	65	47
Honduras	60.6	52.4	31.5	26.6	...	20.6	16.6	23	22
Mexico	18.8	11.0	5.9	3.5	4.0	13.9	7.5	5	5
Nicaragua	51.4	41.2	24.3	19.0	2.5	11.9	9.6	30	27
Panama	22.9	15.4	7.3	3.3	2.3	7.0	6.8	21	26
Paraguay	35.0	34.0	3.6	15.4	2.4	3.7	5.0	18	14
Peru	25.0	19.0	...	9.2	3.8	10.7	7.1	42	13
Uruguay ^b	3.4	1.5	0.9	0.6	4.8	7.4	4.5	6	4
Venezuela (Bolivarian Rep. of)	14.6	18.9	5.0	9.3	3.5	7.7	4.4	11	17
Caribbean countries and territories	...	...	...	...	...	9.0	7.6	15	10
Anguilla	...	...	...	...	...	...	...	...	...
Antigua and Barbuda	...	...	...	...	...	9.5	...	...	...
Aruba	...	...	...	...	...	...	...	...	...
Bahamas	...	...	...	...	...	...	...	...	...
Barbados	...	...	...	...	...	5.9	...	...	...
Belize	...	...	...	...	...	6.2	...	...	...
British Virgin Islands	...	...	...	...	...	...	...	...	...
Cayman Islands	...	...	...	...	...	...	...	...	...
Dominica	...	...	...	...	...	...	5.0	...	...
French Guiana	...	...	...	...	...	...	...	...	...
Grenada	...	...	...	...	...	...	...	...	...
Guadeloupe	...	...	...	...	...	...	...	...	...
Guyana	...	...	...	...	...	18.3	13.6	21	9
Jamaica	...	...	...	...	...	7.2	6.4	14	10
Martinique	...	...	...	...	...	...	...	...	...
Montserrat	...	...	...	...	...	...	...	...	...
Netherlands Antilles	...	...	...	...	...	...	...	...	...
Puerto Rico	...	...	...	...	...	...	...	...	...
Saint Kitts and Nevis	...	...	...	...	...	...	...	...	...
Saint Vincent and the Grenadines	...	...	...	...	...	...	19.5	...	...
Saint Lucia	...	...	...	...	...	13.8	...	...	...
Suriname	...	...	...	...	...	...	13.3	13	11
Trinidad and Tobago	...	...	...	...	...	6.7	5.9	13	12
Turks and Caicos Islands	...	...	...	...	...	...	...	...	...
United States Virgin Islands	...	...	...	...	...	...	...	...	...

Source: See annex at the end of this section for sources.

^a The indicators appear in the order in which they are listed officially; the absence of any indicator is due to the lack of information. Figures are percentages unless otherwise indicated. For indicators recorded at two different times, the regional and subregional averages take into account only those countries for which information is available at both times.

^b The figures for indicators 1, 2 and 3 relate to urban areas.

^c Figures on extreme poverty for 2005 are projections of the 2002, 2003 and 2004 statistics for each country. For greater detail, see table 4 of this statistical appendix.

Table 48 (continued 1)

PROGRESS TOWARDS THE MILLENNIUM DEVELOPMENT GOALS ^a						
Country or territory	Goal 2 Achieve universal primary education					
	Target 3. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling					
	Indicator 6 Net enrolment ratio in primary education		Indicator 7 Pupils completing primary education according to CINE 1997		Indicator 8 Literacy rate of 15–24 year-olds	
	1990	2002	1992	2004	1990	2000/2004
Latin America and the Caribbean	87.4	95.5	83.6	90.2	92.7	94.8
Latin America	87.4	95.5	83.6	90.2	92.7	94.8
Argentina	93.8	100.0	97.1	96.5	98.2	98.6
Bolivia	90.8	95.1	67.1	81.6	92.6	97.3
Brazil	85.6	97.3	82.2	91.2	91.8	94.2
Chile	87.7	84.8	95.5	98.3	98.1	99.0
Colombia	68.1	87.4	85.6	90.9	94.9	97.2
Costa Rica	87.3	90.4	84.6	91.8	97.4	98.4
Cuba	91.7	93.5	...	...	99.3	99.8
Dominican Republic	58.2	96.4	76.3	86.2	87.5	91.7
Ecuador	97.8	99.5	89.8	92.2	95.5	96.4
El Salvador	72.8	90.4	69.0	76.1	83.8	88.9
Guatemala	64.0	87.3	52.2	58.3	73.4	80.1
Haiti	22.1	...	...	...	54.8	66.2
Honduras	89.9	87.4	61.7	70.6	79.7	88.9
Mexico	100.0	99.4	86.7	93.1	95.2	96.6
Nicaragua	72.2	85.5	60.2	64.5	68.2	86.2
Panama	91.5	99.6	89.3	95.4	95.3	97.0
Paraguay	92.8	89.3	78.3	87.5	95.6	96.3
Peru	87.8	99.7	85.4	91.6	94.5	96.6
Uruguay	91.9	90.4	96.2	96.4	98.7	99.1
Venezuela (Bolivarian Rep. of)	88.1	90.8	88.3	90.9	96.0	98.2
Caribbean countries and territories	91.5	94.7	...	...	95.1	96.6
Anguilla	...	95.2	...	...	...	...
Antigua and Barbuda	...	...	...	...	...	...
Aruba	...	99.0	...	...	...	...
Bahamas	89.6	86.4	...	...	96.5	...
Barbados	80.1	100.0	...	...	99.8	99.8
Belize	94.0	99.2	...	...	96.0	84.2
British Virgin Islands	...	93.7	...	...	...	...
Cayman Islands	...	...	...	...	...	...
Dominica	...	81.3	...	...	...	...
French Guiana	...	...	...	...	...	...
Grenada	...	84.2	...	...	...	...
Guadeloupe	...	...	...	...	...	...
Guyana	88.9	99.2	...	...	99.8	...
Jamaica	95.7	94.6	...	...	91.2	94.5
Martinique	...	...	...	...	...	99.8
Montserrat	...	...	...	...	...	...
Netherlands Antilles	...	88.4	...	...	97.5	98.3
Puerto Rico	...	...	...	...	96.1	97.7
Saint Kitts and Nevis	...	100.0	...	...	...	...
Saint Vincent and the Grenadines	...	90.0	...	...	...	...
Saint Lucia	95.1	99.4	...	...	...	...
Suriname	78.4	97.0	...	...	...	...
Trinidad and Tobago	90.9	90.6	...	...	99.6	99.8
Turks and Caicos Islands	...	73.5	...	...	...	...
United States Virgin Islands	...	...	...	...	...	...

Source: See annex at the end of this section for sources.

^a The indicators appear in the order in which they are listed officially; the absence of any indicator is due to the lack of information. Figures are percentages unless otherwise indicated. For indicators recorded at two different times, the regional and subregional averages take into account only those countries for which information is available at both times.

Table 48 (continued 2)

PROGRESS TOWARDS THE MILLENNIUM DEVELOPMENT GOALS ^a														
Country or territory	Goal 3 Promote gender equality and empower women													
	Target 4. Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015													
	Indicator 9 Ratio of girls to boys in:						Indicator 9 Ratio of women to men completing primary education according to CINE 1997		Indicator 10 Literacy gender parity index		Indicator 11 Share of women in wage employment in the non-agricultural sector		Indicator 12 Proportion of seats held by women in national parliament	
	Primary education		Secondary education		Tertiary education									
	1990	2002	1990	2002	1990	2002	1992	2004	1990	2002	1990	2003	1990	2005
Latin America and the Caribbean	0.98	0.98	1.08	1.07	0.97	1.20	1.01	1.03	1.06	1.01	37.7	43.0	8	16
Latin America	0.98	0.98	1.08	1.07	0.97	1.19	1.01	1.03	1.07	1.01	37.6	43.0	8	16
Argentina	1.04	1.00	...	1.06	...	1.49	1.01	1.02	0.81	1.00	37.3	47.6	6	34
Bolivia	0.91	1.00	0.85	0.98	...	0.55 ^b	0.89	0.98	2.88	0.98	35.2	36.5	9	19
Brazil	0.94	0.93 ^b	...	1.08	1.06	1.32	1.05	1.05	0.72	1.03	40.2	46.9	5	9
Chile	0.98	0.99 ^b	1.08	1.01 ^b	...	0.94 ^b	1.01	1.01	0.80	1.00	36.2	37.3	...	13
Colombia	1.15	0.99	1.13	1.10	1.07	1.09	1.03	1.04	0.78	1.01	39.9	48.8	5	12
Costa Rica	0.99	1.02	1.05	1.09	...	1.16	1.00	1.04	0.80	1.01	37.2	39.5	11	35
Cuba	0.97	0.99	1.14	1.00	1.41	1.34	...	...	1.09	1.00	37.1	37.7	34	36
Dominican Republic	1.02	0.95	...	1.34	...	1.67	1.09	1.08	0.90	1.02	35.5	34.9	8	17
Ecuador	0.99	1.01	...	1.03	...	...	0.99	1.00	1.28	1.00	37.3	41.1	5	16
El Salvador	1.01	1.00	1.06	1.02	0.71	1.21	0.96	1.05	1.17	0.98	32.3	31.1	12	11
Guatemala	0.88	0.97	...	0.95	...	0.78	0.72	0.82	1.73	0.86	36.8	38.7	7	8
Haiti	0.94	...	0.96	...	...	...	...	...	1.05	1.01	...	...	...	4
Honduras	1.05	1.02	...	...	0.77	1.31 ^b	1.06	1.11	0.89	1.05	48.1	50.5	10	6
Mexico	0.98	1.01	1.01	1.04	0.74	0.97	0.97	1.01	1.38	1.00	35.3	37.4	12	23
Nicaragua	1.06	1.00	1.37	1.18	1.06	1.10	1.09	1.21	0.97	1.06	...	...	15	21
Panama	0.96	0.99	1.07	1.11	...	1.69	1.01	1.02	1.21	0.99	44.3	44.0	8	17
Paraguay	0.97	1.00	1.04	1.06	0.88	1.39	0.96	1.03	1.17	1.00	40.5	42.0	6	10
Peru	0.97	1.00	...	0.97	...	1.07	0.90	0.97	2.53	0.98	28.9	37.2	6	18
Uruguay	0.99	1.00	...	1.10	...	1.95	1.01	1.02	0.53	1.01	41.9	46.3	6	12
Venezuela (Bolivarian Rep. of)	1.03	1.01	1.38	1.16	...	1.08	1.05	1.06	0.74	1.01	35.2	41.5	10	10
Caribbean countries and territories	0.99	1.00	1.08	1.09	0.81	2.17	...	...	0.56	1.03	45.3	43.1	12	17
Anguilla	...	1.02	...	0.98	...	...	...	...	...	...	48.9	...	...	...
Antigua and Barbuda	...	...	...	...	...	...	...	...	...	...	...	...	...	11
Aruba	...	0.99	...	1.09	...	1.42	...	...	...	...	...	44.7	...	...
Bahamas	1.03	1.03	...	1.04	...	...	...	...	0.54	...	49.2	50.1	4	20
Barbados	1.00	1.00	...	1.00	1.26	2.47 ^b	...	...	1.00	1.00	45.5	48.4	4	13
Belize	0.98	1.02	1.15	1.05	...	1.91	...	...	0.73	1.01	37.4	41.3	...	7
British Virgin Islands	...	0.98	...	1.17	...	2.34	...	...	...	...	...	...	...	...
Cayman Islands	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dominica	...	0.95	...	1.14	...	...	...	...	...	...	...	...	10	19
French Guiana	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Grenada	...	0.90	...	...	...	...	...	...	...	...	42.8	...	...	27
Guadeloupe	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Guyana	0.98	0.98	1.06	1.08	...	1.58	...	...	1.00	...	...	...	37	31
Jamaica	0.99	1.00	1.06	1.04	0.73	2.36	...	...	0.37	1.07	49.6	48.0	5	12
Martinique	...	...	...	...	...	...	...	...	0.55	1.00	...	...	...	...
Montserrat	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Netherlands Antilles	...	1.05	...	1.12	...	1.48 ^b	...	...	0.85	1.00	43.1	49.0	...	...
Puerto Rico	...	...	...	...	...	...	...	...	0.65	1.01	46.5	40.1	...	...
Saint Kitts and Nevis	...	...	...	...	...	...	...	...	...	...	...	...	7	13
Saint Vincent and the Grenadines	0.99	0.99	1.24	1.09	...	...	...	...	...	...	...	...	10	23
Saint Lucia	0.94	1.01	1.45	1.25	1.38	3.40	...	...	...	...	...	48.5	...	11
Suriname	1.00	1.02	1.15	1.38	...	1.69 ^b	...	...	...	...	39.1	32.9	8	20
Trinidad and Tobago	0.99	0.99	1.05	1.08	0.79	1.59	...	...	...	1.00	35.6	41.3	17	19
Turks and Caicos Islands	...	0.98	...	1.02	...	0.44	...	...	...	...	...	...	...	...
United States Virgin Islands

Source: See annex at the end of this section for sources.

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^b Figures for the most recent year available. Not as indicated at the head of the column.

Table 48 (continued 3)

PROGRESS TOWARDS THE MILLENNIUM DEVELOPMENT GOALS ^a								
Country or territory	Goal 4 Reduce child mortality						Goal 5 Improve maternal health	
	Target 5. Reduce by two thirds, between 1990 and 2015, the under-five mortality rate						Target 6. Reduce by three quarters, 1990 and 2015, the maternal mortality ratio	
	Indicator 13 Under-five mortality rate (per 1,000 live births)		Indicator 14 Infant mortality rate (per 1,000 live births)		Indicator 15 Children immunized against measles		Indicator 16 Maternal mortality ratio (per 100,000 live births)	Indicator 17 Proportion of births attended by skilled health personnel
	1990	2003	1990	2003	1990	2003	2000	2000
Latin America and the Caribbean	55.7	33.2	42.9	25.6	76	93	87	85
Latin America	55.7	33.2	43.2	25.4	76	93	87	85
Argentina	30.0	17.3	25.8	14.8	93	97	35	98
Bolivia	113.0	70.3	82.6	54.6	53	64	230	52
Brazil	59.6	33.1	47.5	27.0	78	99	45	97
Chile	19.3	9.6	16.3	7.9	82	99	19	100
Colombia	52.3	32.7	38.3	25.2	82	92	105	86
Costa Rica	18.6	12.2	16.0	10.4	90	89	36	96
Cuba	19.0	7.6	15.6	6.0	94	99	34	100
Dominican Republic	70.7	47.6	50.4	34.1	96	79	77	96
Ecuador	65.3	29.4	49.9	24.5	60	99	90	69
El Salvador	64.1	34.4	47.1	25.9	98	99	...	...
Guatemala	85.0	47.6	61.0	38.1	68	75	153	41
Haiti	133.5	97.0	89.1	61.1	31	53	523	24
Honduras	66.8	44.1	48.3	31.6	90	95	...	...
Mexico	44.3	24.3	36.3	20.1	75	96	79	85
Nicaragua	75.8	39.9	56.5	29.7	82	93	100	82
Panama	35.8	26.5	28.3	20.4	73	83	61	90
Paraguay	55.8	44.8	45.0	36.7	69	91	152	86
Peru	85.7	55.2	61.8	32.9	64	95	185	59
Uruguay	25.0	15.3	21.4	13.0	97	95	11	...
Venezuela (Bolivarian Rep. of)	30.3	21.0	25.0	17.3	61	82	60	...
Caribbean countries and territories	...	21.8	22.4	16.2	75	84	113	94
Anguilla	...	...	...	...	...	...	...	...
Antigua and Barbuda	...	...	...	...	89	99	65	100
Aruba	...	...	...	...	...	...	...	99
Bahamas	...	15.8	21.5	13.6	86	90	...	...
Barbados	...	13.0	14.6	10.7	87	90	81	98
Belize	...	40.8	35.2	30.3	86	96	68	100
British Virgin Islands	...	...	...	...	...	95	...	...
Cayman Islands	...	...	...	...	...	...	...	...
Dominica	...	...	...	...	88	99	...	100
French Guiana	...	15.8	22.5	13.9	...	...	...	...
Grenada	...	...	...	...	85	99	...	100
Guadeloupe	...	9.9	15.6	7.2	...	...	...	...
Guyana	...	67.1	64.6	48.5	73	89	133	90
Jamaica	...	20.9	21.9	14.8	74	78	...	...
Martinique	...	8.9	9.8	7.1	...	...	...	...
Montserrat	...	...	...	...	...	...	...	...
Netherlands Antilles	...	14.8	16.7	13.1	...	...	...	...
Puerto Rico	...	11.9	12.7	9.8	...	...	...	...
Saint Kitts and Nevis	...	...	...	...	99	98	...	...
Saint Vincent and the Grenadines	...	30.5	32.3	25.3	96	94	...	...
Saint Lucia	...	19.8	18.5	14.8	82	90	35	100
Suriname	...	30.6	34.9	25.3	65	74	153	91
Trinidad and Tobago	...	18.9	18.2	13.6	70	88	...	...
Turks and Caicos Islands	...	...	...	...	...	...	...	88
United States Virgin Islands	...	10.9	15.6	9.4	...	...	...	...

Source: See annex at the end of this section for sources.

^a The indicators appear in the order in which they are listed officially; the absence of any indicator is due to the lack of information. Figures are percentages unless otherwise indicated. For indicators recorded at two different times, the regional and subregional averages take into account only those countries for which information is available at both times.

Table 48 (continued 4)

PROGRESS TOWARDS THE MILLENNIUM DEVELOPMENT GOALS ^a						
Country or territory	Goal 6 Combat HIV/AIDS, malaria and other diseases					
	Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases				
	Indicator 18a HIV prevalence among the population aged 15–49 years	Indicator 21a Incidence of malaria per 100,000 population	Indicator 23a Incidence of tuberculosis per 100,000 population		Indicator 23b Tuberculosis death rate per 100,000 population	
	2003	2000	1990	2003	1990	2003
Latin America and the Caribbean	0.7	222	156	90	14	9
Latin America	0.7	215	158	91	15	9
Argentina	0.7	1	113	55	10	6
Bolivia	0.1	378	454	301	42	33
Brazil	0.7	344	146	91	14	8
Chile	0.3	...	90	17	8	1
Colombia	0.7	250	90	80	8	8
Costa Rica	0.6	42	34	18	3	1
Cuba	0.1	...	49	13	5	1
Dominican Republic	1.7	6	214	123	20	15
Ecuador	0.3	728	315	209	29	27
El Salvador	0.7	11	155	78	14	9
Guatemala	1.1	386	154	104	14	12
Haiti	5.6	15	604	386	56	50
Honduras	1.8	541	181	102	17	12
Mexico	0.3	8	76	45	7	5
Nicaragua	0.2	402	241	78	22	8
Panama	0.9	36	110	52	10	4
Paraguay	0.5	124	118	105	11	12
Peru	0.5	258	618	231	57	22
Uruguay	0.3	...	54	33	5	3
Venezuela (Bolivarian Rep. of)	0.7	94	68	52	6	5
Caribbean countries and territories	2.0	1421	34	28	3	3
Anguilla	...	...	49	40	5	5
Antigua and Barbuda	...	...	13	10	1	1
Aruba	...	...	...	...	...	...
Bahamas	3.0	...	84	52	8	6
Barbados	1.5	...	27	14	3	2
Belize	2.4	657	64	56	6	4
British Virgin Islands	...	...	29	24	3	3
Cayman Islands	...	...	...	...	...	1
Dominica	...	...	30	23	3	3
French Guiana	...	2073	...	...	...	...
Grenada	...	...	10	8	1	1
Guadeloupe	...	...	...	...	...	...
Guyana	2.5	3074	61	178	6	21
Jamaica	1.2	...	13	9	1	1
Martinique	...	...	...	...	...	...
Montserrat	...	...	18	12	2	1
Netherlands Antilles	...	...	18	18	2	2
Puerto Rico	...	...	30	8	3	1
Saint Kitts and Nevis	...	...	21	16	2	2
Saint Vincent and the Grenadines	...	...	56	40	5	4
Saint Lucia	...	...	32	22	3	2
Suriname	1.7	2954	152	102	14	12
Trinidad and Tobago	3.2	1	21	13	2	1
Turks and Caicos Islands	...	...	...	...	...	3
United States Virgin Islands	26	18	2	2

Source: See annex at the end of this section for sources.

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Table 48 (continued 5)

PROGRESS TOWARDS THE MILLENNIUM DEVELOPMENT GOALS ^a											
Country or territory	Goal 7 Ensure environmental sustainability										
	Target 9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources										
	Indicator 25 Proportion of land area covered by forest		Indicator 26 Ratio of area protected to maintain biological diversity to surface area	Indicator 27 Energy use (kg oil equivalent) per US\$ 1,000 GDP		Indicator 28a Ozone-depleting CFCs, consumption in ODP metric tons		Indicator 28e Carbon dioxide (CO ₂) emissions, metric tons per 1,000 population		Indicator 29 Per capita consumption of biomass fuels (Fuelwood + cane residues + other primary fuels)	
	1990	2000	1997	1990	2000	1990	2000	1990	2000	1990	2001
Latin America and the Caribbean	49.7	47.4	10	0.18	0.19	16.2	20.3	5868	3072	0.07	0.06
Latin America	49.0	46.7	10	0.18	0.18	8.5	10.3	5941	3108	0.08	0.07
Argentina	13.7	12.7	3	0.17	0.15	3.4	3.7	2100	3300	...	...
Bolivia	50.4	48.9	16	0.22	0.27	0.8	1.3	76	77	0.09	0.02
Brazil	66.3	63.6	6	0.15	0.16	1.4	1.8	8500	6200	0.05	0.04
Chile	21.0	20.7	19	0.20	0.19	2.7	3.9	662	470	0.14	0.18
Colombia	49.6	47.8	8	0.14	0.13	1.6	1.4	2000	1200	0.10	0.04
Costa Rica	41.6	38.5	24	0.12	0.11	0.9	1.4	267	145	0.16	0.01
Cuba	18.9	21.4	17	...	...	3.0	2.8	778	504	...	...
Dominican Republic	28.4	28.4	25	0.17	0.18	1.4	3.0	274	486	0.08	0.06
Ecuador	43.1	38.1	55	0.36	0.22	1.6	2.1	604	207	0.05	0.03
El Salvador	9.3	5.8	...	0.15	0.16	0.5	1.1	423	117	0.17	0.16
Guatemala	31.2	26.3	20	0.16	0.18	0.6	0.9	357	265	0.30	0.27
Haiti	5.7	3.2	...	0.12	0.17	0.1	0.2	...	169	0.11	0.11
Honduras	53.4	48.1	10	0.23	0.21	0.5	0.7	115	122	0.25	0.16
Mexico	32.2	28.9	8	0.21	0.18	4.5	4.3	12000	2200	0.07	0.06
Nicaragua	36.7	27.0	13	0.29	...	0.7	0.7	87	35	0.22	0.22
Panama	45.6	38.6	20	0.15	0.16	1.3	2.1	252	180	0.13	0.13
Paraguay	61.9	58.8	3	0.17	0.18	0.5	0.7	240	116	0.27	0.18
Peru	53.0	50.9	5	0.13	0.11	1.0	1.1	801	189	0.11	0.07
Uruguay	4.5	7.4	...	0.11	0.11	1.3	1.6	416	102	0.10	0.09
Venezuela (Bolivarian Rep. of)	58.6	56.1	61	0.42	0.45	6.0	6.5	3300	2500	...	...
Caribbean countries and territories	45.9	42.1	9	0.55	0.63	47.3	60.3	225	46	0.09	0.10
Anguilla	...	...	...	...	...	...	...	...	...	...	...
Antigua and Barbuda	20.5	20.5	15	...	...	4.8	4.9	421	3	...	...
Aruba	...	...	...	...	...	...	...	...	...	...	...
Bahamas	84.1	84.1	11	...	...	7.6	5.9	66	66	...	...
Barbados	4.7	4.7	...	...	...	4.2	4.4	21	12	...	...
Belize	74.7	59.1	40	...	...	1.7	3.3	16	28	...	...
British Virgin Islands	...	...	...	...	...	...	...	...	...	...	...
Cayman Islands	...	...	...	...	...	...	...	...	...	...	...
Dominica	66.7	61.3	23	...	...	0.8	1.3	1	1	...	...
French Guiana	...	...	...	...	...	...	...	...	...	...	...
Grenada	14.7	14.7	2	...	...	1.4	2.6	4	4	0.04	0.05
Guadeloupe	...	...	...	...	...	...	...	...	...	...	...
Guyana	80.8	78.5	...	...	...	1.5	2.1	19	20	0.28	0.29
Jamaica	35.0	30.0	9	0.36	0.47	3.4	4.2	424	49	0.03	0.04
Martinique	...	...	...	...	...	...	...	...	...	...	...
Montserrat	...	...	...	...	...	...	...	...	...	...	...
Netherlands Antilles	...	...	10	...	...	...	...	...	...	...	...
Puerto Rico	...	...	...	...	...	...	...	...	...	...	...
Saint Kitts and Nevis	11.1	11.1	10	...	...	1.6	2.4	6	3	...	...
Saint Vincent and the Grenadines	17.9	15.4	21	...	...	0.7	1.4	2	7	...	...
Saint Lucia	23.0	14.8	18	...	...	1.2	2.3	11	3	...	...
Suriname	90.5	90.5	5	...	...	4.5	5.0	...	...	0.08	0.09
Trinidad and Tobago	54.8	50.5	4	0.73	0.78	13.9	20.5	138	79	...	...
Turks and Caicos Islands	...	...	...	...	...	...	...	...	...	...	...
United States Virgin Islands

Source: See annex at the end of this section for sources.

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Table 48 (continued 6)

PROGRESS TOWARDS THE MILLENNIUM DEVELOPMENT GOALS ^a										
Country or territory	Goal 7 Ensure environmental sustainability									
	Target 10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation								Target 11	
	Indicator 30 Sustainable access to improved water sources. Urban areas		Indicator 30 Sustainable access to improved water sources. Rural areas		Indicator 31 Access to improved sanitation. Urban areas		Indicator 31 Access to improved sanitation. Rural areas		Indicator 32 Slum dwellers in urban areas	
	1990	2002	1990	2002	1990	2002	1990	2002	1990	2001
Latin America and the Caribbean	93	95	58	69	82	84	35	44	35	32
Latin America	93	96	57	68	82	85	34	43	36	32
Argentina	97	97	73	...	...	...	...	...	31	33
Bolivia	91	95	48	68	49	58	13	23	70	61
Brazil	93	96	55	58	82	83	37	35	45	37
Chile	98	100	49	59	91	96	52	64	4	9
Colombia	98	99	78	71	95	96	52	54	26	22
Costa Rica	100	100	...	...	...	89	97	97	12	13
Cuba	95	95	...	...	99	99	95	95	2	2
Dominican Republic	97	98	72	85	60	67	33	43	56	38
Ecuador	81	92	54	77	73	80	36	59	28	26
El Salvador	88	91	47	68	70	78	33	40	45	35
Guatemala	88	99	69	92	71	72	35	52	66	62
Haiti	77	91	43	59	27	52	11	23	85	86
Honduras	89	99	78	82	77	89	31	52	24	18
Mexico	90	97	54	72	84	90	20	39	23	20
Nicaragua	92	93	42	65	64	78	27	51	81	81
Panama	99	99	...	...	...	...	...	...	31	31
Paraguay	80	100	46	62	71	94	46	58	37	25
Peru	88	87	42	66	68	72	15	33	60	68
Uruguay	98	98	...	...	95	95	...	85	7	7
Venezuela (Bolivarian Rep. of)	...	...	...	...	...	...	...	...	41	41
Caribbean countries and territories	96	96	89	89	93	95	77	79	13	14
Anguilla	...	...	...	...	99	99	...	...	41	41
Antigua and Barbuda	95	95	...	89	98	98	...	...	7	7
Aruba	...	...	...	...	...	...	...	...	2	2
Bahamas	98	98	...	...	100	100	100	100	2	2
Barbados	100	100	100	100	99	99	100	100	1	1
Belize	100	100	...	...	...	...	...	...	54	62
British Virgin Islands	...	...	...	...	...	...	...	...	3	3
Cayman Islands	...	...	...	...	...	...	...	...	...	...
Dominica	100	100	...	...	...	86	...	75	17	14
French Guiana	...	...	...	...	...	...	...	...	...	...
Grenada	97	97	...	...	96	96	97	97	7	7
Guadeloupe	...	...	...	...	...	...	...	61	...	...
Guyana	...	...	...	...	...	...	...	...	5	5
Jamaica	97	98	86	87	85	90	64	68	29	36
Martinique	...	...	...	...	...	...	...	...	...	...
Montserrat	...	...	...	...	...	...	...	...	11	9
Netherlands Antilles	...	...	...	...	...	...	...	...	1	1
Puerto Rico	...	...	...	...	...	...	...	...	2	2
Saint Kitts and Nevis	99	99	99	99	96	96	96	96	5	5
Saint Vincent and the Grenadines	...	...	...	...	...	...	96	96	5	5
Saint Lucia	98	98	98	98	...	...	...	...	12	12
Suriname	98	98	...	...	99	99	...	76	7	7
Trinidad and Tobago	93	92	89	88	100	100	100	100	35	32
Turks and Caicos Islands	...	...	...	...	...	...	...	...	...	...
United States Virgin Islands	2	2

Source: See annex at the end of this section for sources.

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Table 48 (concluded)

PROGRESS TOWARDS THE MILLENNIUM DEVELOPMENT GOALS ^a												
Country or territory	Goal 8 Develop a global partnership for development											
	Target 16. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth						Target 18. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications					
	Indicator 45a. Unemployment rate among young people aged 15–24 years, both sexes		Indicator 45b. Unemployment rate among young people aged 15–24 years. Males		Indicator 45c. Unemployment rate among young people aged 15–24 years. Females		Indicator 47b. Telephone lines and cellular subscribers per 100 population		Indicator 48b. Personal computers in use per 100 population		Indicator 48d. Internet users per 100 population	
	1990	2001	1990	2001	1990	2001	1990	2003	1998	2002	1996	2003
Latin America and the Caribbean	12.4	21.2	11.4	18.3	13.7	24.8	6.4	40.7	0.6	6.8	0.3	9.1
Latin America	12.2	21.2	11.2	18.3	13.5	24.8	6.1	40.1	3.3	6.8	0.3	9.0
Argentina	13.0	31.8	11.5	31.2	15.6	32.7	9.3	39.6	5.5	8.2	0.2	11.2
Bolivia	4.5	8.5	3.1	7.0	8.7	10.4	2.8	22.4	0.8	2.3	0.2	3.2
Brazil	6.7	17.9	6.7	14.6	6.8	22.4	6.5	48.7	3.0	7.5	0.5	8.2
Chile	13.1	18.8	13.4	17.1	12.4	22.1	6.7	73.2	6.3	11.9	0.7	27.2
Colombia	27.1	36.3	23.4	31.9	31.4	40.7	6.9	32.1	3.2	4.9	0.3	5.3
Costa Rica	8.3	13.4	7.6	11.9	10.0	16.4	10.1	45.9	7.8	21.8	0.9	28.8
Cuba	...	...	...	...	...	...	3.2	6.7	0.6	2.4	0.0	0.9
Dominican Republic	...	23.1	...	16.2	...	34.3	4.8	38.7	...	...	0.1	10.2
Ecuador	13.5	14.8	11.1	10.6	17.3	20.4	4.8	31.2	1.9	3.1	0.1	4.6
El Salvador	...	10.5	...	...	...	...	2.4	28.7	...	3.3	0.1	8.3
Guatemala	...	...	...	...	...	...	2.1	20.2	0.8	1.4	0.0	3.3
Haiti	...	...	...	...	...	...	0.7	5.5	...	...	0.0	1.8
Honduras	...	6.0	...	...	...	...	1.7	10.4	0.8	1.5	0.0	4.0
Mexico	...	4.9	...	4.5	...	5.6	6.6	45.4	3.7	8.2	0.2	12.0
Nicaragua	11.1	20.0	8.6	20.3	16.7	19.7	1.3	12.3	1.9	2.8	0.1	1.7
Panama	...	29.0	...	24.7	...	36.6	9.3	39.0	2.7	3.8	0.2	6.2
Paraguay	15.7	13.8	15.0	11.7	16.5	17.3	2.7	34.5	1.0	3.5	0.0	2.0
Peru	15.8	15.2	12.6	12.6	19.7	13.9	2.6	17.3	3.0	4.3	0.3	10.4
Uruguay	24.9	34.2	22.6	28.7	28.1	41.7	13.4	47.2	9.1	...	1.9	11.9
Venezuela (Bolivarian Rep. of)	19.4	22.6	20.0	19.6	17.9	27.7	7.7	38.4	3.9	6.1	0.3	6.0
Caribbean countries and territories	31.3	20.7	32.5	23.1	28.6	16.7	18.1	70.7	6.3	8.8	0.5	17.2
Anguilla	...	...	...	...	...	...	...	69.0	...	...	...	26.0
Antigua and Barbuda	...	...	...	...	...	...	25.3	97.8	...	...	2.9	12.8
Aruba	...	...	...	...	...	...	28.2	85.0	...	...	2.7	22.6
Bahamas	...	...	...	...	...	...	28.1	78.2	...	...	1.8	26.5
Barbados	30.7	23.3	21.8	20.8	40.5	26.2	28.1	101.6	7.5	10.4	0.4	37.1
Belize	...	...	...	...	...	...	9.2	31.7	8.8	13.8	0.9	10.9
British Virgin Islands	...	...	...	...	...	...	41.8	89.6	...	...	...	18.2
Cayman Islands	...	...	...	...	...	...	47.0	122.9	...	...	...	...
Dominica	...	...	...	...	...	...	16.4	42.4	...	9.0	1.1	16.0
French Guiana	...	...	...	...	...	...	26.5	74.9	13.2	16.6	0.4	...
Grenada	...	...	...	...	...	...	17.8	66.7	10.8	13.2	0.3	16.9
Guadeloupe	29.5	...	21.1	...	40.4	...	30.6	116.6	19.1	25.5	0.0	...
Guyana	...	...	...	...	...	...	2.0	19.1	2.4	2.7	0.1	14.2
Jamaica	...	...	...	...	...	...	4.5	70.2	3.9	5.4	0.6	22.8
Martinique	...	...	...	...	...	...	33.9	118.4	10.6	13.9	...	...
Montserrat	...	...	...	...	...	...	32.7	...	...	...	...	...
Netherlands Antilles	...	27.2	...	24.9	...	30.0	24.7	...	...	...	0.2	0.9
Puerto Rico	31.3	20.5	33.3	23.3	27.6	16.0	28.5	79.7	...	...	0.3	17.6
Saint Kitts and Nevis	...	...	...	...	...	...	23.8	60.6	11.3	19.2	2.0	21.3
Saint Vincent and the Grenadines	...	...	...	...	...	...	12.4	80.1	8.9	12.0	0.5	6.0
Saint Lucia	...	...	...	...	...	...	12.9	40.9	13.3	15.0	0.7	8.2
Suriname	36.6	...	29.0	...	46.2	...	9.2	47.2	...	4.6	0.2	4.4
Trinidad and Tobago	36.4	...	33.1	...	42.5	...	14.1	52.8	4.7	8.0	0.4	10.6
Turks and Caicos Islands	...	...	...	...	...	...	...	...	...	...	...	...
United States Virgin Islands	...	...	...	...	...	...	...	101.0	...	...	...	27.3

Source: See annex at the end of this section for sources.

^a The indicators appear in the order in which they are listed officially; the absence of any indicator is due to the lack of information. Figures are percentages unless otherwise indicated. For indicators recorded at two different times, the regional and subregional averages take into account only those countries for which information is available at both times.

SOURCES USED FOR THE SECTION ON THE MILLENNIUM DEVELOPMENT GOALS WITHIN THE SOCIAL PANORAMA OF LATIN AMERICA 2005

Indicators 1, 2 and 3

Calculated by the Statistics and Economic Projections Division of ECLAC on the basis of national household surveys. The 2005 figure for population living in extreme poverty is a projection.

Indicator 4

United Nations, Millennium Indicators Database [online] http://millenniumindicators.un.org/unsd/mispa/mi_goals.aspx; Demographic and Health Surveys (DHS), Opinion Research Corporation-ORC Macro (<http://www.measuredhs.com/>); World Bank, World Development Indicators Database (WDI) [online] <http://www.worldbank.org/data/onlinebases/onlinebases.html>; and UNICEF Global Database on Child Malnutrition [online] <http://www.childinfo.org/eddb/malnutrition/index.htm>.

Indicator 5

Food and Agriculture Organization of the United Nations (FAO), The State of Food Insecurity in the World 2005 [online] http://www.fao.org/documents/show_cdr.asp?url_file=/docrep/008/a0200e/a0200e00.htm.

Indicator 6

UNESCO Institute of Statistics, online database www.uis.unesco.org.

Indicators 7 and 9b

UNESCO methodology based on cohort follow-up, using data from 18 household surveys and 18 countries.

Indicators 8, 9 and 10

UNESCO Institute of Statistics (UIS), www.uis.unesco.org and United Nations, Millennium Indicators Database http://millenniumindicators.un.org/unsd/mi/mi_goals.asp.

Indicators 11, 21, 23b, 28a, 28e, 30, 31, 32, 45a, 45b, 45c, 47b, 48b and 48d

United Nations, Millennium Indicators Database [online], http://millenniumindicators.un.org/unsd/mi/mi_goals.asp.

Indicator 12

Inter-Parliamentary Union (IPU), Women in National Parliaments (www.ipu.org/wmn-e/world.htm).

Indicators 13 and 14

United Nations, World Population Prospects, 2004 Revision (<http://esa.un.org>).

Indicator 15

United Nations Children's Fund (UNICEF), The State of the World's Children, United Nations, Millennium Indicators Database http://millenniumindicators.un.org/unsd/mi/mi_goals.asp

Indicators 16 and 17

Pan American Health Organization (PAHO), Regional Core Health Data Initiative <http://www.paho.org/English/SHA/coredata/tabulator/newTabulator.htm>.

Indicator 18a

Joint United Nations Programme on HIV/AIDS (UNAIDS), 2004 Report on the Global AIDS Epidemic (July 2004) (<http://www.unaids.org>).

Indicators 19, 20, 22 and 24

These indicators have not been included in the annex as they are not comparable between countries or with the other indicators.

Indicator 23a

World Health Organization (WHO), United Nations, Millennium Indicators Database, http://unstats.un.org/unsd/mispa/mi_series_resultsd.aspx?rowID=617&fID=r15&cgID=&action=print.

Indicator 25

United Nations Human Settlements Programme (UN-Habitat), Human Settlements Statistical Database version 4 (HSDB4-99) (<http://www.unhabitat.org/programmes/guo/documents/tables2.pdf>).

**SOURCES USED FOR THE SECTION ON THE MILLENNIUM DEVELOPMENT GOALS WITHIN
THE SOCIAL PANORAMA OF LATIN AMERICA 2005****Indicator 26**

United Nations, Millennium Indicators Database, http://millenniumindicators.un.org/unsd/mi/mi_goals.asp and World Resources Institute (WRI), 2003, <http://newsroom.wri.org/>.

Indicator 27

World Bank, World Development Indicators (WDI) database [online] <http://www.worldbank.org/data/onlinebases/onlinebases.html>.

Indicator 29

Economic Commission for Latin America and the Caribbean (ECLAC), calculations carried out for the Sustainability Assessment in Latin America and the Caribbean (ESALC) project, and Latin American Energy Organization (OLADE), <http://www.olade.org.ec/php/index.php?arb=ARB0000168>.

Indicators 33 to 44

These indicators have not been included in the annex as they are not comparable between countries or with the other indicators.